PERCEPTION TOWARDS MANAGERS' LEADERSHIP PRACTICE AND ASSOCIATED FACTORS AMONG NURSES WORKING AT JIMMA TOWN PUBLIC HEALTH FACILITIES, OROMIA, SOUTHWEST ETHIOPIA, 2021

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A RESEARCH THESIS SUBMITED TO SCHOOL OF NURSING, FACULTY OF HEALTH SCIENCES, INSTITUTE OF HEALTH, JIMMA UNIVERSITY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR MASTERS OF SCIENCE DEGREE IN ADULT HEALTH NURSING

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JIMMA, ETHIOPA

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ABSTRACT

Background: *Leadership is a complex process of motivating people to act, providing support, and motivation to achieve mutually negotiated goals. Studies indicated that health system failures in sub-Saharan Africa are due to ineffective leadership capacity. Lack of effective leadership practice among nurse managers was contributing factor for lack of morale and led to staff turnover, shortage, and increased health care costs.*

Objective: *The aim of this study is to assess perception towards managers' leadership practice and associated factors among nurses working at Jimma Town public health facilities, 2021.*

Methods: *Facility-based cross-sectional study was conducted among 422 nurses at Jimma Town public health facilities from August 16-September 16, 2021. Semi-structured self-administered questionnaire was used to collect data. Simple random sampling technique was used to select study participants. Data were entered to Epidata manager version 4.6 and exported to SPSS version 25.0 for analysis. Descriptive statistics, bivariate, and multivariable linear regression were used to describe and identify factors associated with nurses' perception of their managers' leadership practice. Variables having p-values<0.05 were considered as statistically significant association with the outcome variable. The result of study was presented in text, table & graph.*

Result: *Out of 422 estimated participants, 403 fully responded with a response rate of 95.5%. Accordingly: 125(31%), 164(40.7%), and 114(28.3%) of nurses have low, moderate, and high perception towards their managers' leadership practice respectively. Lack of training on leadership (β=-5.47, 95%CI: -8.55, -2.40), organizational commitment (β=0.52, 95%CI: 0.36, 0.68), innovative work behavior (β=1.1, 95%CI: 0.92, 1.25), and job-related stress (β=-0.13, 95%CI: -0.22, -0.04) were associated factors with nurses' perception towards their managers' leadership practice.*

Conclusion and Recommendation: *Only less than one-third of nurses have high perception towards their managers' leadership practice. Lack of training on leadership, organizational commitment, innovative work behavior, and job-related stress were factors associated with nurses' perception of their managers' leadership practice. Further study is needed for a better understanding of nurses' perception of their managers' leadership practice using mixed method.*

Key words: *Perception, Leadership, Leadership practice, Nurses, Jimma Town*

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Finally, my heartfelt thanks to all nurses who participated in this study, data collectors, and the data collection facilitator

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LIST OF ACRONYMS AND ABBREVIATIONS

BSc ----------Bachelor of Science

CI ---------- Confidence Interval

CSA ----------Central Statistical Agency

ETB ----------Ethiopian Birr

FMOH ----------Federal Ministry of Health

HC ---------- Health Center

ICN----------International Council of Nurses

JMC ----------Jimma Medical Center

LPI----------Leadership Practice Inventory

MLQ ----------Multifactorial leadership questionnaires

MSc ----------Masters of Science

SD ----------Standard Deviation

SOWN----------State of the World's nursing

SPSS----------Statistical Package for Social Science

SSA----------Sub-Saharan Africa

USA ----------United States of America

WHO ----------World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Background

Leadership is a complex process of identifying goals, influencing people to act, providing support, and motivation to achieve mutually negotiated goals (1). The concept of leadership appeared in literature early in the 19th century that has been attributed to the quality, management, research, and education (2). Leadership as a subject has increased expanding consideration by many scholars, researchers, and specialists in the course of the most recent decades (3). Leadership has a strong relationship between employees, leaders, and the accomplishment of organizational goals (4). Leadership in a healthcare organization is considered as a key element for assuring quality healthcare service, staff satisfaction, & financial performance (5).

Nursing leadership is a complex concept which is motivating nurses to improve the quality of care along with direct participation in clinical care (6). The effectiveness of nursing leadership depends on the leadership practices of leaders (7). Leadership practice is the demonstration or application of leadership skills (1). There are different leadership practices that nurse managers use; modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart (8). Nurse managers are expected to demonstrate leadership skills suitable for attracting and retaining nurses, developing evidence-based programs for equipping future leaders while responding effectively to emerging healthcare system challenges (9–11).

Both State of the World's nursing (SOWN) report & the International Council of Nurses (ICN) 2017-20 strategic priorities position nurses as an important group for policy-setting, decision making, and implementation of national and international policies. Involving nurse managers in policy discussions is vital for promoting effective innovation in health care practice (12,13).

Effective leadership practice contributes to positive outcomes for nurses, patients, and organizations including job satisfaction, intention to stay, health and wellbeing of nurses, reduced patient length of stay(14). The lack of effective leadership practice among nurse managers was contributing factor for lack of morale and led to staff turnover, shortage, and an increase in health care cost (15,16). This results in staff nurses becoming overburdened, overstressed, and unmotivated workforce (17,18).

1.2. Statement of the Problem

Healthcare systems in the world are facing a lot of complex challenges in providing high-quality, safe, and cost-effective care due to ever-changing systems, increase in the costs of healthcare, technology innovation, and an increased patients' disease acuity (19). Managers are challenged with resolving these problems using critical thinking, especially leadership skills in healthcare (20).

Worldwide, demographic evolutions affect healthcare organizations, especially nurses that face daunting challenges to satisfy nursing care (21). Nurses' working conditions are a challenge faced by current healthcare systems due to nurses shortage, burn-out, and poor leadership practice for retaining and attracting nurses (22). The critical shortage of other healthcare workers creates greater demands for nurses in a leadership position to motivate, encourage, and challenge: otherwise overburdened, overstressed, and have an unmotivated workforce of staff (17,18).

In African countries, nurse shortage as a result of different factors contributes to challenging the role of nurse managers to practice effective leadership (23). Healthcare system failures in sub-Saharan Africa (SSA) are due to weak or ineffective leadership capacity (23,24). Lack of effective leadership was identified as a major constraint to scale up and affordable services in low-income countries(24). A study in East Africa indicated that the participation of nurse leaders in the health policy was essential to influence, build relationships, communicate effectively, feel empowered and demonstrate professional credibility. However, a significant number of them are still excluded from making policies and decisions that affect nursing leadership practice (25).

Effective leadership practice has been associated with reduced patient length of stay, rate of a medication error, patient falls, and hospital-acquired infections (14). Additionally, it also improves the quality of nursing care, patient outcomes, staff nurse satisfaction, and lower patient mortality(26). Having the right number of nursing staff is not enough to have quality patient care, it is also necessary to use effective leadership practice which helps to ensure the staff nurses have the right skills and attitudes which lead to the right outcomes as recommended by WHO 2016 (27).

Poor nursing leadership cause staff turnover by 21%, low staff nurses' satisfaction, reduced productivity, and low effectiveness by 17%, 17.1%, and 17.7% respectively (28,29). A study has shown that leaders were often appointed to nursing leadership positions based on their clinical expertise which lacks leadership skills result in healthcare systems facing challenges to empower staff nurses and creating a favorable work environment that encourages nursing staff to work effectively(30).

Intention to leave in hospitals among nurses was found at a high rate, this intention to leave among nursing staff was mainly caused by the poor leadership skills of unit nurse managers (31). Nurses have a misperception of their leaders' role and are perceived as dishonest, not supportive, and manipulators which makes them an unpleasant working environment and results in low-quality nursing care(32). In addition, intention to leave and stay in the profession among nurses are associated with leadership practices(33).

In the previous studies age, year of experience as a nurse, working unit, job-related stress and organizational commitment of nurses were factors that affect nurses perception of their managers' leadership practice(34,35). However, there was a dearth of published studies in Ethiopia regarding perception towards managers' leadership practice among nurses to our extent of searching. Therefore, the purpose of this study was to assess perception towards managers' leadership practice and associated factors among nurses.

1.3. Significance of the Study

This study will help and play its roles to improve nursing services including patient care, evidence generation, and education by identifying areas for improvement regarding nursing leadership.

For the Federal Ministry of Health (FMOH) and Regional Health Bureau, the finding may help to prepare strategies for structuring in-service training regarding nursing leadership. For managers, it will contribute to give attention for nursing leadership.

For the nursing profession, it will contribute to produce good leaders which in turn to improve nursing care quality and promote medical productivity. This plays a critical role in health care transformation and important in development direction for healthcare organizations.

For nurses, it will help to enhance commitment and promotes innovation of staff by identifying factors that hinder nurse performance. The committed staffs are expected to demonstrate better work performance.

The study may also provide baseline information for policymakers and planners. It will also help to develop innovative leadership approaches at various levels.

CHAPTER TWO: LITERATURE REVIEW

2.1. Nurses Perception towards Managers' Leadership Practice

Different literature describes leadership as a key factor in solving challenges in healthcare which is considered equally important in enhancing the quality of care (1,36). A study conducted in the United States of America (USA) showed that healthcare organization needs nurse managers who communicate effectively in team meetings, building skills initiatives, quality improvement initiatives, staff development, and monitoring using clinical outcomes to facilitate the implementation of evidence-based practices (37).

A cross-sectional study conducted in New York on staff nurses' perceptions of their nurse managers' leadership behaviors showed that leadership practice of nurse managers was moderate as perceived by staff nurses (38). A similar study conducted in New York on clinical nurses' perceptions of their managers' leadership indicated that nurses perceive their managers' leadership practice at an average or moderate level (39). Another similar study conducted in Malta on nurses' and nurse managers leadership behavioral practice showed that the staff nurses perceived their charge nurses' leadership practice at a high level (40). A cross-sectional study conducted in the United Kingdom on leadership in nursing units indicated that the clinical registered nurses have a high perception of their managers' leadership practice (41).

A cross-sectional study conducted in China on the relationship between nurse managers leadership practice and job satisfaction among registered nurses stated that leadership practice of nurse managers as perceived by clinical registered nurses was moderate (42). A cross-sectional study conducted in Rwanda military hospital showed that 22%, 43.8%, and 34.4% of nurses have low, moderate, and high perception towards their managers' leadership practice respectively (29). Another cross-sectional study conducted in Egypt indicated that nurses have a positive perception towards leadership practice (43).

2.2. Associated Factors with Perception towards Managers' Leadership Practice

Different studies showed that there was a link between leadership practice and several factors (34,43). Research evidence indicates that there were various factors contributing to the perception towards managers' leadership practice among nurses which were age, year of experience as a nurse, educational level, working unit, training, and organizational commitment(34,43,44).

A cross-sectional study conducted in the Northeastern United States showed that age, year of experience as a nurse, and current working unit of registered nurses were correlated with perceived leadership practice of nurse managers. Nurses with more experience showed a high level of perception towards their managers leadership practices (34). Another cross-sectional study conducted in Colorado on leadership training to improve nurses retention indicated that training on leadership for nurses improves performance & job satisfaction which results in higher perceived retention and leadership practice of their managers (45)**.** A similar study conducted in Nigeria on the perception of leadership practice among hospital nurses showed that nurses with diploma qualifications had a better perception of their nurse managers' leadership practice than those who had a higher level of education ($p = 0.017$) (44).

A cross-sectional study conducted in the USA shows that the organizational commitment of registered nurses was significantly associated with perceived leadership practices of their manager (46). A similar study conducted in New York on factors influencing critical care nurses' perception of their job satisfaction showed that a correlation was found between the organizational commitment of nurses and perceived leadership practices of their managers (47). A cross-sectional study conducted in Indonesia revealed that there was a positive relationship between perceived leadership practice and the organizational commitment of nurses. Nurses who had higher organizational commitment had better perceived leadership practice of their manager (35). A similar study conducted in Turkey stated that there was a significant relationship between perceived leadership practice and organizational commitment of nurses ($r=0.285;p<0.001$(48). A cross-sectional study conducted in Pakistan on the impact of transformation leadership on nurses' organizational commitment showed that nursing staff perceived their leaders as practicing transformational leadership increases their organizational commitment (49). A cross-sectional study conducted in Uganda on predictors of leadership practices shows that organizational commitment was associated with leadership practices (50).

A cross-sectional study conducted in Pakistan on leadership practice and innovative work behavior among staff nurses showed that there was a strong relationship between leadership practice and innovative work behavior of nurses (51). Another study conducted in Pakistan indicated that the innovative work behavior of nurses had a strong positive relationship with perceived leadership practice. Nurses with a high level of innovative work behavior have trust and uncertainty avoidance that results in high perception towards their managers' leadership practice (52). A cross-sectional study conducted in Taiwan indicated that transformational leadership practice has a significantly positive relation with nurse innovation behavior (53). A study conducted in Egypt stated that there was a statistically significant and positive correlation between leadership practice and innovative work behaviors among staff nurses (54).

A cross-sectional study conducted in Indonesia on the relationship between leadership practice of nurse manager and work stress of nurses revealed that there was a negative relationship between work-related stress and perceived leadership practice (35). A cross-sectional study conducted in Finland on work stress and satisfaction with leadership practice among nurses showed that work stress by job strain and high job demand was associated with poor satisfaction towards leadership practice (55). A similar study conducted in the Philippines on the influence of transformational leadership practices on nurses' job stress showed that nurses working with nurse managers practicing transformational leadership have lower job-related stress (56).

A cross-sectional study conducted in India on staff nurse perceptions of nurse leadership behaviors influence staff nurse job satisfaction showed that perceived transformational and transactional leadership styles of nurse managers were positively related to staff nurse job satisfaction with the perception of leadership practice (57). A cross-sectional study conducted in Italy on how staff nurses perceive the impact of their managers' leadership style in terms of job satisfaction showed that laissez-faire leadership style produced a negative correlation with perceived leadership practice(58).

2.3. Conceptual Framework

The conceptual framework used in this study was adapted from different literatures (34,35,43,50,54).

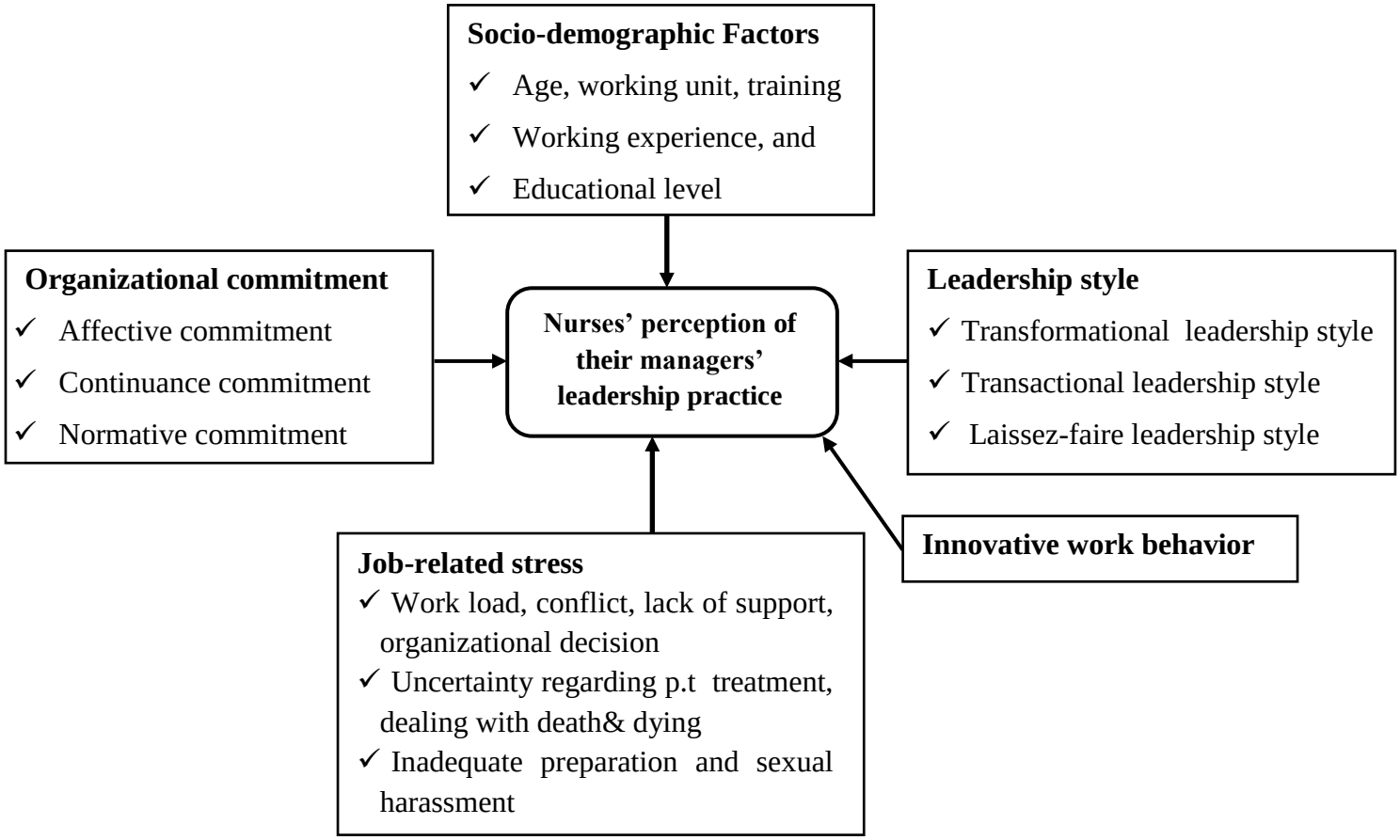

Figure 1: Conceptual frame work on perception towards managers' leadership practice and associated factors among nurses working at Jimma Town public health facilities, 2021.

CHAPTER THREE: OBJECTIVES

3.1. General Objective

- To assess perception towards managers' leadership practice and associated factors among nurses working at Jimma Town public health facilities, southwest Ethiopia, 2021.

3.2. Specific Objectives

- To determine the level of perception towards managers' leadership practice among nurses working at Jimma Town public health facilities
- To identify factors associated with perception towards managers' leadership practice among nurses working at Jimma Town public health facilities

CHAPTER FOUR: METHODS AND MATERIALS

4.1. Study Area and Period

The study was conducted at Jimma Town Public Health Facilities. Jimma Town is located in Jimma zone, Oromia regional State at 352km southwest of Addis Ababa. According to the Central Statistical Agency (CSA, 2012) report, the total population of Jimma town was 207,573. In the study Town, there are four public Health Centers (HC), one General hospital, one Medical Center, and three private primary hospitals.

According to the data from the Jimma town health office, there were total numbers of 39 nurses in the health center (Jimma: 11, Higher Two: 11, Mendera Koch: 7, and Becho-Bore: 10). There were 641 nurses in JMC and 57 nurses in Shenen Gibe hospital as reported by human resource management. The total numbers of nurses working in Jimma Town public health facilities were 737. The study was conducted from August 16-September 16, 2021.

4.2. Study Design

A facility-based cross-sectional study was conducted.

4.3. Population

4.3.1. Source of Population

All nurses who were working at Jimma Town public health facilities

4.3.2. Study Population

Sampled nurses who were working at Jimma Town public health facilities during the data collection period

4.4. Inclusion and Exclusion Criteria

4.4.1. Inclusion Criteria

- ✓ Nurses who worked at least six months before data collection was included

4.4.2. Exclusion Criteria

- ✓ Staff nurses who were on sick leave, annual leave, and maternal leave during the study period
- ✓ Nurse managers who were working at Jimma Town public health facilities

4.5. Sample Size Determination and Sampling Techniques

4.5.1. Sample Size Determination

A single population proportion formula was applied to determine the sample size for this study by considering 95% confidence interval, 5% margin of error, and 50% population proportion (p) due to the dearth of published study on this particular topic in Ethiopia

$$ni = \frac{\left(z\frac{\alpha}{2}\right)2 * p * q}{d^2}$$

$Z_{\alpha/2}$ = standard normal deviation, set at 1.96, to correspond to the 95% confidence interval

p= Prevalence,

q = 1.0-p, and

d = Margin of error/an absolute precision = 5% = 0.05

$$ni = \frac{(1.96)2\ (0.5)(1-0.5)}{0.05^2}$$

ni = 384

By considering 10% non-response rate; the final sample size was 422 Nurses.

4.5.2. Sampling Techniques

To select the study participants, the sampling frame was prepared by having lists of nurses from nursing service director for JMC, matron for Shenen Gibe Hospital, and human resource management for health centers. Finally, study participants were selected by using a simple random sampling technique using lottery methods after proportional allocation to each unit. The sample size was distributed to each public health facility by proportional to size allocation, using the formula:

$$ni = \frac{n}{N} * Ni$$

Where ni= sample size of nurses from each public health facility,

n= final sample size of nurses,

N= total nurses, and

Ni = total nurses at each public health facility

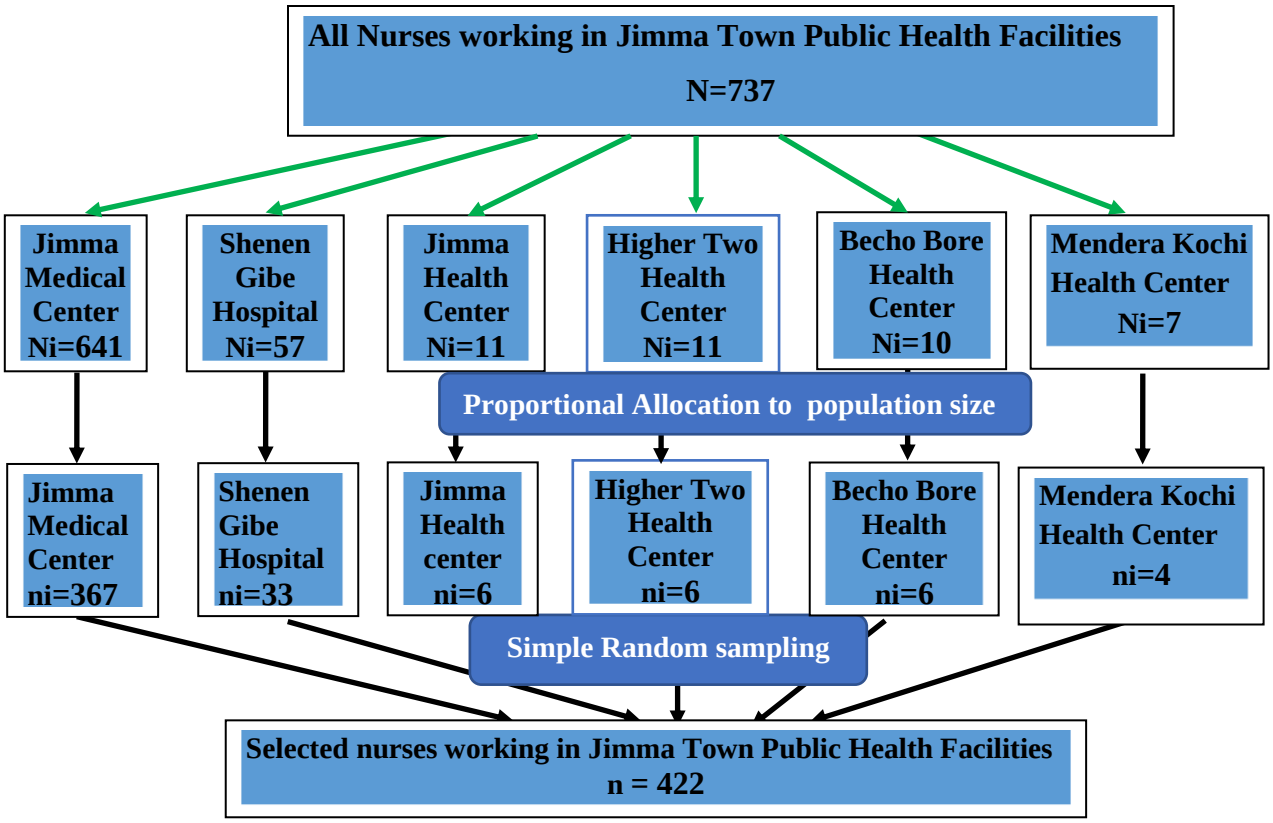

Figure 2: Schematic representation of sampling procedure for selecting study participants working at Jimma Town public health facilities, 2021.

4.6. Study Variables

4.6.1. Dependent Variable

- ✓ Nurses' perception of their managers' leadership practice

4.6.2. Independent Variables

- ✓ Socio-demographic factors (age, gender, working experience, educational level, working unit, and previous training on leadership)
- ✓ Organizational commitment
- ✓ Innovative work behavior
- ✓ Job-related stress (work load, lack of support, conflict, dealing death and dying, organizational decision, and uncertainty regarding patient treatment)
- ✓ Leadership style (transformational, transactional, and laissez-faire)

4.7. Operational Definition and Definition of Terms

Level of nurses' perception towards managers' leadership practice: Nurses' perception towards their managers' leadership practice was measured by leadership practice inventory (LPI) 25 items having 5 points likert. The sum score ranged from a minimum of 25 to a maximum of 125 then overall LPI score changed to tertiale classification as 33%, 66%, and 100% indicate lower tertiale as low level, middle tertiale as moderate level, and upper tertiale as high perception towards managers leadership practice(42).

Nurses' perception of their managers' leadership practice: the way that nurses interpret their managers' leadership practice (59).

Nurse Manager: A nurse leader who has an official appointment from the hospital to lead nurses at inpatient or outpatient working units(60).

Nurse managers' leadership practice: is the demonstration or application of leadership skills by nurse manger(8).

Organizational commitment: is the alignment of nurses' motivation with the mission of their organization(61).

Innovative work behavior: nurse's behavior directed at generation, application of new ideas, processes, procedures in the work (62).

Job-related Stress: stress perceived by nurses related to workload, conflict, lack of support, and uncertainty regarding patient treatment(63).

Leadership styles: a style adopted by nurse managers in giving true direction, implementing their plans, and motivating nurses to achieve the goals of the organization (64).

4.8. Data Collection Procedures

4.8.1. Data Collection Tools and Techniques

Data were collected using a semi-structured self-administered questionnaire. It was adapted from a valid and reliable tool called LPI tool(65), organizational commitment tool(61), Multifactorial leadership questionnaires (MLQ-5x) (66), job-related stress tool(67), and innovative work behavior tool(68,69). The questionnaire was prepared in English language. The questionnaire contains six sections; the first section contains socio-demographic characteristics of the participants (12 items); the second section contains LPI with 25 items which are 5 points likert scale; 1 denotes almost never, 2

denotes once, 3 denotes sometimes, 3 denotes often, and 4 denotes frequently. The perception towards managers' leadership practice was assessed by using LPI. The third section contains organizational commitment (18 items) which is five-point likert scale between very dissatisfied (1) and very satisfied (5). The fourth section contains job-related stress (24 items) which is four-point likert scale between never stressful (1) and always stressful (4) and the fifth part is innovative work behavior with 11 items which is 5 points likert scale between (1) never and (5) very often. The last section contains MLQ (33 items) which is 5 points likert scale between (0) not at all and (4) frequently.

4.8.2. Data Collection Personnel

Data were collected by three trained BSc midwives and supervised by one trained health officer, working in private health facilities and not participating in the study. The responsibility of data collectors was to explain the purpose of the study and confidentiality of information for each study participant and collecting data. The role of the supervisor was to facilitate data collection and check the completeness of collected data. A questionnaire was filled at the nursing restroom at a convenient time when they were free from work and retrieved after 30 minutes.

4.9. Data Quality Assurance

Data collectors were selected from health facilities; they were not working in Jimma Town public health facilities and did not participate in the study. Data collectors and supervisor were trained for one day on the objectives, contents, and procedures of data collection ahead of data collection by the principal investigator. The questionnaire was pre-tested on 5% (21 nurses) of the final sample size at Agaro hospital and health center one week ahead of the actual data collection period to assess clarity, flow, completeness, and internal consistency. The reliability of the LPI tool was checked using Cronbach's alpha and it was 0.87. Clarity and flow were checked and corrected. The completeness and appropriateness of the collected data were cross-checked and report by the supervisor daily. The principal investigator and supervisor were closely supervised the process of data collection.

4.10. Data Processing, Analysis, and Presentation

Following the data collection, data were checked for completeness, consistency, and coded by the principal investigator then, entered to Epidata manager version 4.6 and then exported to SPSS version 25.0 for analysis. Both descriptive and analytic analysis were performed. Normality assumption for

multiple linear regression was checked, Max. VIF was 1.50. Model adequacy was checked by using the Kolmogorov-Smirnov test (p-value was 0.074) and it was fitted. In the descriptive analysis, means, frequencies, and percentages were calculated. In analytic statistics, simple linear regression analysis was used to select candidate variables for multiple linear regression. All variables having P-value <0.25 during simple linear regression were selected for the multiple linear regression. Variables having p-values < 0.05 were considered as significant associations with nurses' perception of their managers' leadership practice. The strength of association was described using unstandardized β with 95% CI and P-value. Finally, the result was presented in texts, tables, and graphs.

4.11. Ethical Consideration

Ethical clearance was obtained from the Institutional Review Board of Jimma University, Institute of health. A formal letter from the Institute of health was submitted to Jimma Town public health facilities to facilitate and acquire their co-operation and permission. At the initial stage of data collection informed written consent was taken from respondents and the participants were assured that their participation was recoded anonymously. Participants were informed the purpose, merit, and demerits of the study and their participation were voluntary and the choice to participate or not will have no any kind of effect on them. All the data obtained at the right time was kept confidentially by a paper copy of the collected data which were kept in a locked and secured location and the electronic data was kept in password protected computer.

4.12. Dissemination Plan

The result of this study will be disseminated to the School of Nursing, Faculty of Health Science, Institute of Health, Jimma University, to Jimma Town public health facilities, and Jimma Town health office. Besides this, the research findings will be presented at different national and international scientific conferences and finally, efforts will be made to publish in a reputable and peer-reviewed scientific journal.

CHAPTER FIVE: RESULTS

5.1. Socio-Demographic Characteristics of Study Participants

Among four hundred twenty two (422) study participants planned to be included in this study, four hundred ten (410) nurses were participated. From the total returned questionnaires seven (7) questionnaires have missing information or incomplete answer. So four hundred three (403) participants were fully responded which makes the response rate of 95.5%.

Among the total study participants, more than half (57.1%) of study participants were female. Regarding marital status, 248(61.5%) of nurses who participated in this study were married. Besides religion, 174(43.2%) of study subjects belonged to Orthodox. Slightly less than two-thirds (63.8%) of study participants were Oromo in ethnicity. Concerning working units, the top four units in which nurses were working include Surgical, Medical, Pediatric, and Emergency which accounted for 17.4%, 15.9%, 13.9%, and 13.4% respectively. Regarding the training on leadership majority (89.1%) of nurses hadn't received training. Concerning working history in other institutions, more than half (60.8%) of nurses did not work in other organizations. The mean age of the study participants was 29.20±5.49 with a minimum age of 20 and maximum age of 48 years. The average service years of the study population were 5.36 ±3.57 years having a minimum of 10 months & maximum years of 18. The minimum monthly salary was 3,000 and the maximum of 10,095ETB with a mean salary of 6,345.52±1400.55 (Table 1).

Table 1: A socio-demographic characteristic of nurses' working at Jimma Town public health facilities, Southwest of Ethiopia, 2021 (n=403).

Socio-demographic Characteristics		**N**	**%**
Sex	Male	173	42.9
	Female	230	57.1
Marital status	Married	248	61.5
	Single	144	35.7
	Divorced	7	1.7
	Widowed	4	1.1
Religion	Orthodox	174	43.2
	Muslim	124	30.8
	Protestant	90	22.3
	Wakefeta	8	2.0
	Other(*)	7	1.7

Ethnicity	Oromo	257	63.8
	Amhara	88	21.8
	Kefa	25	6.2
	Gurage	14	3.5
	Tigre	7	1.7
	Other(#)	12	3.0
Working Unit/department	Medical	64	15.9
	Surgical	70	17.4
	Emergency	54	13.4
	Intensive Care Unit (ICU)	40	9.9
	Pediatric	56	13.9
	Oncology	7	1.7
	Obstetrics & Gynecology	28	6.9
	Maternity	5	1.2
	Chronic Illness	14	3.5
	Operation room	37	9.2
	OPD	20	5.0
	Others(**)	8	2.0
Training on leadership	Yes	44	10.9
	No	359	89.1
Working history in other institution	Yes	158	39.2
	No	245	60.8
Age	20-24 years	62	15.4
	25-29 years	199	49.4
	30-34 years	77	19.1
	35-39 years	35	8.7
	40-44 years	22	5.4
	45-49 years	8	2.0
Work Experience in Nursing	6 months -3 years	155	38.5
	4-6 years	132	32.8
	7-9 years	61	15.1
	10-12 years	37	9.2
	13-15 years	4	1.0
	16-18 years	14	3.4
Monthly Salary	≤ 4609 ETB	60	14.9
	4610- 5358 ETB	52	12.9
	5359- 6193 ETB	101	25.0
	6194- 7071 ETB	107	26.6
	7072- 8017 ETB	53	13.2
	8018- 9056 ETB	25	6.2
	9057- 10150 ETB	5	1.2
* Adventist, Joba-witness. # Sidama, Dawro, Wolayta. ** Ophtha, ART, Dermatology			

Concerning educational qualification of the study participants' the majority of nurses 320(79.4%) were Bachelor nurses while 77(19.1%) were Diploma nurses and the rest 6(1.5%) were Masters and above.

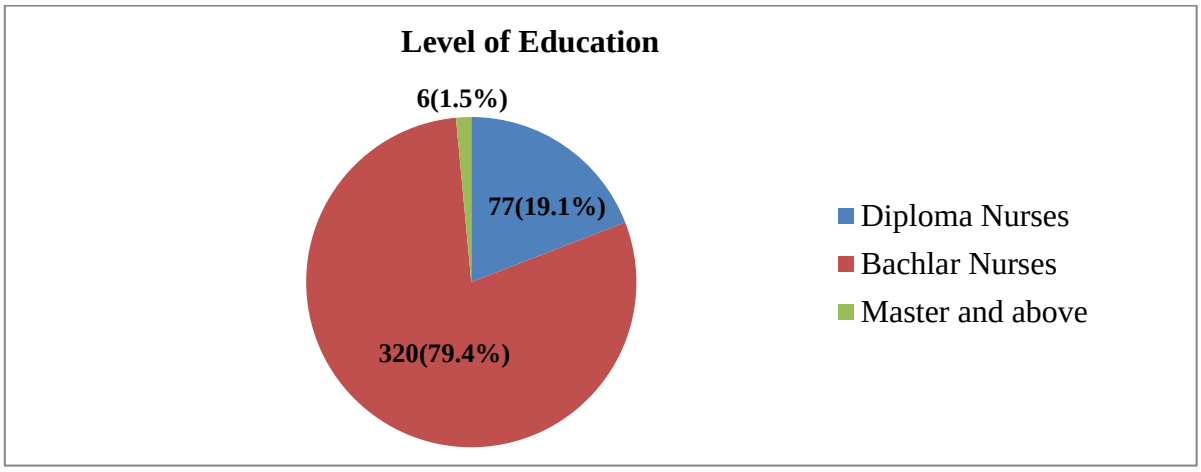

Figure 3: Educational qualification of the study participants working at Jimma Town public health facilities, 2021.

Regarding the level of healthcare facilities which nurses were working, the majority (87.1%) of them were working at tertiary level of healthcare (JMC), followed by 7.4% working at secondary level of healthcare (Shenen Gibe General Hospital), and the rest 5.5% were working at primary level of healthcare which is Health Center.

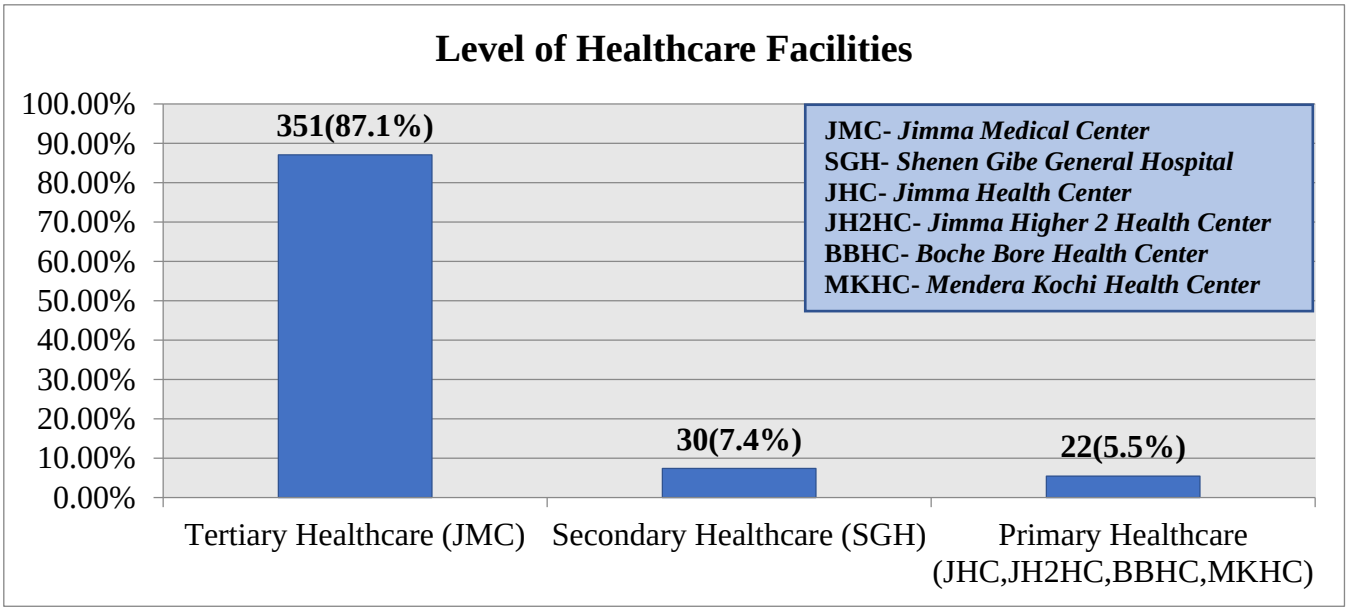

Figure 4: Level of healthcare facilities which nurses were working at Jimma Town public health facilities, 2021.

5.2. Description of Associated Variables

Organizational commitment used in this study had a minimum score of 34 and a maximum score of 74 with a mean score of 54.43±7.84. Among three organizational commitments, the affective organizational commitment had the highest mean score 24.70±3.55. Job-related stress had a minimum score of 31 and a maximum score of 87 with a mean score of 58.37±11.71. The most common job-related stressors were workload, uncertainty regarding patient treatment, and conflict with mean scores 11.70±3.39, 10.21±2.81 & 10.06±2.60 respectively. Innovative work behavior had a minimum score of 14 and a maximum score of 49 with a mean score of 33.04±7.56. Leadership style had a minimum score of 47 and a maximum score of 113 with a mean score of 80.25±15.31. The most common leadership style was the transformational leadership style with mean score of 52.66±11.40 (Table 2).

Table 2: Descriptive statistics of associated factors in study of perception towards managers' leadership practice among nurses working at Jimma Town public health facilities, 2021 (n=403).

Variables	Mini.	Max.	Mean	S.D
Overall organizational commitment score	**34.00**	**74.00**	**54.43**	**7.84**
Affective organizational commitment	12.00	40.00	24.70	3.55
Continuance organizational commitment	6.00	29.00	17.57	4.40
Normative organizational commitment	6.00	18.00	12.15	2.20
Overall job-related stress score	**31.00**	**87.00**	**58.37**	**11.71**
Workload	5.00	20.00	11.70	3.39
Conflict	4.00	16.00	10.06	2.60
Lack of support	3.00	12.00	6.93	2.22
Uncertainty regarding patient treatment	4.00	16.00	10.21	2.81
Dealing death and dying	3.00	12.00	8.13	1.91
Organizational decisions	3.00	11.00	6.54	1.86
Inadequate preparation	1.00	4.00	2.51	0.89
Sexual harassment	1.00	4.00	2.30	0.96
Total innovative work behavior score	**14.00**	**49.00**	**33.04**	**7.56**
Overall leadership style score	**47.00**	**113.00**	**80.25**	**15.31**
Transformational leadership style	24.00	76.00	52.66	11.40
Transactional leadership style	5.00	36.00	22.34	5.76
Laissez-faire leadership style	0.00	11.00	5.25	2.24

5.3. Nurses' Perception of their managers' Leadership Practice

The overall mean score of nurses' perception of their managers' leadership practice in this study was (76.30±16.00) with a minimum score of 37 and a maximum score of 113. The level of nurses' perception towards their managers' leadership practice was done by using data in tertiale classification by rank order as 33%, 66% and 100%; lower tertiale represents the low level, middle tertiale represents to moderate level, & upper tertiale indicate a high level of perception towards nurse managers' leadership practice.

According to tertiale classification, 125(31.0%), 164(40.7%), and 114(28.3%) of nurses have low, moderate, and high levels of perception towards their managers' leadership practice respectively.

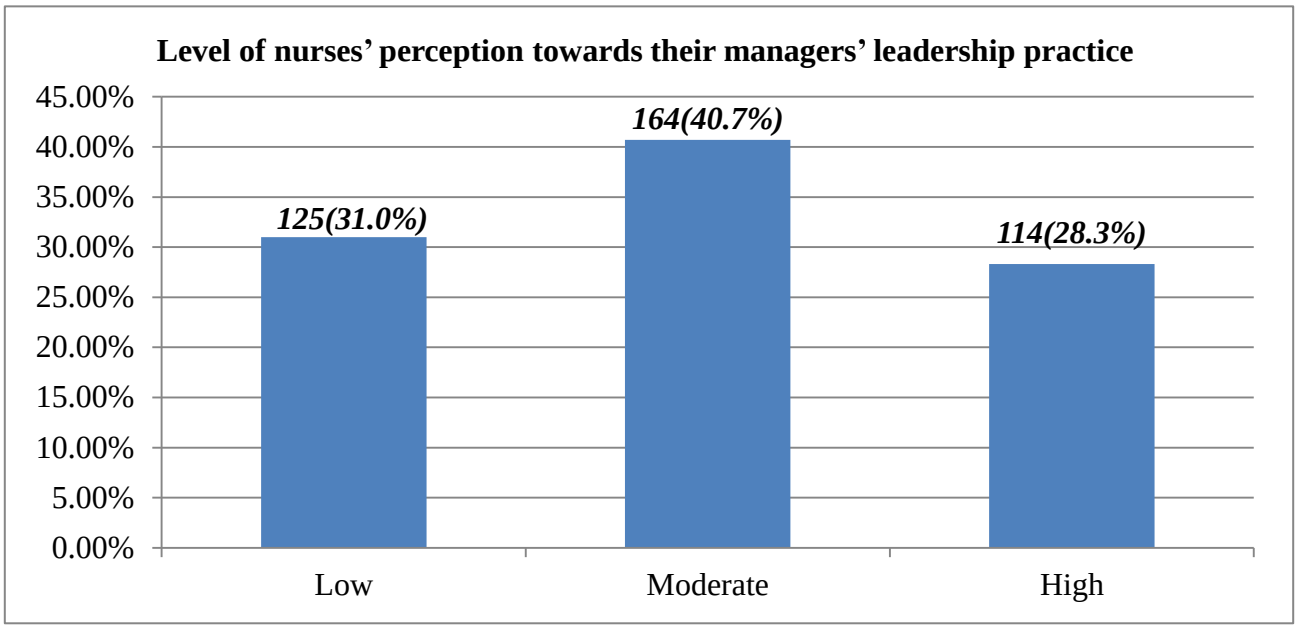

Figure 5: Level of perception towards managers' leadership practice among nurses working at Jimma Town public health facilities, 2021.

From the subclass of leadership practice of nurse managers as perceived by nurses, the overall mean score ranges from highest to lowest were 15.99±4.08 to 14.98±3.87. The most frequently perceived leadership practice of nurse managers was enabling others to act with the mean score of 15.99±4.08 followed by encouraging the heart 15.64±4.06 while less frequently perceived leadership practice of nurse managers was challenges the process 14.98±3.87 (Table 3).

Table 3: Descriptive statistics of perception towards managers' leadership practice among nurses working at Jimma Town public health facilities, Southwest of Ethiopia 2021 (n=403).

Variables	Mini.	Max.	Mean	S.D
Overall perceived leadership practice	**37**	**113**	**76.30**	**15.99**
Modeling the way	5	25	15.03	3.97
Inspire a shared vision	5	20	15.01	3.87
Challenge the process	6	25	14.98	3.87
Enabling others to act	6	25	15.99	4.08
Encouraging the heart	5	25	15.64	4.06

5.4. Linear Regression Analysis

Simple linear regression analysis was done to identify candidate variables for multivariable linear regression. First 10 socio-demographic, 1 overall organizational commitment, 1 overall leadership style, 1 overall job-related stress, and 1 overall innovative leadership behavior: a total of 14 variables were entered one by one. From these, 9 variables were selected for multivariable linear regression having a P-value less than 0.25. Accordingly: level of education, marital status, level of healthcare facilities, training on leadership, monthly salary, overall organizational commitment, total job-related stress, overall innovative leadership behavior, and overall leadership style were candidate variables for multivariable linear regression.

The candidate variables were entered in a multivariable linear regression model and enter method was used for variable selection. Then, variables having p-values < 0.05 were considered as significantly associated with nurses' perception towards their managers' leadership practice. Out of the nine selected candidate variables from simple linear regression analysis, four of them were identified as associated factors with nurses' perception towards their managers' leadership practice on the final model. These includes: Training on leadership, organizational commitment, innovative work behavior, and job-related stress. However: level of education, marital status, monthly salary, level of healthcare facilities, and leadership style were not associated with nurses' perception towards their managers' leadership practice.

There was a positive association between organizational commitment and innovative work behavior of nurses with perception towards their managers' leadership practice. An increase in organizational commitment of nurses increases perception towards their managers' leadership practice by 0.52

(95%CI=0.361, 0.684; P<0.001). The result also showed that increase in innovative work behavior of nurses increases perception towards their managers' leadership practice by 1.1 (95%CI=0.918, 1.250; P<0.001). However, there was a negative association between nurses who hadn't received training on leadership and job-related stress with perception towards their managers' leadership practice. An increase in job-related stress decreases nurses' perception towards their managers' leadership practice by 0.13 (95%CI=-0.222, -0.039; P=0.005). The lack of leadership training for nurses' lower perception towards their managers' leadership practice by 5.5 times compared to those who had received training (95% CI=-8.548, -2.395; P=0.001) (Table 4).

Table 4: Multivariable linear regression analysis final model for perception towards managers' leadership practice among nurses working at Jimma Town public health facilities, Southwest of Ethiopia 2021 (n=403).

Associated Variables		**Unstandardized Coefficients**				**95% CI for β**	
	Category	**β**	**SE**	**T**	**p-value**	**Lower Bound**	**Upper Bound**
(Constant)		19.195	6.009	3.194	0.002	7.381	31.009
Level of education	Diploma nurse	0.061	1.594	0.038	0.970	-3.074	3.195
	Bachelor nurse (1)						
	Master & above	-3.647	4.704	-0.775	0.439	-12.895	5.602
Monthly Salary in ETB		0.001	0.000	1.854	0.065	0.000	0.002
Level of healthcare facilities	Medical Center (1)						
	General hospital	2.040	2.110	0.967	0.334	-2.108	6.188
	Health centers	0.121	2.476	0.049	0.961	-4.747	4.988
Marital status	Married (1)						
	Single	-1.514	1.228	-1.234	0.218	-3.928	0.899
	Divorced	-8.225	4.311	-1.908	0.057	-16.702	0.251
	Widowed	5.245	5.623	0.933	0.352	-5.810	16.300
Training on leadership	Yes (1)						
	No	-5.471	1.565	-3.497	**0.001***	-8.548	-2.395
Overall leadership style		0.008	0.039	0.200	0.842	-0.068	0.084
Overall organizational commitment		0.523	0.082	6.363	**0.000****	0.361	0.684
Overall job-related stress		-0.131	0.047	-2.793	**0.005***	-0.222	-0.039
Overall innovative work behavior		1.084	0.084	12.849	**0.000****	0.918	1.250

Adjusted R^2=0.534, Maximum VIF= 1.498, *= Indicate significant value at p<0.05, **= indicate highly significant value at P<0.001 and (1): reference group

CHAPTER SIX: DISCUSSION

On tertiale classification, the level of nurses' perception towards their managers' leadership practice in this study showed that 125(31%), 164(40.7%), and 114(28.3%) of nurses have low, moderate, and high levels of perception towards their managers' leadership practice respectively. This study result was lower than the study conducted in Rwanda military hospital which indicated that 34.2%, 43.8%, and 22% of nurses have high, moderate, and low levels of perception to practice transformational leadership by their managers' respectively (29). This difference might be due to leadership training given for nurses as it is a military hospital that could contribute to high perception towards their managers' leadership practice.

This study result showed that more than one-third of nurses had a moderate perception of their managers' leadership practice. This finding was consistent with the study conducted in New York (38) and China(42). But this result was incongruent with the study conducted in Malta(40) and United Kingdom(41) which was high. This difference may be related to training, workload, job satisfaction, healthcare setup, and availability of resources across the health system.

The finding in this study showed that there was a significant negative association between nurses who hadn't received training on leadership and perception towards their managers' leadership practice. The lack of leadership training for nurses lowered perception towards their managers' leadership practice by 5.5 times compared to those who had received training. This result was supported by the study conducted in Colorado showed that training on leadership for nurses improves performance & job satisfaction which results in higher perceived leadership practice of their managers (45). This may be due to in-service training of leadership provide a better level of understanding about leadership for nurses and increase perception towards their managers' leadership practice.

This study also showed that the organizational commitment of nurses was positively associated with perception towards their managers' leadership practice. Nurses who have a better level of organizational commitment have a higher perception of their managers' leadership practice than counterparts. This result was supported by other studies conducted in the USA(46), New York(47), and Pakistan(49). This might be due to committed nurses do their job beyond expectation which results in good relationships with their managers through open communication that increases leadership skills which enhances perception towards their managers' leadership practice.

The finding of this study showed that innovative work behavior of nurses was statistically associated with perception towards their managers' leadership practice. Innovative work behavior of nurses increases perception towards their managers' leadership practice through intrinsic motivation and sharing knowledge(51). This result was supported by the studies conducted in Pakistan(51) and Taiwan(53). This might be due to nurses participated in innovative processes and activities share creative thoughts and opinions freely that enhances performance, effectiveness, and efficiency that will ultimately increase motivation and satisfaction of nurses which leads to higher perception towards their managers' leadership practice.

This study showed that job-related stress was negatively associated with nurses' perception towards their managers' leadership practice. Job-related stress due to workload, conflict, lack of support, and uncertainty regarding patient treatment decreases nurses' perception towards their managers' leadership practice. This result was supported by the studies conducted in Indonesia(35) and Finland(55). This may be due to dissatisfaction and demotivation of nurses from job-related stress result low perception towards their managers' leadership practice.

Strength and Limitation of the study

Strength of the study

- The study incorporated different levels of healthcare facilities including tertiary hospital, general hospital, and health centers.

Limitation of study

- Cause and effect was not measured between perception towards managers leadership practice and its associated factors among nurses
- Due to the lack of literature on this topic in this country comparison of study results were done with other countries where the health institution setup, health policy, and other factors may differ.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1. Conclusion

Only less than one-third of nurses have a high level of perception towards their managers' leadership practice. Lack of training on leadership, organizational commitment, innovative work behavior, and job-related stress were identified as factors associated with nurses' perception of their managers' leadership practice.

Organizational commitment and innovative work behavior of nurses were factors that positively associated with nurses' perception towards their managers' leadership practice. Lack of training on leadership and job-related stress were identified factors that negatively influence nurses' perception of their managers' leadership practice.

7.2. Recommendation

For Jimma Town public health facilities

❖ Jimma Town health facilities should facilitate training on leadership for all staff nurses who hadn't received training.

❖ Jimma Town health facilities should focus to reduce job-related stress to improve nurses' perception towards their managers' leadership practice.

For administrative body

❖ The administrative body should work to improve the commitment of staff nurses toward their organization.

❖ The nursing service director should focus to reduce job-related stress caused by workload and conflict with the supervisor.

For nurse managers

❖ Nurse Managers should give opportunity and motivation for nurses who have better innovative work behavior to share their experience with other nurses.

For researcher

❖ Future research should conduct comparative studies on nurses' perception of their managers' leadership practice among public and private hospitals, staff, and manager nurses.

❖ Further research should be conducted for a better understanding of nurses' perception towards their managers' leadership practice using the mixed method.

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ANNEXES

Jimma University

Institute of Health

Faculty of Health Sciences

School of Nursing

Annex I: Participants information sheet and consent form

Part I: Participant's Information Sheet

Back ground: Hello, good morning/good afternoon, my name is ----------, and I'm working in JMC. I am doing research on perception towards managers' leadership practice and associated factors among nurses working at Jimma Town public health facilities, Oromia, Southwest Ethiopia, 2021. You are being invited to take part in this research as your participation can contribute much about the issue if you give consent after you have understood the following information.

Study Title: Cross-sectional study on perception towards managers' leadership practice and associated factors among nurses working at Jimma Town public health facilities, Oromia, Southwest Ethiopia, 2021

Aim of the study: The aim of this study is to assess perception towards managers' leadership practice and associated factors among nurses working at Jimma Town public health facilities.

Benefit and Risk Benefit: It is not likely that you will benefit directly from participation in this study; you will not receive any payment or other compensation, also no cost to you for participation. No risks to you except spent your time while you will be respond questionnaires. If discomforts become a problem, you may discontinue your participation.

Confidentiality: Whatever individual information you provide will be kept strictly confidential and will only be used for statistical analysis. A study number, which will be known to authorized study personnel and you, to be used instead of your name. The code will be stored in a safe place. Personal and medical information about you will not be released to any other without your permission and you will not be personally identified in any publication or presentation about this study.

Contact information: If you have any questions at any time about this research study, you may contact Mihret Gashaye, phone number: +251918314503 and email address: gamihret@gmail.com at JMC.

Part II: Informed Consent

I have been asked to participate in the study and I received information about what is going to be done, the risks, my rights as a volunteer and the benefits involved in this research. I understand that by signing this consent form, I do not waive any of my legal rights nor does it relieve investigators of liability; but merely indicates that I have been informed about the research study in which I am voluntarily agreeing to participate. A copy of this form will be provided to me.

Study number/Questionnaire's code _____

Participant's signature _____ date _____

Name of data collector _____ Signature_____ date _____

Supervisors' name _____ Signature_____ date _____

Annex II: Questionnaire

Questionnaire for data collection on perception towards managers' leadership practice and associated factors among nurses working at Jimma Town public health facilities, Southwest Ethiopia, 2021

Part I: Socio-demographic characteristics of nurses		
Code	Questions	Response's
101	Name of Health facilities	1. Jimma medical center 2. Shenen Gibe hospital 3. Jimma HC 4. Higher 2 HC 5. Becho Bore HC 6. Mendera Kochi HC
102	Sex of respondent's	1. Male 2. Female
103	Age of respondent's	---------- (years)
104	Marital status	1. Married 2. Single 3. Divorced 4. Widowed
105	Ethnicity	1. Oromo 2. Amhara 3. Tigre 4. Kefa 5. Gurage 6. other (specify) --------
106	Religion	1. Orthodox 2. Muslim 3. Protestant 4.Wakefeta 5. Other (specify) -----
107	Level of education completed	1. Diploma nursing 2. Bachelor-nursing 3. Master and above
108	Work experience as a nurse	---------- (in years)
109	Working Unit	1. Medical 2. Surgical 3. Emergency 4. Intensive care unit 5. Pediatric 6. Oncology 7. OBY/GYN 8.Maternity 9. Chronic 10. Operation room 11. OPD
110	Previous training on leadership	1. Yes 2. No
111	Working history in other institution	1. Yes 2.No
112	Monthly salary	---------- (ETB)

Part II: Leadership practices inventory Questionnaire

These questionnaires are used to describe leadership practice of your leader using likert scale. Please circle or thick the number that applies your leaders' leadership practice in front of each question.

1=almost never 2= once in a while 3= sometimes 4= fairly often 5= frequently

Code	Subscale Item description					
Modeling the way						
201	Sets a personal example of what she/he expects of others	1	2	3	4	5
202	Follows through on promises and commitments she/he makes	1	2	3	4	5
203	Asks for feedback on how his/her actions affect other people's performance	1	2	3	4	5
204	Builds a common set of values for running our organization	1	2	3	4	5
205	He/she clear about his/her philosophy of leadership	1	2	3	4	5
Inspire a shared vision						
206	Talks about future trends that will influence how our work gets done	1	2	3	4	5
207	Describes a compelling image of what our future could be like	1	2	3	4	5
208	Appeals to others to share an exciting dream of the future	1	2	3	4	5
209	Shows others how their long-term interests can be realized by creating a common vision	1	2	3	4	5
210	Paints the big picture of what we aspire to accomplish	1	2	3	4	5
Challenge the process						
211	Seeks out challenging opportunities that test own skills and abilities	1	2	3	4	5
212	Challenges people to try out new and innovative ways to do their work	1	2	3	4	5
213	Search outside the formal boundaries of our organization for innovative ways to improve what we do	1	2	3	4	5
214	Asks 'What can we learn?' when things don't go as expected	1	2	3	4	5
215	Experiments and takes risks, even when there is a chance of failure	1	2	3	4	5
Enable others to act						
216	Develops cooperative relationships between the people she/he works with	1	2	3	4	5
217	Actively listens to diverse points of view	1	2	3	4	5
218	Treats others with dignity and respect	1	2	3	4	5
219	Supports decisions that people make on their own	1	2	3	4	5

220	Gives people a great deal of freedom and choice in deciding how to do their work	1	2	3	4	5
Encouraging the heart						
221	Praises people for a job well done	1	2	3	4	5
222	Makes it a point to let people know about his/her confidence	1	2	3	4	5
223	Publicly recognizes people who exemplify commitment to shared values	1	2	3	4	5
224	Finds ways to celebrate accomplishments	1	2	3	4	5
225	Gives members of the team appreciation and support for their contributions	1	2	3	4	5

Part III: Organizational Commitment Questionnaire

These questionnaires are used to describe your organizational commitment using likert scale.

Please circle or thick the number that applies your organizational commitment in front of each question. 1= very dissatisfied 2= dissatisfied 3= neutral 4= satisfied 5= very satisfied

Code	**Organizational commitment questionnaire**	**Responses**				
Affective commitment						
301	My organization has a great deal of personal meaning for me	1	2	3	4	5
302	I owe a great deal to my organization	1	2	3	4	5
303	I do not feel emotionally attached to my organization	1	2	3	4	5
304	I really feel as if my organization's problems are my own	1	2	3	4	5
305	I do not feel like part of the family at my organization	1	2	3	4	5
306	I would not leave my organization because I have a sense of obligation	1	2	3	4	5
307	I do not feel a strong sense of belonging to my organization	1	2	3	4	5
308	I would be happy to spend the rest of my career with my organization	1	2	3	4	5
Continuance commitment						
309	Staying with my organization is a matter of necessity as much as desire	1	2	3	4	5
310	It would be very hard for me to leave my organization, even if I wanted	1	2	3	4	5
311	I feel that I have too few options to consider leaving this organization	1	2	3	4	5
312	Too much of my life would be disrupted if I decided to leave my organization	1	2	3	4	5
313	I would feel guilty if I left my organization	1	2	3	4	5
314	One of the few negative consequences of leaving this organization would be the scarcity of available alternatives	1	2	3	4	5

Normative commitment						
315	Even if it was my advantage, I do not feel to leave my organization	1	2	3	4	5
316	The organization deserves my loyalty	1	2	3	4	5
317	I do not feel any obligation to remain with my current employer	1	2	3	4	5
318	If I had not put myself into this organization, I might consider working in another place	1	2	3	4	5

Part IV: Job-related Stress Questionnaire

These questionnaires are used to describe job-related stress using four point likert scales.

Please circle or thick the number that applies about your job-related stress in front of each item.

1= never stressful 2= sometimes stressful 3= frequently stressful 4=always stressful

Code	**Job-related stress questionnaire Items**	**Responses**			
Work load					
401	Not enough staff to adequately cover the unit	1	2	3	4
402	Not enough time to complete all of my nursing tasks	1	2	3	4
403	Not enough time to provide emotional support to the patient	1	2	3	4
404	Too many non-nursing tasks required, such as religious work	1	2	3	4
405	Not enough time to respond to the needs of patients' families	1	2	3	4
Conflict					
406	Conflict with physician	1	2	3	4
407	Disagreement concerning the treatment of a patient	1	2	3	4
408	Conflict with a nurse supervisor	1	2	3	4
409	Difficulty in working with a specific nurse in the unit	1	2	3	4
Lack of support					
410	Lack of opportunity to talk openly with other unit personnel about problems in the unit	1	2	3	4
411	Lack of opportunity to share experiences and feelings with other personnel in the unit	1	2	3	4
412	Lack of support of my immediate supervisor	1	2	3	4
Uncertainty regarding patient treatment					
413	Inadequate information from a physician regarding the medical	1	2	3	4

	condition of a patient				
414	A physician ordering what appears to be inappropriate treatment for a patient	1	2	3	4
415	A physician not being present in a medical emergency	1	2	3	4
416	Not knowing what a patient or a patient's family ought to be told about the patient's condition & treatment	1	2	3	4
Dealing with death & dying					
417	Feeling as my support is helpless in the case of a patient who fails to improve	1	2	3	4
418	Watching a patient suffer	1	2	3	4
419	The death of a patient	1	2	3	4
Organizational decisions					
420	Frequent change of unit of work	1	2	3	4
421	Rotating work shift	1	2	3	4
422	Centralization; low participation in decision making	1	2	3	4
Inadequate preparation					
423	Absence of satisfactory answer for a patient question	1	2	3	4
Sexual harassment					
424	Being sexually harassed/requests for sexual favors, and other verbal	1	2	3	4

Part V: Innovative Work Behavior Questionnaire

These questionnaires are used to describe innovative work behavior of nurses using likert scale.

Please circle or thick the number that indicate how often does applies each question/item.

1= never 2= almost never 3= some times 4= fairly often 5= very often

Code	Innovative Work Behavior Questionnaire	Responses				
501	Look for opportunities to improve an existing process, service or work relationship	1	2	3	4	5
502	Recognize opportunities to make a positive difference in your work	1	2	3	4	5
503	Pay attention to non-routine issues in your work	1	2	3	4	5
504	Search out new work methods, techniques or instruments	1	2	3	4	5
505	Generate new solutions to problems	1	2	3	4	5
506	Find new approaches to execute tasks	1	2	3	4	5
507	Encourage key organization members to be optimistic about innovative ideas	1	2	3	4	5

508	Attempt to convince people to support innovative ideas	1	2	3	4	5
509	Systematically introduce innovative ideas into work practice	1	2	3	4	5
510	Contribute to implementation of new ideas	1	2	3	4	5
511	Put effort into the development of new things	1	2	3	4	5

Part VI: Multifactorial Leadership Questionnaire

These questionnaires are used to describe your leader leadership style as you perceive using likert scale. Please circle or thick the number that applies your leaders' leadership style in front of each question. 0= not at all 1= once in a while 2= some times 3= often 4= frequently

1.Transformational Leadership Style		**Responses**				
A. Idealized Influence (Attributed)						
601	My leader introduces pride in me	0	1	2	3	4
602	My leader goes beyond self-interest for the good of the group	0	1	2	3	4
603	My leader act in ways that build others' respect	0	1	2	3	4
604	My leader display a sense of power and confidence	0	1	2	3	4
B. Idealized Influence (Behavior)						
605	My leader talk about her/his most important values and beliefs	0	1	2	3	4
606	My leader specify the importance of having a strong sense of purpose	0	1	2	3	4
607	My leader consider the moral and ethical consequences of decisions	0	1	2	3	4
608	My leader emphasize the importance of having a collective sense of mission	0	1	2	3	4
C. Inspirational Motivation						
609	My leader talk positively about the future	0	1	2	3	4
610	My leader talk willingly about what needs to be accomplished	0	1	2	3	4
611	My leader express confidence that goals will be achieved	0	1	2	3	4
D. Intellectual Stimulation						
612	My leader re-examine critical assumptions to question when appropriate	0	1	2	3	4
613	My leader seek differing perspectives when solving problems	0	1	2	3	4

614	My leader get others to look at problems from many different angles	0	1	2	3	4
615	My leader suggest new ways of looking at how to complete assignments	0	1	2	3	4
E. Individual Consideration						
616	My leader spend time for teaching and coaching	0	1	2	3	4
617	My leader treat me as individuals	0	1	2	3	4
618	My leader consider an individual as having different needs, abilities, and goals	0	1	2	3	4
619	My leader help me to develop my strengths	0	1	2	3	4
2. Transactional Leadership Style						
I. Contingent Reward						
620	My leader provide others with assistance in exchange for their efforts	0	1	2	3	4
621	My leader discuss in specific issues who is responsible for achieving performance targets	0	1	2	3	4
622	My leader make clear what expect to receive when performance goals are achieved	0	1	2	3	4
623	My leader express satisfaction when others meet expectations	0	1	2	3	4
II. Management by Exception (Active)						
624	My leader concentrate my full attention on dealing with mistakes, complaints, and failures	0	1	2	3	4
625	My leader keep track of all mistakes	0	1	2	3	4
626	My leader direct her/his attention toward failures to meet standards	0	1	2	3	4
III. Management by Exception (Passive)						
627	My leader fail to restrict until problems become serious	0	1	2	3	4
628	My leader wait for things to go wrong before taking action	0	1	2	3	4
629	My leader demonstrate that problems must become chronic before taking action	0	1	2	3	4
3. Laissez-Faire Leadership Style						
630	My leader avoid getting involved when important issues arise	0	1	2	3	4
631	My leader absent when needed	0	1	2	3	4
632	My leader avoid making decisions	0	1	2	3	4
633	My leader delay responding to urgent questions	0	1	2	3	4

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

Name of the student: _____

Date: _____ Signature _____

This thesis has been submitted for examination with my approval as university advisor.

APPROVAL OF THE FIRST ADVISOR

Name of the first advisor: _____

Date: _____ Signature _____

APPROVAL OF THE SECOND ADVISOR

Name of the second advisor: _____

Date: _____ Signature _____

APPROVAL OF THE FIRST EVALUATOR

Name of the first evaluator: _____

Date: _____ Signature _____

APPROVAL OF THE SECOND EVALUATOR

Name of the second evaluator: _____

Date: _____ Signature _____