TRANSFORMATIONAL LEADERSHIP STYLES AND ITS OUTCOMES AMONG NURSING STAFF AT RWANDA MILITARY HOSPITAL

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Master of Sciences in Nursing (Education, leadership and management Track)

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Supervisor: Mr. BANAMWANA Gilbert

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a. *Declaration by theStudent*

I do hereby declare that this *dissertation* submitted in partial fulfillment of the requirements for the degree of **MASTER OF SCIENCE IN NURSING (Education, Leadership and Management Track)**, at the University of Rwanda/College of Medicine and Health Sciences/School of Nursing and Midwifery, is my original work and has not previously been submitted elsewhere. Also, I do declare that a complete list of references is provided indicating all the sources of information quoted or cited.

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b. *Authority to Submitthedissertation*

Surname and First Name of the Supervisor
BANAMWANA Gilbert
In my capacity as a Supervisor, I do hereby authorize the student to submit her dissertation.

Date and Signature of the Supervisor
27th July 2017

DEDICATION

This dissertation is dedicated to the Almighty God who abundantly gave me the opportunity and the strength to undertake these studies.

This dissertation is dedicated to my husband who supported my idea of pursuing masters and for his continuous support and encouragement

This dissertation is dedicated to my two Daughters, Keza and Lina who were too young to understand why I was always busy without giving them time as a mother.

This dissertation is dedicated to my parents, friends, brothers and sisters for their unconditional support.

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ABSTRACT

Background: Nursing is an active and demanding profession which needs satisfying and inspirational leaders. It was emphasized that leadership style is one of most factors which help the achievement of organizational goals and that nursing leadership has a key role in shaping nursing profession to be more reactive on today's changing healthcare system.

Aim of the study: The aim of this study was to assess the level of transformational leadership style practice and its outcomes among nursing staff at Rwanda Military Hospital.

Methodology: Quantitative approach and descriptive correlational design was used in this study, 146 staff nurse from different wards participated in the study, they were selected using stratified random sampling methods. Bass and Avolio's multifactor leadership questionnaire rater form was used to assess the use of transformational leadership style and its outcomes such as extra effort, effectiveness and satisfaction. The descriptive statistics and inferential statistics such as Pearson correlation with the statistical package for the social sciences version 21 was used to analyze the data.

Study Findings: The study found that the transformational leadership style is used at 24.2 of low level, 43.8% of moderate level and 34.2% of high level and it found the outcomes of transformational leadership style at the following level: 17.1% of nurse managers had low level of effectiveness, 10.9% of nurse managers had moderate level of effectiveness and 62.3% of nurse managers had high level effectiveness; 24.6% of staff nurses had low level of extra effort, 17.1% of staff nurses had moderate level of extra effort and 58.2% of staff nurses had high level extra effort; 17.7% of staff nurses had low level of satisfaction, 19.1% of nurse managers had moderate level of satisfaction and 63% of staff nurse had high level satisfaction.

The study found that transformational leadership style has very strong positive correlation with the outcomes variables where extra effort had ($r=.856^{**}$ at P-value of < 0.01), effectiveness had ($r=.843^{**}$ at P-value< 0.01), and satisfaction had ($r=.767^{**}$ at P-value< 0.01).

Conclusion: There is a need to reinforce the use of transformational leadership style and to expand it to other Rwandan health care settings, in order to increase more effort from staff nurses, to boost their satisfaction and to be effective nurse managers which in turn will lead to quality nursing care as well as hospital performance.

The key concepts: Leadership styles, Leadership outcomes, Transformational Leadership style and Quality nursing care

LIST OF ABBREVIATIONS

CMHS:	College of Medicine and Health Sciences
CR:	Contingent Reward
EE:	Extra Effort
EFF:	Effectiveness
FRLM:	Full Range Leadership Model
FRLT:	Full range Leadership Theory
HRH:	Human Resource for health
IC:	Individual Consideration
II (A):	Idealized Influence Attribute
II (B):	Idealized Influence Behavior
IM:	Inspirational Motivation
IS:	Intellectual Stimulation
LF:	Laissez-Faire
MBEA:	Management by Exception Active
MBEP:	Management by Exception Passive
MLQ:	Multifactor Leadership Questionnaire
MoH:	Ministry of health
NCNM:	National council for nurses and midwives
RBM:	Results based management
RMH:	Rwanda Military Hospital
SAT:	Satisfaction
SPSS:	Statistical Package for the Social Sciences
WHO:	World Health Organization
SDG	Sustainable Development Goals

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CHAPTER 1. INTRODUCTION

1.1. INTRODUCTION TO THE STUDY

Nursing is an active and demanding profession which needs satisfying and inspirational leaders. It was emphasized that nursing leadership has a key role in shaping nursing profession to be more reactive on today's changing healthcare system (Carter, 2010, p. 168). Currently, the health care system is challenged to respond to the complexity of disease management and meeting the request of clients who want to receive quality service delivery. To remain competitive in the face of this pressure, effective nursing leadership is crucial in order to continuously improve quality nursing care to patients in healthcare systems (Carter, 2010; Alloubani, AlaDeen Mah'd Abdelhafiz, Ibrahim Mubarak Abughalyun and Mohamed Edris, Elsiddig Edris Almukhtar, 2015).

Good leadership has been found to considerably influence followers' performance and effective leadership must be the focus for any kind of organization including hospitals (Alkahtani and Abdul Aziz, 2016; Sohail, 2016). For hospitals to be excellent, they must begin with excellent leadership including nursing leadership as for increasing the performance and success of hospitals (Garg *et al.*, 2013). This seems to be reasonable since nurses represent the largest group of health professionals rendering up to 90% of the health care services in the preventive, curative and rehabilitative dimensions (Eagly, Johannesen-Schmidt and van Engen, 2003).

There are many different types of leadership styles that are used by nurse managers while leading staff nurses at hospitals. Those styles are autocratic, democratic, laissez-faire, bureaucratic, situational, charismatic, visionary, coaching, affiliate, transactional and transformational (Vesterinen *et al.*, 2012a, 2012b; Damayanthi, 2014; M Alshahrani and Baig, 2016). After an extensive review of various literature it can be concluded that the leadership styles that are used by nurse managers at hospitals can be categorized into three types of leadership styles which are laissez-faire, transactional and transformational leadership styles, among those leadership styles the most preferred and most effective is transformational leadership style (Alloubani, AlaDeen Mah'd Abdelhafiz, Ibrahim Mubarak Abughalyun and Mohamed Edris, Elsiddig Edris Almukhtar, 2015).

The transformational leadership style consist of influencing followers towards achieving more than what they had planned, it is the nurse managers´ skills to influence

followers towards achieving goals by changing follower's beliefs, values and needs (Vesterinen *et al.*, 2012a; Ahmad *et al.*, 2013). The transformational leadership is classified into five categories which are idealized influence attributed, idealized influence behaviors, inspirational motivation, intellectual stimulation and individual consideration. Intellectual stimulation consists of encouraging follower's creativity and innovation by the manager (Alkahtani and Abdul Aziz, 2016).

Individual consideration: consists of encouragement and support of followers' by the nurse managers through mentoring or coaching and listening to their ideas (Alkahtani and Abdul Aziz, 2016). Inspirational motivation consists of stimulating followers' thinking by giving them challenging tasks by the nurse manager (Alkahtani and Abdul Aziz, 2016). Idealized influence consists of working as the role model in completing mission and vision of the hospital by the nurse manager (Alkahtani and Abdul Aziz, 2016).

1.2. BACKGROUND

Worldwide different studies have found that transformational leadership style is most effective among all other leadership styles and that it affect followers' outcomes in positive way (Kanste, Helvi and Nikkila, 2007, p. 731; Munir and Nielsen, 2009, p. 1833;, p. 42; Negussie and Demissie, 2013, p. 49; Ranjith, G and George, 2015, p. 112; Mah 'd Alloubani *et al.*, 2015, p. 119; Olu-abiodun and Abiodun, 2017, p. 22).

In the study done in the Northeastern United States of America more than 71.% of the outcomes of leadership styles which are extra effort, staff nurse's satisfaction and leadership effectiveness was explained by transformational leadership style but the more positive relationship was between the followers extra effort and combination of three categories of transformational leadership styles which are individual consideration, intellectual stimulation, and idealized influence (Casida and Parker, 2016, p. 1,8).

In this study, the transformational leadership behaviors were more preferred than transactional leadership behaviors. It supported the utilization of transformational leadership behaviors over transactional leadership behaviors in order to successfully achieve strategic goals of the hospital for nurse managers working in acute care hospitals in the United State even beyond (Casida and Parker, 2016, p. 1,8).

A study done in Japan to see if leadership styles of nurse managers' were related to the affective commitment (intention to stay in the hospital) of their staff nurses in hospital revealed that one aspect of transformational leadership which is intellectual stimulation increase retention for staff nurses. The intellectual stimulation aspect of transformational leadership positively increased staff nurses' affective commitment with the odds ratio of 2.23. Nurse managers' transactional and laissez-faire leadership styles were not related to affective commitment among staff nurses (Kodama *et al.*, 2016, p. 1).

Similarly, the study done in Jordan found that the transformational leadership behaviors increase the retention of staff nurses, positive relation between job satisfaction and transformational leadership style have been confirmed, there was a positive relationship between all transformational leadership types and job satisfaction, for transactional leadership style the positive relation was highly with contingent rewards but the relation was negative between job satisfaction and passive-avoidant was negative even it was negative between laissez-faire leadership style and job satisfaction (Klaledeh and Mutari, 2015, p. 213).

In a study done in the Saudi Arabia, the majority of nurses showed that their immediate nursing managers were not displaying the transformational leadership behaviors and nurses' commitment was found to be negatively correlated with transformational leadership style but it was positively correlated with the transactional leadership style but the level of commitment among followers was not sufficient. The suggestions of the study were to use the transformational leadership style and promoting nurses' commitment for nurse leaders working in health care settings in Saudi Arabia (Asiri *et al.*, 2016). A study done in Ethiopia found that staff nurses like better transformational leadership style compared to transactional leadership style and recommended to nurse managers to use transformational leadership style (Nebiat, 2013, p. 7).

A study done in Kenya to evaluate effect of leadership styles on organizational performance found that transformational leadership style is associated with the greatest performance of the employees, transactional had medium positive influence on employees performance, but laissez - faire found to be associated with dissatisfaction, unproductively and ineffectiveness of employees (Koech and Namusonge, 2012, p. 10). A study done in Uganda concluded that leadership style influences staff retention in their organizations, it emphasized that intention to leave increases when leadership style is unfavorable, and

decrease when leadership style is favorable, therefore in order to enhance staff retention, leadership style adopted by managers should be given the attention it deserves within organizations. Therefore it was recommended to use transformational leadership style as it is favorable leadership style (Wakabi, 2016, p. 4).

Even if few studies of African origin have explored some aspects of transformational leadership style among nurse managers in Africa, the empirical studies on transformational leadership style remains limited (Azaare and Gross, 2011, p. 672; Negussie and Demissie, 2013, p. 51).The study done in Nigeria found the existence of transformational leadership style among nurse leaders at high and moderate level as perceived by staff nurses (Olu-abiodun and Abiodun, 2017, p. 23). Another study done in Nigeria found that transformational leadership style of nurse leaders was positively and substantially predicting the followers' engagement (Enwereuzor, Ibeawuchi K; Ugwu, Leonard I; Eze, 2016, p. 12).

Nurses work hard to meet the patients and their families needs, their days are long, their rest is short and they are having overtime work, this leads to the stressful job, emotionally demanding as well as physical and emotional exhaustion (Jaffe, 2012, p. 1). Depending on leadership style especially transformational, nurse managers may help in assisting nursing staff to cope with stressors and negative feelings as transformational nurse managers are effective and are able to understand the physiological and psychological needs of their staff (Jaffe, 2012, p. 1).

The current shortage of registered nurse justifies the importance of having strong, supportive and inspirational nurse leaders (McLaggan, Bezuidenhout and Botha, 2013, p. 3), however many nurse managers are missing necessary leadership skills to deal with those problems. It was found that by using transformational leadership style nurse managers may achieve overall nurses' performance, safer nursing, increased nurse satisfaction and increased retention rate (Jaffe, 2012).

Rwanda health sector is having severe nursing staff shortage as well as low work motivation for nurses, nurses' underperformance, high level of absenteeism for nurses, nurse's over workloads, low level of nurses' job satisfaction and high turnover which result in poor quality care delivery and threaten the achievement of sustainable development goals especially SDG 3 which is to ensure healthy lives and promote well-being for all ages. In 2015 a study was done to evaluate the gap between the targeted number of nurses and

midwives in health centers and hospitals of Rwanda and found that there is a gap of 45% in health centers and 20% in hospitals (Gitembagara, Relf and Pyburn, 2015, p. 1).

There is a high rate of turnover among nurses and a large number of nurse complaining about heavy workloads in Rwanda (Gitembagara, Relf and Pyburn, 2015).With the little nursing staff we have, the transformational leadership style can help to use effectively the number we have and to prevent registered nurses turnover late in order to achieve patient quality care (Abdelhafiz and Abughalyun, 2015). Having the right number of nursing staff is not enough to have quality of patient care we need, it is also necessary to use leadership style which can help to ensure that the staff we have, have the right skills to do the right work at right cost and work in right place at the right time with the right attitude which lead to right outcomes as recommended by (Gitembagara, Relf and Pyburn, 2015; WHO, 2016, p. 24).

The lack of strong leadership style for nurse managers was found to be a contributing factor to lack of morale for staff nurses under those nurse managers and ultimately lead to staff turnover and nursing staff shortage as well as the increase of health care setting cost because of recruitment issues (Denker, 2014). According to my observation during the leadership internship, some health care settings in Rwanda have recognized that weakness in leadership abilities among nurse managers like RMH which is providing ongoing leadership training to the nurse managers.

Rwanda public institutions including health care settings are using transactional leadership style. There is a policy on using result based management where more efforts are put to strengthen the performance of staff (Labour, 2015, p. 20). To implement that policy, healthcare settings are using what is called Imihigo (pledges) where there is an agreement between staff and his or her direct supervisor about goals to be accomplished, then after there is the evaluation of the accomplishment of the goals and awarding marks according to accomplished goals (Labour, 2015, p. 20). The marks someone gets help him/her to be promoted, getting additional money or punishment depending on the institution. This style of management is task oriented while the transformational leadership management is relationship oriented and it was found that the relationship oriented management style brings more positive outcomes than the transactional management style (Bormann B, 2011).

Together with the HRH faculty, the RMH nursing division management has introduced the transformational leadership style to nurse managers, to strengthen this leadership style the nursing division is providing weekly leadership sessions for nurse managers where nurse managers present a topic and they discuss as a group focusing on their needs at the hospital. They provide week-long training to the nurse managers in order to provide them with the skills and knowledge necessary to become a successful leader and manager within their department and the hospital. Since the transformational leadership style was introduced to RMH nurse managers, no one has evaluated the level of its practice.

During my leadership internship, I did an observational study where I tried asking different nurse managers about the leadership style that they were using and most of them were not able to identify leadership style they were using. This raised the idea to assess the level of practicing the introduced leadership style which is transformational and its outcomes among RMH nursing staff, another reason for conducting this study is that in Rwanda we are still having a gap in research on nursing leadership so far the process by which leadership and management in nursing are enhanced at health care settings remain poorly understood. It is therefore believed that this study will serve as the baseline in nursing leadership and could contribute to the growth of nursing leadership in Rwanda.

1.3. PROBLEM STATEMENT

Nurses are working hard to satisfy patients and their family's needs, problems and emotions, they work overtime and their rest is short. Their job is stressful as it affects their physical, emotional and mental well being and lead to high rate of turnover and nursing staff shortage (Jaffe, 2012, p. 1). It against this background that nurse needs nurse managers who inspire, motivate, encourage, support and advocate for them. It is the responsibility of nurse managers to assist their staff in coping with stressors and negative feelings in their day today work.

The current registered nurses shortage require to have strong, supportive, encouraging, advocating and inspirational nurse managers, so strong leadership style which is transformational leadership style is very important to fight against the current shortage of registered nurses and minimize stressors in nursing profession (Jaffe, 2012, p. 2). However many nurse managers lack the necessary leadership skills to deal with such problems,

furthermore some nurse managers assume a leadership role by chance as they are appointed based on other criteria than leadership skills (Warren, Perez and Arnold, 2014, p. 3).

Studies have shown that in current practice, nurses are often appointed to nursing management position based on their clinical expertise, while current challenges faced by healthcare systems require nurse managers and leaders to have strong leadership skills and to use effective leadership styles as strategy to empower staff nurses and to create a work environment which encourages nursing staff to work effectively (Kamau, 2013; Asiri *et al.*, 2016).

Study done in Saudi Arabia have shown that to be a nurse manager, strong leadership skills as well as training in leadership are required, it have shown that nurse managers who use the transformational leadership style promote the better outcomes including staff nurses job satisfaction and the work effectiveness (Asiri *et al.*, 2016), in the addition, a study done in Ghana has shown that transformational nurse managers affected very positively the performances of staff nurses who were under their management (Azaare and Gross, 2011), Similarly, studies have shown that transformational leadership style of nurse managers bring the positive outcomes among staff nurses and lead to the high good quality of nursing care, therefore, nurse managers must be able to lead effectively using transformational leadership style and provides a working condition in which staff nurses are satisfied and have a perception of performance in their job (Azaare and Gross, 2011; Damayanthi, 2014).

In Rwanda, According to the experience had during the leadership internship, some health care settings are trying to deal with nursing leadership and management issues, like the RMH nursing division management together with the HRH faculty, has introduced the transformational leadership style to nurse managers in order to improve nursing leadership outcomes. An observational study done during the leadership internship at RMH has revealed that most nurse managers were not able to identify leadership style they were using, while transformational leadership style was introduced to them.

Knowing the level on which transformational leadership style is used and knowing outcomes of it for nurse managers allow them to develop their skills in order to become good transformational leaders and influence good outcomes for staff nurses under their management (Bhatti, 2012; Giltinane, 2013; Mulligan and Trust, 2014; Asiri *et al.*, 2016).This is the evidence that there was a need for this study to assess if really the

introduced transformational leadership was being used or not. In addition, in Rwanda there is no study found in this area of research, Therefore this study wanted to assess the level of practice of transformational leadership style among RMH' nurse managers and to assess its outcomes.

1.4. THE AIM OF THE STUDY

This study's aim was to assess the level of transformational leadership style and its outcomes among nursing staff at Rwanda Military Hospital.

1.5. OBJECTIVES OF THE STUDY

1.5.1. SPECIFIC OBJECTIVES

The specific objectives of this research study were:

1. To assess the level of transformational leadership style practice among nurse managers at RMH
2. To assess the level of satisfaction outcome among staff nurses working at RMH
3. To assess the level of willingness to exert extra effort outcome among staff nurses working at RMH
4. To assess the level of effectiveness outcome among nurse managers working at RMH
5. To examine the relationship between nurse managers' transformational leadership style and staff nurse's satisfaction outcome
6. To examine the relationship between nurse managers transformational leadership style and nurse managers effectiveness outcome
7. To examine the relationship between the transformational leadership style of nurse managers and the follower's willingness to exert extra effort outcome.

1.6. RESEARCH QUESTIONS

This study's research questions were the following:

1. What the level of transformational leadership style practice among nurse managers at Rwanda Military Hospital?
2. What is the level of satisfaction among staff nurses working at RMH?

3. What is the level of willingness to exert more effort for staff nurses working at RMH?
4. What is the level of effectiveness for nurse managers working at RMH?
5. What is the relationship between the nurse manager's transformational leadership style and the followers' satisfaction outcome?
6. What is the relationship between nurse managers' transformational leadership style and staff nurses willingness to exert extra effort outcome?
7. What is the relationship between Nurse Manager's transformational leadership style and their effectiveness outcome?

1.7. SIGNIFICANCE OF THE STUDY

This study's findings will have the strong significance for the growth of nursing leadership in Rwanda specifically the result of this research has the following importance for national council for nurses and midwives, Rwanda nurses and midwives association, nursing schools, hospital administration, nurse managers, nurse staff and nurse students.

To the Nursing Council for Nurses and Midwives and Schools of Nursing and Midwifery, the study could serve as a reference for but also may help with infusing and designing leadership education and training programs for nurse leaders and nurse managers for enhancing continuous quality nursing care delivery in Rwanda.

To Rwanda nurses and midwives association, as it is planning to grow nursing leadership, this study will help to know where is the gap in order to know where to emphasize in terms of nursing leadership and leadership styles.

To the hospital administration, the study could give the clear picture of nurse manager's leadership style and leadership outcomes which will give direction to increasing the leadership outcomes to changing the leadership style in the hospital. The research result may also serve as a basis for establishing structured in-service training courses for nurse managers.

To nurse managers the study will increase the awareness and knowledge about nurse managers' leadership style at RMH and it will help them to know if they are using transformational leadership style at the appropriate level, it will also help them to be aware of their leadership outcomes as well as knowing if really the transformational leadership style promote better outcomes, it will help the nurse managers to revisit and enrich with new

knowledge, theories, methodologies and practical behaviors that leaders need to make the followers more effective.

To staff nurses, the study will promote the use of efficient and effective leadership style for nurse managers which will enhance their satisfaction.

1.8. DEFINITION OF KEY CONCEPTS

1. Leadership

   According to Northouse, (2010) as cited by (Voon *et al.*, 2011, p. 2)It is a process of interaction between leaders and their followers in which a leader encourage and influence followers to achieve organizational goals. For the context of this study, leadership refers to activity of leading a group of nurses.
2. Leadership Style

   The method used by someone to practice a leadership (Brennan, 2014). For the context of this study, it means different ways used in leading a group of nurses.
3. Transformational leadership style: Consists of influencing followers by the leader towards achieving more than what they had planned (Ahmad *et al.*, 2013). For the purpose of this study, it consist of supporting, encouraging, inspiring, motivating and coaching staff nurses in their daily work for nurse managers in order to promote better outcomes and achieve high quality of nursing care.
4. Leader refers to someone who encourages and influences followers to achieve common goals (Voon *et al.*, 2011). For the context of this study, a leader refers to a nurse in leadership or management position.
5. The nurse is defined as a person who holds the current registered professional nursing license (Brennan, 2014). For the purpose of this study, a nurse is someone who did three years or four years of education in nursing and who got the advanced diploma or Bachelor in nursing and registered by the national council for nurses and midwives.
6. Nurse Manager

   A nurse leader who has the official appointment from the hospital to manage the inpatient or the outpatient nursing unit (Brennan, 2014).For the purpose of this study, it is a nurse in leadership position and who is leading a group of nurses.

7. Follower

   Refers to an employee, subordinate, stakeholder or just individual who have a leader that he/she is following (Givens, 2008). For the purpose of this study, it refers to a staff nurse who is under nurse managers' leadership.

8. The three outcomes of leadership factors as measured by MLQ (5Short) which are followers' satisfaction, leadership effectiveness and followers' willingness to exert extra effort to their work.

a) Extra Effort: in this context it means how nurse managers help followers to desire to be successful and thus cause followers to do what is expected and exert additional effort to do more (Avolio and Bass, 2004). For the purpose of this study it consists of putting more effort in work by staff nurses to achieve goals irrespective of challenges as a result of transformational leadership style of their nurse managers.

b) Effectiveness: it is related to followers' perception of nurse managers as being effective in achieving the organizational goals and objectives. Also, the nurse managers are perceived as effective in representing the followers' interest to the higher authority (Avolio and Bass, 2004). For the purpose of this study, it consist of how staff nurses perceive their nurse managers to be effective in their leadership position and in fulfilling their responsibilities as nurse managers.

c) Satisfaction: I t is related to the satisfactory use of leadership methods and how nurse managers are able to work with followers in satisfactory ways which lead to satisfaction of followers (Avolio and Bass, 2004). In the context of this study, it consists of how staff nurses are satisfied in their work as a result of transformational leadership style.

1.9. CONCLUSION TO THE CHAPTER ONE

Chapter one was made by the introduction to the study, the background to the study, the problem statement, the aim of the study, the objectives of the study, the research questions the significance of the study and lastly the definitions of key terms.

CHAPTER II: LITERATURE REVIEW

2.1. INTRODUCTION

A literature search was conducted utilizing HINARI, Google Scholar, and Pub Med. Much has been written about leadership styles and leadership outcomes. Key search words were leadership styles, transformational leadership style, nursing and nurse managers, leadership outcomes (extra effort, effectiveness, satisfaction).The chapter reviewed leadership styles especially transformational leadership style in the context of nursing leadership, the influence of transformational leadership style on leadership outcomes, the transformational leadership style and its relationship with leadership outcomes. It also highlights current research findings on the topic and identified the gaps in the literature.

2.2. THEORETICAL LITERATURE

2.2.1. NURSING LEADERSHIP

Leadership is the critical determinant of success in hospitals. The concept of leadership is complex and it has attracted remarkable research effort from different disciplines including hospitals. The findings from that investigations resulted in multiple definitions and theories that describe leadership and that predicts its outcomes (Cummings, Midodzi, *et al.,* 2010). However, leadership remains an obscure concept that authors and researchers cannot agree on one single definition but offers a variety of perspectives. Though the continued search for good leaders and good leadership have arrived on the development of many leadership definitions.

Marriner &Tomey (1993. p.1) have found that the leadership is mainly the result of the terms used such as management, administration, power, supervision, and authority. According to Jaques & Clement (1995, p.4) leadership is a process in which one person sets the purpose or direction for one or more other persons and gets them to move along together with him or her and with each other in that direction with competence and full commitment. As per Davidson et al (2006, p.3.) leadership is a multifaceted process of identifying a goal or target, motivating followers to work and providing support and motivation to achieve mutually negotiated goals. Leadership is an interactive process between leaders and followers (Suliman, 2017, p. 1). Irrespective of the diversity of perspectives, in the context of this

study, the leadership involves influencing followers by the nurse managers in order to achieve hospital goals. While leadership is a process, it is displayed in different styles. Leadership style can be seen as the combination of tasks and behaviors that influence people in achieving goals (Vesterinen *et al.*, 2012b, p. 2).

2.2.2. LEADERSHIP STYLES IN NURSING

According to Giltnane (2013.p.1) leadership style refer to the behaviors pattern of a leader while influencing followers to achieve goals (Cummings, Midodzi, *et al.*, 2010).There are many different types of leadership styles that are used by nurse managers while leading staff nurses at hospitals. Those styles are grouped according to different researchers. Goleman et al (2002) as cited by Vesterinen, (2013:2) have stated resonant leadership style comprising coaching, visionary, affiliate and democratic leadership styles and dissonant which comprises pacesetting/isolating and commanding styles of leadership.

Abualrub& Raeda (2011:2) pointed out classical leadership styles which are democratic, autocratic, laissez-faire, bureaucratic as well as situational leadership styles and Contemporary leadership styles which are: transactional, charismatic, transformational, shared and connective leadership styles but most studies group leadership styles into three which are transformational transactional and laissez- faire leadership style (Mah, 2014, p. 2). This study emphasized on transformational leadership style but it will give the general overview of transactional and laissez-faire leadership styles.

2.2.3. GENERAL OVERVIEW OF TRANSACTIONAL AND LAISSEZ-FAIRE LEADERSHIP STYLES

1. Transactional leadership style

It is leadership styles that consist of motivation and directing followers by the leader using rewards and punishment in order to get their interest (Alkahtani and Abdul Aziz, 2016).Transactional leadership is categorized into three categories, the first is Contingent rewards where there is reward exchange between leader and followers (Alkahtani and Abdul Aziz, 2016).The second is Active management-by-exception where the leader monitors the appearance of errors and take actions when errors appear (Alkahtani and Abdul Aziz, 2016).The third is passive management by exception where the leader waits for mistakes to occur then take measures (Alkahtani and Abdul Aziz, 2016).

In transactional leadership style, the relationship between nurse manager and followers is based on the principal of returning rewards or incentives in response to appreciable performances of followers (Mah, 2014).

2. Laissez-Faire leadership style

The laissez-faire leadership or the "hands-off" leadership style. It is one in which there is no or little guidance from the manager and the managers give employees all authority and freedom to work independently (Khan et al. 2015:3).The laissez-faire leadership style is the slightest successful in encouraging determined interaction of the employees and their leader for the success of the organization (Tomey, 2009, p. 2).Laissez-faire leaders authorize liberty which is complete to their followers which lead to a lack of way of attaining goals (Bhatti 2012:2).

2.2.4. TRANSFORMATIONAL LEADERSHIP STYLE

It consists of influencing followers by the leader towards achieving more than what they had planned (Ahmad *et al.*, 2013). It can also be defined as influencing followers towards achieving more than what they had planned or the nurse managers 'skills to influence followers towards achieving goals by changing follower's beliefs, values and needs (Vesterinen *et al.*, 2012b; Ahmad *et al.*, 2013)

The transformational leadership is classified into 4 categories which are idealized influence attributed, idealized influence behavior, inspirational motivation, intellectual stimulation and individual consideration.

1. IDEALIZED INFLUENCE ATTRIBUTED

Idealized influence is a leadership style in which the followers take their leaders as role models and the leader must be the one who takes the initiative in completing mission and vision of the hospital (Alkahtani and Abdul Aziz, 2016).

2. IDEALIZED INFLUENCE BEHAVIORS

Is a leadership style in which a leader is having admired behaviors, they are respected and trusted, it is a former charismatic leadership style in this leadership style followers needs are

considered over managers' needs where the leaders share risks with followers and is consistent with underlying ethics, principles, and values (Avolio and Bass, 2004, p. 106).

3. INSPIRATIONAL MOTIVATION

Inspirational motivation consists of stimulating employees thinking by giving them challenging tasks by the leader (Alkahtani and Abdul Aziz, 2016); The inspirational motivation leaders behave in ways that motivate followers by providing meaning and challenge to their followers' work, these leaders arouse an individual and team spirit, leaders display enthusiasm and optimism to the followers and they encourage followers to envision attractive future themselves (Avolio and Bass, 2004, p. 106)

4. INTELLECTUAL STIMULATION

Intellectual stimulation consists of encouraging employees' creativity and innovation (Alkahtani and Abdul Aziz, 2016, p. 4); The intellectual stimulation leaders stimulate their followers' efforts to be innovative and creative by questioning assumptions, reframing problems and approaching old situations in new ways, in this leadership style new ideas and creative solutions to problems are solicited from followers as they are involved in the process of addressing problems and finding their solutions (Avolio and Bass, 2004, p. 106).

5. INDIVIDUAL CONSIDERATION

Individual consideration consists of encouragement and support of employees by the employer through mentoring or coaching and listening to their ideas (Alkahtani and Abdul Aziz, 2016); in this leadership style leaders pay attention to each individual' needs for achievement of them and growth of followers, the leader act as a coach or mentor for his/her followers, followers are developed to successfully achieve organizational goals, leaders create new learning opportunities to their followers in order to ensure supporting working environment and leaders recognize followers differences in terms of needs or desires (Avolio and Bass, 2004, p. 106).

2.2.5. LEADERSHIP OUTCOMES

Outcomes of leadership are related to the success of the group as well as the organization. This study emphasized on three main outcomes which are followers extra effort, leadership effectiveness and followers satisfaction.

1. **EXTRA EFFORT**

It consists of how leaders influence followers to do more than they expected to do in a voluntary and a peacefully way and the way the leader increase followers willingness to try harder (Avolio and Bass, 2004, p. 105).

2. **EFFECTIVENESS**

It consists of how leaders are effective in meeting followers job-related needs, representing followers to the higher authority, leading an effective group and meeting the overall organizational need (Avolio and Bass, 2004, p. 105).

3. **SATISFACTION**

It consist of how leaders work with followers in a satisfactory way, how leaders use satisfying leadership methods to the followers which bring satisfaction to the followers (Avolio and Bass, 2004, p. 106).

A study done by Alloubani et al, (2015, p.296) investigating the impact of leadership styles on effectiveness, satisfaction, and extra effort outcomes claimed that there was an important positive correlation between those outcomes and transformational leadership behaviors.

2.2.6. RELATIONSHIP BETWEEN TRANSFORMATIONAL LEADERSHIP STYLE AND LEADERSHIP OUTCOMES IN NURSING

It is believed that leadership styles of nurse managers affect leadership outcomes which are but not limited to followers' satisfaction focused on using leadership style that is satisfying to followers; Followers Extra Effort focused on the nurse managers' ability to motivate their followers to try harder and to seek success; Leader Effectiveness focused on nurse manager's effective representation of followers to higher authority and his or her abilities in meeting organizational requirements and thus leading a group that is effective in performing their work (Mah, 2014; M Alshahrani and Baig, 2016). Nurse Managers' leadership styles may contribute to the failure or success of hospital depending on its outcomes.

Literature has shown how leaders affect followers' outcomes according to the leadership style they are using. Transformational leadership style has been found to promote better outcomes including leader effectiveness and positive staff outcomes which are staff job satisfaction, intent to stay, and willingness to exert more effort to work (Abdelhafiz and Abughalyun, 2015, p. 1). In addition, several nursing researchers revealed that the outcomes are better for employees who are under transformational leadership styles than those who are under another type of leadership style (Khan et al. 2012, p.7; Garg et al. 2013, p.20; Mclaggan et al. 2013, p.8; Alkahtani et al. 2016, p.8, Abdelhafiz 2016, p.2).

Studies revealed that transformational leadership behaviors encourage followers to work hard for their organization and it encourages leaders to do their best in order to become exemplary leaders, also the behaviors of transformational leader increase followers' autonomy and creativity. Other researchers found that employees who are under transactional leadership style are motivated by getting rewards or punishment according to how they performed, which lead them to work hard in order to get rewards rather than punishments but they emphasized that their satisfaction is low compared to those who are under transformational leadership style (Chaudhry, 2012; Garg *et al.*, 2013; Bormann and Abrahamson, 2014).

A study of Abdelhafiz et al, (2015) to demonstrate the influence of leadership styles of head nurses on level of job satisfaction among staff nurses, in three different hospitals at Amman which used descriptive and quantitative methods, found that there were a positive

relation between head nurses who were using transformational and transactional leadership styles and staff nurses job satisfaction but the overall transformational leadership styles were having more positive relationship compared to the transactional leadership style where the relationship between transformational leadership style and staff nurses job satisfaction score was (r=0.371**) at the significance level of p=<0.01 .The study concluded that the job satisfaction is increased by the greater enhancement of transformational leadership style for head nurses which add to the contribution of greater staff nurses supply (Abdelhafiz *et al.*, 2015).

In a study done by Alloubani et al in a private health sector in Jordan (2015) to see the impact of leadership styles on the leadership outcomes which are effectiveness, satisfaction, and extra effort, all aspects of transformational leadership style had the positive correlation with independent variables and it was found to be the most frequently used leadership style.

For transformational leadership style and leader effectiveness the r=0.661**; for transformational leadership style and followers' satisfaction r=0.585**; for transformational leadership style and followers extra effort r=0.504** all of them the significance was at < 0.01 p-value. This study emphasized that the quality of nursing care services can be seriously increased when the transformational leadership style is used at high level among nurse managers as it boosts nurses' satisfaction and additional efforts among staff nurses under transformational leadership style (Alloubani, AlaDeen Mah'd Abdelhafiz, Ibrahim Mubarak Abughalyun and Mohamed Edris, Elsiddig Edris Almukhtar, 2015, pp. 292–296).

Cummings et al, (2010) did a systematic review study on leadership styles and outcomes patterns for nursing workforce and work environment, the findings of this study pointed to specific leadership approaches that are more effective at achieving positive outcomes for the nursing workforce and for health organizations, those outcomes were staff satisfaction with work, role and pay; work environment factors; productivity and effectiveness at work (Cummings, MacGregor, *et al.*, 2010, p. 18).

The study wanted to know which approaches are enhancing the outcomes than others and found that it is necessary to ensure that health organizations are led by individuals and teams who display relational skills, concerned for their employees as persons, and who can work collaboratively with their followers, their patients and their organizations to achieve preferred

future for themselves, their employees, their patients, their patients and their organizations and those are transformational persons(Cummings, MacGregor, *et al.*, 2010, p. 19).

The study emphasized that healthcare leaders who focus primarily on the task to be achieved like pacesetting, commanding or transactional leadership styles are not favorable by followers because they are not focusing on developing and maintaining relationships between leaders and their followers and they don't care about followers' emotional needs. The study recommended to organizations especially health care settings to develop and encourage the use of transformational leadership style in order to enhance nurses' satisfaction, nurses' retention, and healthy work environments especially in current and worsening nursing staff shortage (Cummings, MacGregor, *et al.*, 2010, p. 22).

Ranjith et al (2015) Confirmed that it is imperative for nurse leaders to embrace a leadership style that enables followers to adapt to changes and works towards the organizational vision as the health care system is dynamic and that leadership style is transformational leadership, they emphasized that the five components of transformational leadership which are idealized influence behavior, idealized influence attributed, inspirational motivation, intellectual stimulation and individual consideration need to be used in the harmonious way for nurse managers to enhance the beyond expectations performance among followers.

This study emphasized that the transformational leadership style is a powerful management strategy for nurse managers and that it has got a wide implications on nursing administration because when this style of leadership is used nurses from all levels in the organization perceive that their voices are heard, their inputs are valued and that their practice are being supported and the study concluded that transformational leadership style is the most effective leadership style to achieve the high-quality nursing care (Antonakis, 2012, pp. 279–280; Ranjith, G and George, 2015, p. 112)

Alloubani et al (2014) have done a study to assess the effects of leadership styles on a quality of services in health care and have found that transformational leadership competencies are required for health leaders in many cases in order to be able to perform their tasks effectively through working with their followers in a satisfying way. The identified transformational competencies are the following:

1. Mastering change which is the capacity to help organizations in changes for new opportunities
2. Systems thinking which is the capacity to understand interrelationships and patterns in solving complex problems
3. Shared vision which is the capacity to craft a collective organizational vision of the future
4. Continuous quality improvement which is the capacity to produce satisfying attitude to followers to ensure continuously improved quality care and other outcomes
5. Redefining healthcare which is the capacity to focus on healing, changing lifestyles and the holistic interplay of mind, body, and spirit
6. Serving public and community which is the capacity to orient the organizational goals to the social mission.

   This study found that the transformational leadership style was positively related to organizational outcomes which were teamwork success; effectiveness, staff satisfaction, commitment, extra effort and it have been found to enhance followers' work-oriented values and to shape self-efficiencies of followers (Alloubani, Almatari and Musa Almukhtar, 2014, pp. 125–126).

2.3. EMPIRICAL LITERATURE

2.3.1. TRANSFORMATIONAL LEADERSHIP STYLE AND ITS OUTCOMES IN NURSING

Literature has shown that the transformational leadership style promote better outcomes including leader effectiveness and positive staff outcomes which are staff job satisfaction, intent to stay, and willingness to exert more effort to work (Abdelhafiz and Abughalyun, 2015, p. 1). In addition, several nursing researchers revealed that the outcomes are better for employees who are under transformational leadership styles than those who are under another type of leadership style (Khan et al. 2012, p.7; Garg et al. 2013, p.20; Mclaggan et al. 2013, p.8; Alkahtani et al. 2016, p.8, Abdelhafiz 2016, p.2).

Studies revealed that transformational leadership behaviors encourage followers to work hard for their organization and it encourages leaders to do their best in order to become exemplary leaders, also the behaviors of transformational leader increase followers' autonomy and creativity. Other researchers found that employees who are under transactional

leadership style are motivated by getting rewards or punishment according to how they performed, which lead them to work hard in order to get rewards rather than punishments but they emphasized that their satisfaction is low compared to those who are under transformational leadership style(Chaudhry, 2012; Garg *et al.*, 2013; Bormann and Abrahamson, 2014).

A study done by Kanste, Kyngas, and Nikkila (2007, p. 738) to see the relationship between multidimensional leadership and burnout among nursing staff have found that transformational leadership style prevent burnout. Study suggested proper training to the nurse managers in order to enhance their staff performance, social support, individualized consideration and encouragement to promote better outcomes.

Nielson et al. (2008 p; 466) have studied the importance of transformational leadership for the well-being of employees including followers' perceived working conditions, wellbeing, and job satisfaction. Study concluded that followers under a transformational leader demonstrated a higher level of job satisfaction than those who were under other leadership styles. The study found that the reason for the higher job satisfaction can be linked to the followers' involvement and the feeling of working in a meaningful work environment and the followers' ability to exert influence over decision- making. The study has suggested the training of leaders in the transformational leadership style in order to positively affect the working conditions of subordinates.

A study done by Munir and Nielson (2009, p.1834) to investigate the relationship between transformational leadership style, self- efficacy, and staff quality of sleep found that transformational leadership style influence positively sleep quality and self efficacy among followers.

Cummings et al, (2010) did a systematic review study on leadership styles and outcomes which are staff satisfaction with work, role and pay and found that transformational leadership style enhance better outcomes compared to other leadership style. The study recommended to organizations especially health care settings to develop and encourage the use of transformational leadership style in order to enhance nurses' satisfaction, nurses' retention, and healthy work environments especially in current and worsening nursing staff shortage (Cummings, MacGregor, *et al.*, 2010).

A study of Abdelhafiz et al, (2015) to demonstrate the influence of leadership styles of head nurses on level of job satisfaction among staff nurses, in three different hospitals at Amman, found a positive relation between head nurses who were using transformational and transactional leadership styles and staff nurses job satisfaction but the overall transformational leadership styles were having more positive relationship compared to the transactional leadership style where the relationship between transformational leadership style and staff nurses job satisfaction score was (r=0.371**) at the significance level of p=<0.01 .The study concluded that the job satisfaction is increased by the greater enhancement of transformational leadership style for head nurses which add to the contribution of greater staff nurses supply (Abdelhafiz *et al.*, 2015, p. 260).

In a study done by Alloubani et al in a private health sector in Jordan (2015) to see the impact of leadership styles on the leadership outcomes which are effectiveness, satisfaction, and extra effort, all aspects of transformational leadership style had the positive correlation with independent variables, for transformational leadership style and leader effectiveness the r=0.661**; for transformational leadership style and followers' satisfaction r=0.585**; for transformational leadership style and followers extra effort r=0.504** all of them the significance was at < 0.01 p-value. This study emphasized that the quality of nursing care services can be seriously increased when the transformational leadership style is used at high level among nurse managers as it boosts nurses' satisfaction and additional efforts among staff nurses under transformational leadership style (Alloubani, AlaDeen Mah'd Abdelhafiz, Ibrahim Mubarak Abughalyun and Mohamed Edris, Elsiddig Edris Almukhtar, 2015, pp. 292–296).

Ranjith et al (2015) Confirmed that the transformational leadership enhance the beyond expectations performance among followers. This study emphasized that the transformational leadership style is a powerful management strategy for nurse managers and that it has got a wide implications on nursing administration because when this style of leadership is used nurses from all levels in the organization perceive that their voices are heard, their inputs are valued and that their practice are being supported and the study concluded that transformational leadership style is the most effective leadership style to achieve the high-quality nursing care (Antonakis, 2012, pp. 279–280; Ranjith, G and George, 2015, p. 112).

2.4. LITERATURE GAP

In most of the literature, they used the nurse managers to rate their own leadership style and all of them tend to over report positive and significant findings. When someone is asked to report his own behaviors he/she tend to report more what he/she think the researcher want than the reality, another gap was the small sample size where some studies were using even 20 persons as sample size which limited the generalization of studies.

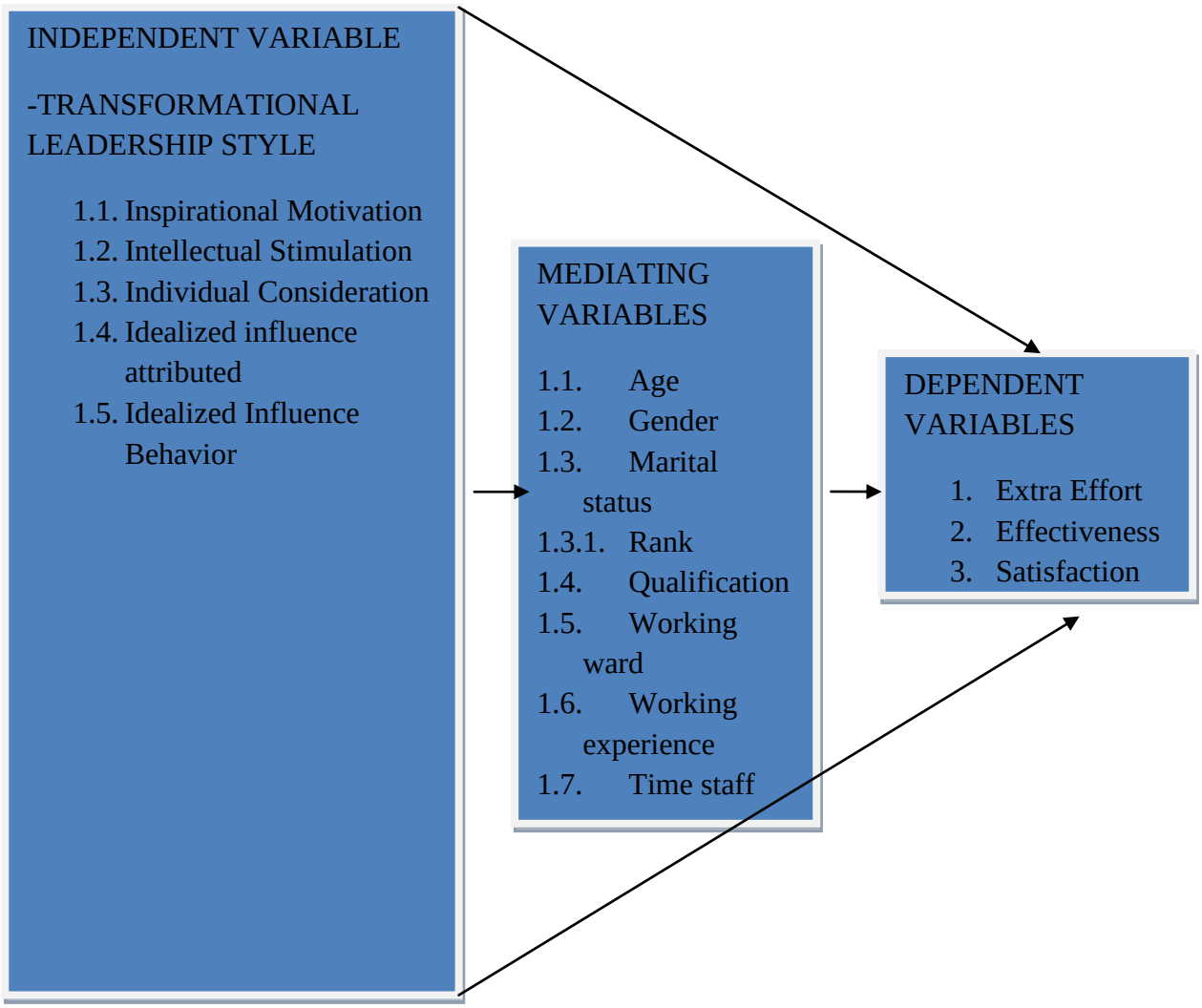
There is also a major gap in African research where there have not been able to identify leadership style which fit the African context especially in Rwanda, while doing my literature review, I have not been able to find studies talking about leadership style in Rwandan health care settings even the RMH which introduced Transformational leadership style have not been able to evaluate the level of its practice among nurse managers working there. This study sought to fill this literature gap as it assessed the level of transformational practice among nurse managers working at RMH, it used 153 nurse staff evaluating their nurse managers to enhance the accurate results.

2.5. CONCEPTUAL AND THEORETICAL FRAMEWORK

This study has used the full range leadership theory (FRLT) as a conceptual framework which was adapted to the study. The FRLT is composed by transformational leadership style among its content; it was developed by Bass in 1985 (Salter, Harris and McCormack, 2014, p. 45).

Studies on FRLT were done in diverse institutions like industries, government, militaries, educations and nonprofit organizations including healthcare. Leadership styles used in FRLT have various effects on the nursing staff, their working environment, and performance of the organization (Salter, Harris and McCormack, 2014, p. 46)

The framework of this study will be the FRLT. This conceptual framework is trying to show the effect of all variables by illustrating the clear picture of variables that will be used in the thesis and their outcomes. It will help the reader to understand the concept in summary. This conceptual framework is showing the heart of the whole thesis and making the subject clearer.



2.6. CONCLUSION TO THE CHAPTER TWO

This chapter included the review of literature on leadership, leadership style, general overview of transactional and transformational leadership style, transformational leadership style, leadership outcomes, the transformational leadership style and the leadership outcomes and finally the conceptual framework.

CHAPTER III. METHODOLOGY

3.1. INTRODUCTION

This chapter discusses the methodology of the study which includes design, approach, setting, population, sampling strategy, sample size, instruments of data collection data collection instruments, the procedure of data collection, how data will be analyzed, ethical consideration, data management, data dissemination, limitation, and challenges.

3.2. RESEARCH APPROACH

The study used quantitative approach. This approach arises from the belief that human phenomenon can be studied objectively (Parahoo, 2006). According to Babbie (2005), the quantitative research approach uses a fixed design that organizes research questions and detailed method of data collection and analysis in advance.

3.3. RESEARCH DESIGN

This study used descriptive correlational design to obtain description of transformational leadership style and the level of its practice as well as level of extra-effort, satisfaction and effectiveness outcomes and to test the relationships between transformational leadership style and extra-effort, satisfaction and effectiveness outcomes at time of the study.

3.4. RESEARCH SETTING

This study was conducted at Rwanda Military Hospital. Rwanda Military Hospital is located in Kicukiro district, Kanombe sector. It has the vision of becoming the best quality and tertiary care provider and to grow to provide quality health care for high government officials in the country and beyond. Its mission is to provide quality tertiary healthcare to the general population and military personnel.

This hospital started in 1968 and it was serving as referral hospital for militaries, before it was called Kanombe Military Hospital from its inception in 1968.After genocide against Tutsi, Kanombe Military Hospital was serving as Kicukiro District hospital. From 2013, and Kanombe military hospital became Rwanda military hospital and restarted serving as referral hospital. Currently, it has 265 inpatient beds and 580 total health care staff including 248

nursing staff composed of one master's holder nurse, 34 bachelor's holders, 120 A1 registered nurses and 94 A2 enrolled nurses.

3.5. TARGET POPULATION

The entire population in this study included 248 staff nurses/midwives working at RMH, the target populations for this study was 153 staff nurses/midwives and the accessible population was 146 staff nurses/midwives.

3.5.1. INCLUSION CRITERIA

The inclusion criteria for this study was full time nurses/midwives who are registered with nursing council for nurses and midwives of Rwanda; they must also be employed by the hospital for at least six months working experience with their current nurse managers in order to ensure that participants know well enough their Nurse Managers.

3.5.2. EXCLUSION CRITERIA

Non-registered staff nurses/midwives, those who have not worked with nurse managers for at least six months, those working as part-timers, nurses/midwives on internship or temporary employees was excluded from the study.

3.6. SAMPLING

3.6.1. Sample Size

The RMH has 248 nurses and midwives, using the total nurses and midwives as the accessible population and the alpha level of 0.05. The sample size was calculated using Yamane (1967) simplified sample size formula.

$n= N/1+ N (e)^2$

n: Required sample size

N: Accessible population 248

e: Alpha level or significance level

$n=248/1+248*(0.05)^2=153$

3.6.2. Sampling strategy

This study used 146 staff nurse from different wards participated in the study; they were selected using stratified random sampling methods.

TABLE 1.NUMBER OF PARTICIPANTS FOR EACH WARD

WARD	NUMBER OF PARTICIPANTS
ICU	17
NICU	9
Emergency	11
Medical	15
Surgical	24
Pediatric	9
VIP	16
OPD	8
Theatre	18
Maternity	7
Neonatology	12
TOTAL	**146**

3.7. DATA COLLECTION

3.7.1. INSTRUMENT OF DATA COLLECTIONS

The instrument called Multifactor Leadership Questionnaire (MLQ) (Form5X) rater form together with its manual was purchased from mind garden company (see appendix5), The MLQ was used to measure the level of p transformational leadership style and its outcomes among nursing staff. The MLQ (Form5X- short) rater form is a 45-item questionnaire that measures the full range of leadership behaviors and outcomes trough twelve subscales. It was designed by Bass and Avolio in 1995 and was last updated in 2003 (Avolio and Bass, 2004). The measured subscales of transformational leadership style were idealized influence attributes, idealized influence behaviors, inspirational motivation, intellectual stimulation, and individual consideration. The measured outcomes of transformational leadership style were extra effort, effectiveness, and satisfaction (Avolio and Bass, 2004).

The MLQ uses a five-point Likert scale from 0 to 4. A score 0 indicates that the behavior did not happen at all, a score of 4 indicates that the behavior frequently happen, if not always happened. The MLQ (Form 5X) rater form allowed the nursing staff to rate their immediate nurse mangers where participants read a brief descriptive statement about a specific leadership behavior and rate the frequency at which the behavior occur based on the scale. The MLQ (Form 5X) rater form has a well-established reliability and validity.

VALIDITY AND RELIABILITY OF MLQ (Form 5X) INSTRUMENTS

The validity is the extent to which a test measures what it is supposed to measures (Rowold, 2005).The validity of an instrument consist of 4 types of validity which are content, criterion-related, construct, and consequential validity (Rowold, 2005).

Reliability refers to the extent to which a test is consistent in whatever it is measuring (Rowold, 2005). The reliability of an instrument consists of five elements which are stability, equivalence, equivalence/stability internal consistency and scorer/rater (Rowold, 2005)

The multifactor leadership questionnaire was confirmed to be validated by numerous studies in different countries, the reliability of it was repeatedly tested, for the first sample its reliability was ranged from 0.63 to 0.94, in the replication study it was 0.74 to 0.94,in addition the MLQ reliability was confirmed through a vast studies ,one study demonstrated

the reliability of 0.63 to 0.92 initially and after this study showed the reliability of 0.64 to 0.92 during replication (Bass & Avolio,1994, Bass & Avolio,2004;Bass & Avolio, 2004, Rowold 2005, pp.8–15).

VALIDITY AND RELIABILITY OF USED INSTRUMENT

This study used part of MLQ which measure the transformational leadership style and its outcomes and it had to test for validity and reliability. As defined by Allen, (2012), The reliability means the degree to which the tool is consistent. To measure the reliability in this study, the pilot study was conducted before data collection where the questionnaire was administered to 30 nurses after working hours, then the results was given to researchers to help in calculation of reliability where the results was ranged between 0.75 to 0.80

As mentioned by Polit and Beck, (2010), the validity is the way the instrument measures the concept that is invented to measure. To measure the face validity, the study used colleagues to review the questionnaire and see if it is understandable and if there is any mistake. To measure the content validity the questionnaire was compared to other studies that have been conducted previously. For the construct validity, the concepts in my title are the same as in research questions, objectives, conceptual framework and tool for data collection.

Table.2. CONSTRUCT VALIDITY

	OBJECTIVES	QUESTIONS	CONCEPTUAL FRAMEWORK
1.	To assess the level of transformational leadership style practice among nurse managers at Rwanda Military Hospital.	Q10, 18, 21, 25, 6, 14, 23, 34, 15, 19, 29, 31, 2, 8, 30, 3, 9, 13, 26, 36.	Independent variable: Transformational leadership style made by five subtypes which are inspirational motivation, intellectual stimulation, individual consideration, idealized influence attributed, and idealized influence behavior.
2.	To assess the level of satisfaction	Q38, 41.	Dependent variable: Satisfaction

	among staff nurses working at RMH.		outcome.
3.	To assess the level of willingness to exert extra effort among staff nurses working at RMH	Q37,40,43,45	Dependent variable: Extra-Effort outcome.
4.	To assess the level of leadership effectiveness for nurse managers working at RMH	Q39,42,44	Dependent variable: Effectiveness outcome.
5.	To examine the relationship between nurse managers leadership styles and staff nurse's satisfaction	Q10, 18, 21, 25, 6, 14, 23, 34, 15, 19, 29, 31, 2, 8, 30, 3, 9, 13, 26, 36, 38, 41	Independent variable: Transformational leadership style and Dependent variable: Satisfaction outcome.
6.	To examine the relationship between nurse managers leadership styles and nurse managers leadership effectiveness	Q10, 18, 21, 25, 6, 14, 23, 34, 15, 19, 29, 31, 2, 8, 30, 3, 9, 13, 26, 36, 37,40,43,45.	Independent variable: Transformational leadership style and Dependent variable: Extra-Effort outcome.
7.	To examine the relationship between the perceived leadership style of the nurse managers and the follower's willingness to exert extra effort.	Q10, 18, 21, 25, 6, 14, 23, 34, 15, 19, 29, 31, 2, 8, 30, 3, 9, 13, 26, 36, 39,42,44.	Independent variable: Transformational leadership style and Dependent variable: Effectiveness outcome.

3.7.2. Data collection procedure

Prior to the data collection the ethical approval from CMHS Internal Review Board (IRB) (See appendix1), the researcher obtained the letter of introduction from the school of nursing and midwifery to the RMH Research management to seek permission for the study (See appendix 3) and the permission from RMH was obtained. To collect data the study was introduced to staff nurses and those who meet the inclusion criteria was explained the study and its purpose then they was asked to participate in the study.

Those who accepted, was given consent form which provided the details related to the purpose of the study, right of participants during the period of the study and the contact numbers of the researcher, the supervisor and the IRB of CMHS (See appendix page6). Each

participant had the opportunity to read and to get explanations about the consent, all participants was informed that they may withdraw from the study at any time then the copy of consent form was given to them at the time of the initial contact.

After getting the consent the MLQ tool was distributed to them and they were given one month to complete the questionnaires but the reminding was being done every 3 days. Participants were asked to do not discuss their answers or to seek opinions from each other for better assuring independency and accuracy of answers. In addition participants was asked to complete a demographic questionnaire which included participants' age, sex, rank, qualifications, years of experience as a nurse and as a nurse manager, time staff nurse have worked with their current nurse managers, time nurse managers have worked as staff nurse before becoming nurse managers (Appendix4).

3.8. DATA ANALYSIS

To analyze the data in this descriptive statistics, as well as inferential statistics including Pearson correlation with the statistical package for social sciences (SPSS) version 21, was used.

1. Descriptive Statistics analyzed the level of transformational leadership style which was independent variable, and effectiveness, satisfaction and extra effort which were dependent variables
2. Inferential statistics analyzed the correlation between transformational leadership style and satisfaction, extra effort, effectiveness outcomes

3.9. ETHICAL CONSIDERATIONS

The ethical approval from the University of Rwanda- College of Medicine and Health Sciences IRB (Appendix1) and approval from Rwanda military hospital was obtained before embarking to data collection. Participation in the study was voluntary and there was no consequences for not participating or withdraw. Consent was requested to participants and those who accepted were given consent/assent form prior to participation to sign, before stating anonymity and confidentiality was ensured to the participants and there was the acknowledgment of authors whom their work was used.

3.10. DATA MANAGEMENT

The data sheet was used to enter data, and all entries of data have been double checked for noting and collecting errors. The hard data are stored in closed cupboard and soft data are stored laptop with password and they will be destroyed after five years.

3.11. DATA DISSEMINATION

Data will be disseminated at Rwanda military hospital in order for change and implementation practices. , The result of the study will be shared with executive management team, nursing managers and directors' team from Rwanda military hospital even to nurse managers who participated in the study. I also plan to present poster at nursing conferences and ultimately publish

3.12. LIMITATIONS

The limitation of this study is that the findings of this study will not be generalized as the study included only one health care setting.

3.13. CONCLUSION TO THE CHAPTER TWO

This chapter discussed how the study was conducted , it discussed the research approach, research design, research setting, target population, inclusion criteria, exclusion criteria, sampling, data collection methods, data analysis, ethical consideration, data management, data dissemination and limitations.

CHAPTER IV. PRESENTATION OF RESULTS

IV.1.INTRODUCTION

This chapter contains results of the study. It is made by the description of sample, demographics findings of participants, description of independent variable which is transformational leadership style, description of dependent variables which are satisfaction, effectiveness and extra-effort, the correlatioanal analysis of independent variable (transformational leadership style) with the independent variables (satisfaction, effectiveness and extra-effort), and finally the regression analysis of independent variable(transformational leadership style) with the independent variables (satisfaction, effectiveness and extra-effort), and finally the regression.

IV.2. SAMPLE

The data were collected in different wards of RMH. The total number of sample was 153 and 153 questionnaires were distributed among participants who accepted to participate in the study but only 146 participants returned the questionnaires with the return late of 96.4%.

IV.3. DEMOGRAPHICS

Participants age varied between 20 and 50, those who had age between 20 to 30 were 40.4%, those who had age between 30 to 40 were 45.9%, those who had between 40 to 50 years old were 10.3% and there was only one participant who had more than 50 years old which is 0.7% The 64.4 of participants were female while 35.6 of participants were male. The 68.5 of participants were married, 31.5% were single and 2.7% were in other category. About the participants rank, 76.7% of participants were registered nurses, 14.4% of participants were associate nurses, 8.2% of participants were registered midwives and 0.7% was registered neonatal nurse.

Participants' qualifications were as follow, 58.2% were A1, 28.1% were A0, and 13.0% were A2 and 0.7% was having Masters. Participants who participated in the study were from the following wards, ICU 11.6%, NICU 6.2%, Emergency 7.5%, Medical 10.3%, Surgical 16.4%, Pediatric 6.2%, VIP 11.0%, OPD 5.5%, Theatre 12.3%, Maternity 4.8, and Neonatology 8.2%. About the participants working experience, those who had between 1-10 years were 76.7%, 10-20 years were 17.1% and >20 Years were 6.2%.The time that

participants have spent with their current nurse managers was as follow, ≥6 Months4.8%, 1-5 Years, 83.6, and >5Years ,11.6.

TABLE 2.DEMOGRAPHIC DATA (N=146)

VARIABLES	FREQUENCY	PERCENTAGE
1. AGE OF PARTICIPANTS		
20-30	59	40.4
30-40	67	45.9
40-50	19	13.0
>53	1	.7
2. GENDER OF PARTICIPANTS		
Males	52	35.6
Females	94	64.4
3. MARITAL STATUS OF PARTICIPANTS		
Single	46	31.5
Married	96	65.8
Other	4	2.7
4. RANK OF PARTICIPANTS		
Associate Nurse	21	14.4
Registered Nurse	112	76.7
Registered Midwife	12	8.2
Other	1	.7
5. QUALIFICATION OF PARTICIPANTS		

Certificate	19	13.0
Advanced Diploma	85	58.2
Bachelor's Degree	41	28.1
Masters Degree	1	.7

TABLE.3.DEMOGRAPHIC DATA (continued)

VARIABLES	FREQUENCY	PERCENTAGE
1. PARTICIPANTS WORKING WARD		
ICU	17	11.6
NICU	9	6.2
Emergency	11	7.5
Medical	15	10.3
Surgical	24	16.4
Pediatric	9	6.2
VIP	16	11.0
OPD	8	5.5
Theatre	18	12.3
Maternity	7	4.8
Neonatology	12	8.2
2. PARTICIPANTS WORKING EXPERIENCE		
1-10 Years	112	76.7
10-20 Years	25	17.1

>20 Years	9	6.2
3. TIME THAT PARTICIPANTS HAVE WORKED WITH CURRENT NURSE MANAGERS		
≥6 Moths	7	4.8
1-5 Years	122	83.6
>5Years	17	11.6

V.4. LEVEL OF PRACTICE OF TRANSFORMATIONAL LEADERSHIP STYLE

Transformational leadership style is made by five subscales which are idealized influence attributed, idealized influence behavior, inspirational motivation, intellectual stimulation, and individual consideration. Each subscale is having four different variables and each variable is having five similar scales. The scales we have for each variable are the following:

1. Not at all, this is scored zero (0),

2. Once in a while, this is scored one (1),

3. Sometimes, this is scored two (2)

4. Fairly often which is scored three (3) and

5. Frequently if not always this is scored (4)

In this study most of nurse managers scored 2 the second score was 3 and the last score was 1.

IV.5.TRANSFORMATIONAL LEADERSHIP STYLE FREQUENCY

Table.4. IDEALIZED INFLUENCE ATTRIBUTE

	FIRST ASPECT OF TRANSFORMATIONAL: IDEALIZED INFLUENCE ATTRIBUTE		
N°	**VARIABLES**	**FREQUENCY**	**%FREQUENCY**
1.	The nurse manager instills pride in followers for being associated with him/her		
	Not at all	17	11.6%
	Once in a while	10	6.8%
	Sometimes	55	37.7%
	Fairly often	32	21.9%
	Frequently if not Always	32	21.9%
	TOTAL	146	100%
2.	The nurse manager goes beyond self-interest for the good of the group		
	Not at all	10	6.8%
	Once in a while	19	13.0%
	Sometimes	30	20.5%
	Fairly often	36	24.7%
	Frequently if not Always	51	34.9%
	TOTAL	146	100 %
3.	The nurse manager acts in ways that build followers' respect		

	Not at all	11	7.5%
	Once in a while	17	11.6%
	Sometimes	34	23.3%
	Fairly often	35	24.0%
	Frequently if not Always	49	33.6%
	TOTAL	146	100%
4.	The nurse manager display a sense of power and confidence		
	Not at all	9	6.2%
	Once in a while	10	6.8%
	Sometimes	32	21.9%
	Fairly often	39	26.7%
	Frequently if not Always	56	38.4%
	TOTAL	146	100%

Table.5. IDEALIZED INFLUENCE BEHAVIOR

	SECOND ASPECT OF TRANSFORMATIONAL: IDEALIZED INFLUENCE BEHAVIOR		
	VARIABLES	**FREQUENCY**	**%FREQUENCY**
1.	The nurse manager talks about his/her most important values and beliefs		
	Not at all	33	22.6
	Once in a while	25	17.1

	Sometimes	48	32.9
	Fairly often	9	6.2
	Frequently if not Always	31	21.2
	TOTAL		
2.	The nurse manager specify the importance of having a strong sense of purpose		
	Not at all	33	22.6%
	Once in a while	25	17.1%
	Sometimes	48	32.9%
	Fairly often	9	6.2%
	Frequently if not Always	31	21.2%
	TOTAL	146	100%
3.	The nurse manager considers the moral and ethical consequences of decisions		
	Not at all	3	2.1%
	Once in a while	7	4.8%
	Sometimes	36	24.7%
	Fairly often	39	26.7%
	Frequently if not Always	61	41.8%
	TOTAL	146	100%
4.	The nurse manager emphasizes the importance of having a collective		

	sense of mission		
	Not at all	6	4.1%
	Once in a while	13	8.9%
	Sometimes	46	31.5%
	Fairly often	32	21.9%
	Frequently if not Always	49	33.6%
	TOTAL	146	100%

Table.6. INSPIRATIONAL MOTIVATION

	THIRD ASPECT OF TRANSFORMATIONAL: INSPIRATIONAL MOTIVATION		
	VARIABLES	**FREQUENCY**	**%FREQUENCY**
1.	The nurse manager talks optimistically about the future		
	Not at all	16	11.0%
	Once in a while	9	6.2%
	Sometimes	30	20.5%
	Fairly often	52	35.6%
	Frequently if not Always	39	26.7%
	TOTAL	146	100%
2.	The nurse manager talks enthusiastically about what needs to be accomplished		

	Not at all	6	4.1%
	Once in a while	6	4.1%
	Sometimes	33	22.6%
	Fairly often	41	28.1%
	Frequently if not Always	60	41.1%
	TOTAL	146	100 %
3.	The nurse manager articulate a convincing vision of the future		
	Not at all	11	7.5%
	Once in a while	15	10.3%
	Sometimes	25	17.1%
	Fairly often	43	29.5%
	Frequently if not Always	52	35.6%
	TOTAL	146	100%
4.	The nurse manager expresses confidence that goals will be achieved		
	Not at all	4	2.7%
	Once in a while	11	7.5%%
	Sometimes	27	18.5%
	Fairly often	44	30.1%
	Frequently if not Always	59	40.4%

TOTAL	146	100%

Table.7. INTELLECTUAL STIMULATION

FOURTH ASPECT OF TRANSFORMATIONAL: INTELLECTUAL STIMULATION		
VARIABLES	**FREQUENCY**	**%FREQUENCY**
1. The nurse manager re-examines critical assumptions to question whether they are appropriate		
Not at all	8	5.5%
Once in a while	12	8.2%
Sometimes	40	27.4%
Fairly often	48	32.9%
Frequently if not Always	38	26.0%
TOTAL	146	100%
2. The nurse manager seeks differing perspectives when solving problems		
Not at all	26	17.8%
Once in a while	11	7.5%
Sometimes	34	23.3%
Fairly often	34	23.3%
Frequently if not Always	41	28.1%

	TOTAL	146	100 %
3.	The nurse manager get us to look at problems from many different angles		
	Not at all	9	6.2%
	Once in a while	15	10.3%
	Sometimes	23	15.8%
	Fairly often	48	32.9%
	Frequently if not Always	51	34.9%
	TOTAL	146	100%
4.	The nurse manager display a sense of power and confidence		
	Not at all	15	10.3%
	Once in a while	5	3.4%
	Sometimes	34	23.3%
	Fairly often	39	26.7%
	Frequently if not Always	53	36.3%
	TOTAL	146	100%

Table.8. INDIVIDUAL CONSIDERATION

FIFTH ASPECT OF TRANSFORMATIONAL: INDIVIDUAL CONSIDERATION			
N^{o}	**VARIABLES**	**FREQUENCY**	**%FREQUENCY**
1.	The nurse manager spends time teaching and coaching us		
	Not at all	12	8.2%
	Once in a while	23	15.8%
	Sometimes	32	21.9%
	Fairly often	41	28.1%
	Frequently if not Always	38	26.0%
	TOTAL	146	100%
2.	The nurse manager treats followers as an individual rather than just as a member of a group		
	Not at all	14	9.6%
	Once in a while	12	8.2%
	Sometimes	34	23.3%
	Fairly often	29	19.9%
	Frequently if not Always	57	39.0%
	TOTAL	146	100 %
3.	The nurse manager consider individual as having different needs abilities and aspirations one another		

	Not at all	11	7.5%
	Once in a while	11	7.5%
	Sometimes	37	25.3%
	Fairly often	42	28.8%
	Frequently if not Always	43	29.5%
	TOTAL	146	100%
5.	The nurse manager helps followers to develop their strengths		
	Not at all	16	11.0%
	Once in a while	16	11.0%
	Sometimes	24	16.4%
	Fairly often	32	21.9%
	Frequently if not Always	58	39.7%
	TOTAL	146	100%

IV.6. LEVEL OF PRACTICE OF TRANSFORMATIONAL LEADERSHIP STYLES

The perfect style of leadership is present when there is a score of 3.0 or more on the entire subscales of transformational leadership style as indicated by Bass and Riggio (2006).In this research it was found that the transformational leadership style is used among nurse managers working at RMH at different levels such as high level for those who scored 60 and more out of 80 it means they scored 3.0 out of 4.0 as recommended by Bass and Riggio (2006) other level is moderate level for those who scored 40 to 59 out of 80 means at least 2.0 out of 4.0 and the last level is low level for those who scored 20 to 39 at least 1.0 out of 4.0.

In this study 34.2% are using transformational leadership style at high level, 43.8% are using was transformational leadership style at moderate level and 24.6% are using the transformational leadership style at low level. (See the table 9).

Table.9. TRANSFORMATIONAL LEADERSHIP STYLE SCORES

SCORES OUT OF 80	%SCORE	LEVEL OF PRACTICE	FREQUENCY	%FREQUENCY
11	13.8%	Low	2	1.4%
13	16.3%	Low	1	0.7%
22	27.5%	Low	1	0.7%
23	28.8%	Low	1	0.7%
24	30.0%	Low	1	0.7%
27	33.8%	Low	2	1.4%
28	35.0%	Low	1	0.7%
30	37.5%	Low	2	1.4%
32	40.0%	Low	2	1.4%
34	42.5%	Low	4	2.7%
35	43.8%	Low	3	2.1%
36	45.0%	Low	5	3.4%
37	46.3%	Low	3	2.1%
38	47.5%	Low	5	3.4%
39	48.8%	Low	2	1.4%
40	50.0%	Moderate	4	2.7%
41	51.3%	Moderate	1	0.7%

42	52.5%	Moderate	1	0.7%
44	55.0%	Moderate	1	0.7%
46	57.5%	Moderate	1	0.7%
47	58.8%	Moderate	2	1.4%
48	60.0%	Moderate	1	0.7%
49	61.3%	Moderate	6	4.1%
50	62.5%	Moderate	4	2.7%
51	63.8%	Moderate	2	1.4%
52	65.0%	Moderate	2	1.4%
53	66.3%	Moderate	5	3.4%
54	67.5%	Moderate	7	4.8%
55	68.8%	Moderate	6	4.1%
56	70.0%	Moderate	5	3.4%
57	71.3%	Moderate	6	4.1%
58	72.5%	Moderate	4	2.7%
59	73.8%	Moderate	3	2.1%
60	75.0%	High	3	2.1%
61	76.3%	High	3	2.1%
62	77.5%	High	3	2.1%
63	78.8%	High	4	2.7%
64	80.0%	High	7	4.8%
65	81.3%	High	1	0.7%

66	82.5%	High	4	2.7%
67	83.8%	High	1	0.7%
68	85.0%	High	1	0.7%
69	86.3%	High	1	0.7%
70	87.5%	High	3	2.1%
71	88.8%	High	4	2.7%
72	90.0%	High	7	4.8%
73	91.3%	High	2	1.4%
74	92.5%	High	1	0.7%
75	93.8%	High	1	0.7%
76	95.0%	High	4	2.7%
TOTAL			**146**	**100%**

IV.7. LEVEL OF OUTCOMES PRACTICE

The extra effort is having three different variables and each variable is having 5 scales which are not at all, this is scored zero (0), once in a while, this is scored one (1),sometimes, this is scored two (2), fairly often which is scored three (3) and frequently if not always this is scored (4). (See table 10.)

Table. 10. FREQUENCY EXTRA EFFORT

EXTRA EFFORT		
VARIABLES	**FREQUENCY**	**%FREQUENCY**
1. The nurse manager get followers to do more than they expected to do		
Not at all	18	12.4%
Once in a while	13	9.0%
Sometimes	30	20.7%
Fairly often	50	34.5%
Frequently if not Always	34	23.4%
TOTAL	146	100%
2. The nurse manager increase my desire to succeeds		
Not at all	18	12.3%
Once in a while	13	8.9%
Sometimes	19	13%
Fairly often	38	26.0%
Frequently if not Always	58	39.7%
TOTAL	146	100%
3. The nurse manager increase our willingness to try harder		
Not at all	17	11.6%
Once in a while	19	13.0%
Sometimes	8	5.5%

Fairly often	48	32.9%
Frequently if not Always	54	37.0%
TOTAL	146	100%

IV.7.1. SCORES EXTRA EFFORT

The perfect level of extra effort is present when there is a score of 3.0 or more on the entire subscales of extra effort as indicated by Bass and Riggio (2006). In this study 24.6% of staff nurses have low level of extra effort, 17.1% of staff nurses have moderate level of extra effort and 58.2% of staff nurses have high level extra effort. (See table 11.)

TABLE. 11. EXTRA EFFORT SCORES

SCORES OUT OF 12	%SCORE	Level of extra effort	FREQUENCY	%FREQUENCY
.00	0%	Low	10	6.8%
1.00	8%	Low	3	2.1%
2.00	17%	Low	6	4.1%
3.00	25%	Low	12	8.2%
4.00	33%	Low	2	1.4%
5.00	42%	Low	3	2.1%
6.00	50%	Moderate	5	3.4%
7.00	58%	Moderate	7	4.8%
8.00	67%	Moderate	13	8.9%
9.00	75%	High	22	15.1%
10.00	83%	High	17	11.6%

	11.00	92%	High	20	14.4%
	12.00	100%	High	26	17.8%
TOTAL				**146**	**100%**

IV.7.2.FREQUENCY EFFECTIVENESS

The effectiveness is having four different variables and each variable is having 5 scales which are not at all, this is scored zero (0), once in a while, this is scored one (1),sometimes, this is scored two (2), fairly often which is scored three (3) and frequently if not always this is scored (4). (See table 12.)

TABLE.12. OF EFFECTIVENESS FREQUENCY

EFFECTIVENESS		
VARIABLES	**FREQUENCY**	**%FREQUENCY**
1. The nurse manager is effective in meeting our job related needs		
Not at all	18	12.3%
Once in a while	12	8.2%
Sometimes	19	13.0%
Fairly often	46	31.5%
Frequently if not Always	51	34.9%
TOTAL	146	100%
2. The nurse manager is effective in representing us to higher authority		
Not at all	20	13.7%
Once in a while	4	2.7%

Sometimes	24	16.4%
Fairly often	43	29.5%
Frequently if not Always	55	37.7%
TOTAL	146	100%
3. The nurse manager is effective in meeting RMH requirements		
Not at all	15	10.3%
Once in a while	5	3.4%
Sometimes	24	16.4%
Fairly often	47	32.1%
Frequently if not Always	55	37.7%
TOTAL	146	100%
4. The nurse manager lead a group that is effective		
Not at all	18	12.3%
Once in a while	10	6.8%
Sometimes	26	17.8%
Fairly often	43	29.5%
Frequently if not Always	49	33.6%
TOTAL	146	100%

IV.7.3.TOTAL SCORE EFFECTIVENESS

The perfect level of effectiveness is present when there is a score of 3.0 or more on the entire subscales of effectiveness as indicated by Bass and Riggio (2006). In this study 17.1% of nurse managers have low level of effectiveness, 10.9% of nurse managers have

moderate level of effectiveness and 62.3% of nurse managers have high level effectiveness. (See table 13.)

TABLE.13. EFFECTIVENESS SCORES

N^{O}	SCORES OUT OF 16	%SCORE	Level of effectiveness	FREQUENCY	%FREQUENCY
	.00	0%	Low	12	8.2%
	1.00	6.25%	Low	3	2.1%
	4.00	25%	Low	5	3.4%
	5.00	31.25%	Low	1	.7%
	6.00	37.5%	Low	7	4.8%
	7.00	43.75%	Low	4	2.7%
	8.00	50%	Low	7	4.8%
	9.00	56.25%	moderate	5	3.4%
	10.00	62.5%	moderate	5	3.4%
	11.00	68.75%	moderate	6	4.1%
	12.00	75%	high	16	11.0%
	13.00	81.25%	high	19	13.0%
	14.00	87.5%	high	20	13.7%
	15.00	93.75%	high	13	8.9%
	16.00	100%	high	23	15.8%
				146	100%

IV.7.4.FREQUENCY SATISFACTION

The satisfactionis having two different variables and each variable is having 5 scales which are not at all, this is scored zero (0), once in a while, this is scored one (1),sometimes, this is scored two (2), fairly often which is scored three (3) and frequently if not always this is scored (4). (See table IV.14.)

TABLE.14.SATISFACTION FREQUENCY

SATISFACTION		
VARIABLES	**FREQUENCY**	**%FREQUENCY**
1. The nurse manager uses methods of leadership that are satisfying		
Not at all	23	15.8%
Once in a while	9	6.2%
Sometimes	26	17.8%
Fairly often	45	30.8%
Frequently if not Always	43	29.5%
TOTAL	146	100%
2. The nurse manager work with us in a satisfactory way		
Not at all	16	11.0%
Once in a while	12	8.2%
Sometimes	14	9.6%

	Fairly often	54	37%
	Frequently if not Always	50	34.2%
TOTAL		146	100%

IV.7.5. SCORE SATISFACTION

The perfect level of satisfaction is present when there is a score of 3.0 or more on the entire subscales of satisfaction as indicated by Bass and Riggio (2006). In this study 17.7% of staff nurses have low level of satisfaction, 19.1% of nurse managers have moderate level of effectiveness and 63% of staff nurse have high level satisfaction. (See table IV.15.)

TABLE.15. SATISFACTION SCORES

	SCORES OUT OF 12	**%SCORE**	**Level of satisfaction**	**FREQUENCY**	**%FREQUENCY**
	.00	0%	Low	16	11.0%
	1.00	12.5%	Low	6	4.1%
	2.00	25%	Low	4	2.7%
	3.00	37.5%	Moderate	5	3.4%
	4.00	50%	Moderate	11	7.5%
	5.00	62.5%	Moderate	12	8.2%
	6.00	75%	High	34	23.3%
	7.00	87.5%	High	29	19.9%
	8.00	100	High	29	19.9%
TOTAL	**8**	**100%**		**146**	**100%**

IV.8. THE RELATIONSHIPS BETWEEN TRANSFORMATINAL LEADERSHIP STYLE AND OUTCOME

By using Pearson moment correlation, there was a strong positive correlation between the overall transformational leadership style and all dependent variables; the first strong positive significant correlation was between transformational leadership style with extra effort variable outcome ($r=.856^{**}$ at P-value of < 0.01). The results means that as the application of transformational leadership increases, the level of extra effort to work also increases among nurses

The second strongest positive significant correlation was between transformational leadership style and effectiveness ($r=.843^{**}$ at P-value< 0.01). The last strong significant correlation was between transformational leadership style and satisfaction ($r=.767^{**}$ at P-value< 0.01).

IV.9. CORRELATION BETWEEN TRANSFORMATIONAL LEADERSHIP STYLE AND DEPENDENT VARIABLES

IV.9.1.TRANSFORMATIONAL LEADERSHIP STYLE AND EXTRA EFFORT OUTCOME

There was a strong positive correlation between transformational leadership style causal and extra effort outcome as explained by $r=.856^{**}$, this means that the more nurse managers use transformational leadership to lead their staff nurses the more staff nurses exert extra effort and the correlation is very significant as explained by P-value$=< 0.01$, this means that the level of correctness is more than 99.9% and level of errors is less than 0.1%.

TABLE.16.CORRELATION OF TRANSFORMATIONAL LEADERSHIP STYLE AND EXTRA EFFORT OUTCOME

Correlations			
		Transformational Leadership Style	Extra Effort
Transformational Leadership Style	Pearson Correlation	1	.856**
	Sig. (2-tailed)		.000
	N	146	145
Extra Effort	Pearson Correlation	.856**	1
	Sig. (2-tailed)	.000	
	N	145	145
**. Correlation is significant at the 0.01 level (2-tailed).			

IV.9.2. REGRESSION ANALYSIS OF EXTRA EFFORT OUTCOME AND TRANSFORMATIONAL LEADERSHIP STYLE

To assess how much the transformational leadership style influence the extra effort outcome, the statistical regression analysis was used and found that the extra-effort outcome is influenced by transformational leadership style at 85.6% as explained by R-Square of.856[a], this means that other factors influence extra-effort outcome at only 14.4% level and the transformational leadership style influence the extra-effort at high level of 85.6%.

TABLE.17. REGRESSION ANALYSIS OF EXTRA EFFORT OUTCOME AND TRANSFORMATIONAL LEADERSHIP STYLE

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.856[a]	.733	.732	1.96168
a. Predictors: (Constant), Transformational Leadership Style				

IV.9.3.TRANSFORMATIONAL LEADERSHIP STYLE AND EFFECTIVENESS OUTCOME

There was a strong positive correlation between transformational leadership style causal and effectiveness outcome as explained by r=.843**, this means that the more nurse managers use transformational leadership to lead their staff nurses the more effective they are in their leadership, and the correlation is very significant as explained by P-value=< 0.01, this means that the level of correctness is more than 99.9% and level of errors is less than 0.1%.

TABLE.18. CORRELATION OF TRANSFORMATIONAL LEADERSHIP STYLE AND EFFECTIVENESS OUTCOME

Correlations			
		Transformational Leadership Style	Effectiveness
Transformational Leadership Style	Pearson Correlation	1	.843**
	Sig. (2-tailed)		.000
	N	146	145
Effectiveness	Pearson Correlation	.843**	1
	Sig. (2-tailed)	.000	
	N	145	145
**. Correlation is significant at the 0.01 level (2-tailed).			

IV.9.4. REGRESSION ANALYSIS OF THE EFFECTIVENESS OUTCOME AND TRANSFORMATIONAL LEADERSHIP STYLE

To confirm the positive correlation the statistical regression analysis was used and found that the effectiveness outcome is influenced by transformational leadership style at 84.3% as explained by R-Square of.843[a], this means that other factors influence effectiveness outcome at only 15.7% level and the transformational leadership style influence the effectiveness at high level of 84.3%.

TABLE.19. REGRESSION ANALYSIS OF THE EFFECTIVENESS OUTCOME AND TRANSFORMATIONAL LEADERSHIP STYLE

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.843[a]	.710	.708	2.62231
a. Predictors: (Constant), Transformational Leadership Style				

IV.9.5.TRANSFORMATIONAL LEADERSHIP STYLE AND SATISFACTION

There was a strong positive correlation between transformational leadership style causal and satisfaction outcome as explained by r=.767[**], this means that the more nurse managers use transformational leadership to lead their staff nurses the more staff nurses satisfaction level increase and the correlation is very significant as explained by P-value=< 0.01, this means that the level of correctness is more than 99.9% and level of errors is less than 0.1%.

TABLE 20.CORRELATION BETWEEN TRANSFORMATIONAL LEADERSHIP STYLE AND SATISFACTION OUTCOME

Correlations			
		Transformational Leadership Style	Satisfaction
Total transformational	Pearson Correlation	1	.767**
	Sig. (2-tailed)		.000
	N	146	145
Satisfaction	Pearson Correlation	.767**	1
	Sig. (2-tailed)	.000	
	N	145	145
**. Correlation is significant at the 0.01 level (2-tailed).			

IV.9.6.REGRESSION ANALYSIS OF THE SATISFACTION OUTCOME AND TRANSFORMATIONAL LEADERSHIP STYLE

To confirm the positive correlation the statistical regression analysis was used and found that the satisfaction outcome is influenced by transformational leadership style at 76.7% as explained by R-Square of.767[a], this means that other factors influence satisfaction outcome at only 23.3% level and the transformational leadership style influence the satisfaction at high level of 76.7%.

TABLE.21. REGRESSION ANALYSIS OF THE SATISFACTION OUTCOME AND TRANSFORMATIONAL LEADERSHIP STYLE

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.767[a]	.588	.585	1.66268
a. Predictors: (Constant), Transformational Leadership Style				

IV.10.CONCLUSION

According to the findings of this research, the transformational leadership style is present at low, moderate and high level but the high percentage is at moderate level 43.8% and the high level is at 34.2%. The level of extra- effort for staff nurses was 24.6% of low level, 17.1% of moderate level and 58.2% of high level. The level of effectiveness for nurse managers was 17.1% of low level, 10.9% of moderate level and 62.3% of high level. The level of satisfaction for staff nurses was 17.7% of low level of satisfaction, 19.1% of moderate level and 63% of satisfaction. It was found that the transformational leadership style has very strong correlation with the dependent variables which are extra effort, effectiveness, and satisfaction of staff nurses who are working with nurse managers who use transformational leadership style.

CHAPTER V.DISCUSSIONS

V.1. INTRODUCTION

The purpose of this study was to assess the level of transformational leadership style practice among nurse managers working at RMH and the leadership outcomes which are extra effort, effectiveness and satisfaction at Rwanda Military hospital, this discussion will mainly be based on transformational leadership style and its relationship to extra effort, effectiveness and satisfaction.

V.2.DEMOGRAPHICS DATA

Participants age varied between 20 and 50, those who had age between 20 to 30 were 40.4%, those who had age between 30 to 40 were 45.9%, those who had between 40 to 50 years old were 10.3% and there was only one participant who had more than 50 years old which is 0.7% .The most number of participants was aged between 30 to 40 years old. This is supported by other study done on transformational leadership and its outcomes among nursing staff which found that the most number of participants(50%) aged between 30 to 40 years old (Abdho, Sleem and El-sayed, 2015, p. 45).However other study done in this area have found that the most number of participants aged between 20 to 30 years old where the two firth (38.6%) of participants had between 20 to 30 years old (Olu-abiodun and Abiodun, 2017, p. 23).

The participants were predominantly women where 64.4% of participants were female while 35.6% of participants were male which is supported by the study done by Olu-Abiodun and Abiodun, (2017) where the predominant number was females 94.3%. In addition the 68.5% of participants were married which is supported by the previous author where 84.7% of participants were married (Olu-abiodun and Abiodun, 2017, p. 23). About the participants working experience, those who had between 1-10 years were 76.7%, which is supported by the above mentioned study where the majority of participants (62.5%) have been practicing for less than 10years (Olu-abiodun and Abiodun, 2017, p. 23).

V.2. TRANSFORMATIONAL LEADERSHIP STYLE

This study found that, the transformational leadership style is practiced at 43.8% of moderate level and 34.2% of the high level among the nurse managers working at RMH, the findings from this study are in alignment with the theoretical framework, full range leadership model Bass and Avolio 2004 research which identified leaders as, transformational, which is in line with this study (Avolio and Bass, 2004, p. 23).

This study is supported by many other studies which found that nurse managers are more transformational than transactional and laissez-faire. In the study done by Abdelhafiz & Abughalyun, (2015), the transformational leadership style was discovered to be the most frequently employed leadership style, even the study done by Mah et al, in all hospitals which participated in the study the highest score was gained by transformational leadership style, in the study done by Suliman (2017), the transformational leadership style had the highest rating (m=3.32). ANOVA Test in examining the predominance of transformational leadership style compared to other leadership styles indicated statistically significant differences (F=398.88, df=2, P=.00) in this study the second leadership style was transactional followed by passive avoidant which is not supported by this study (Mah, 2014; Abdelhafiz and Abughalyun, 2015, p. 290; Suliman, 2017).

V.3. RELATIONSHIP BETWEEN TRANSFORMATIONAL LEADERSHIP STYLE AND LEADERSHIP OUTCOMES

The results of this study, revealed that nurse managers transformational leadership style have correlation and statistically significant at <0.01, level with leadership outcomes which are extra effort, effectiveness and satisfaction of staff nurses under the transformational leadership style. This is supported by the study done by Alloubani et al, (2015, p.296) investigating the impact of leadership styles on effectiveness, satisfaction, and extra effort outcomes and found that there was an important positive correlation between those outcomes and transformational leadership behaviors.

According to this research it can be concluded that the transformational leadership style is favorite style to the followers hence the past research have been supported by the current research (Cummings, Midodzi, *et al.*, 2010, p. 331; Alloubani, Almatari and Musa Almukhtar, 2014, p. 297; Mah ’d Alloubani *et al.*, 2015, p. 119; Casida and Parker, 2016, p. 474).

The positive association between the transformational leadership style and the behaviors of nurse staff under that leadership style as well as positive outcomes is strongly supported by the results of this study. The findings of the research show that there is an important positive correlation amongst transformational behaviors and outcomes such as followers' willingness to put additional effort in their work, followers' effectiveness and followers' satisfaction.

This study's findings are in alignment with several studies which found that transformational leadership aspects were positively related to different organizational outcomes including extra effort, moreover transformational leadership style have been found to enhance followers work oriented values, commitment, performance, job satisfaction, work productivity, patient satisfaction, high quality nursing care and self-efficiencies of staff nurses (Kanste, Helvi and Nikkila, 2007, p. 731; Munir and Nielsen, 2009, p. 1833; Cummings, Midodzi, *et al.*, 2010, p. 331; Abualrub and Alghamdi, 2012, p. 42; Lin, 2013, p. 1; Negussie and Demissie, 2013, p. 49; Alloubani, Almatari and Musa Almukhtar, 2014, p. 297; Ranjith, G and George, 2015, p. 112; Mah 'd Alloubani *et al.*, 2015, p. 119; Casida and Parker, 2016, p. 474; Enwereuzor, Ibeawuchi K; Ugwu, Leonard I; Eze, 2016, p. 1; Olu-abiodun and Abiodun, 2017, p. 22).

In the study done by Abdhelhafiz and Abughalyun (2015), the results revealed that among the overall score of transformational leadership style and independent variables there was a positive correlation (r=0.661** for extra effort,0.504** for effectiveness and 0.585** for satisfaction at 0.5 p-value (Abdelhafiz and Abughalyun, 2015, p. 230). Therefore it is necessary for the nurse managers who need to be successful leaders to increase their followers' outcomes by adopting transformational leadership styles, as confirmed by the current research after assessing the association between nurse managers' transformational leadership style and outcomes.

If nurse managers practice transformational leadership style it will not only impact the extra effort, effectiveness and satisfaction but also the quality of care provided by nurse as well as the overall hospital performance as supported by other researchers (Casida and Parker, 2011, p. 476; Wong, Cummings and Ducharme, 2013, p. 336; Mah 'd Alloubani *et al.*, 2015, p. 120).

V.4. IMPLICATIONS OF FINDINGS TO NURSING PRACTICE AND MANAGEMENT

Findings of this study imply the consideration of assessing leadership styles using MLQ or any other tool when hospitals want to hire or promote nurse managers. Transformational leadership style influence job performance the reason why it must be considered before hiring nurse managers. This is supported by other studies which suggested that the assessment of leadership styles may help to choose the best candidates for leadership position who have transformational leadership style behaviors which lead to the achievement of healthcare goals (Azaare and Gross, 2011, p. 672; Bormann B, 2011, p. 219; Asiri *et al.*, 2016, p. 38). The effective nurse managers would create an environment where staff nurses are satisfied and able to achieve the quality nursing care that promotes higher level of patients' satisfaction (Cummings, MacGregor, *et al.*, 2010, p. 336).

This study suggest to use and reinforce a transformational leadership style which is able to create an environment where staff nurses can achieve those outcomes especially adding more effort in their work and job satisfaction. The findings suggests to nurse managers who need to increase followers' extra effort, effectiveness, and satisfaction to increase the use the transformational leadership style, which will help nurse managers to find innovative ways to increase extra effort, effectiveness and satisfaction for staff nurse which ultimately results in enhanced working environment as well as provision of quality nursing care.

As supported by this study, the leadership styles have a direct influence in nursing practice and nursing management as a competent nurse manager provide direction of hospital towards achieving desired goals, consequently stronger transformational leadership style for nurse managers is the requirement for hospitals. Researchers found that transformational leaders achieve the high level of outcomes for their organizations in terms of followers' satisfaction and extra effort as well as high quality of care and the overall hospital performance, (Negussie and Demissie, 2013, p. 49; Alloubani, Almatari and Musa Almukhtar, 2014, p. 297; Ranjith, G and George, 2015, p. 112; Mah 'd Alloubani *et al.*, 2015, p. 119; Casida and Parker, 2016, p. 474).

These findings imply the hospitals need to elaborate policies about the leadership styles to be used and to pay attention on leadership styles when they want to hire or promote nurses to the management position. They also reveal to nurse managers that there is a need to use transformational leadership style and that they have to constantly assess their followers' needs and perceptions about leadership styles in order to maximize outcomes. This is supported by the study done by Azaare et al, (2011) who stressed that nurse managers must be able to lead effectively using transformational leadership style and provides a working condition in which staff nurses are satisfied and have a perception of performance in their job (Azaare and Gross, 2011, p. 674) . Furthermore these findings imply that some nurse managers 24.6% are using transformational leadership style at low level, which is a situation that necessitates the increase of trainings for nurse managers.

CHAPTER.VI. CONCLUSION AND RECOMMENDATIONS

VI.1. CONCLUSION

The purpose of this study was to assess the level of transformational leadership style practice and its outcomes among nursing staff at RMH. According to evidences from this study, it can be concluded that transformational leadership style level of practice need to be increased as it has the strong positive correlation with the leadership outcomes which are extra effort, satisfaction and effectiveness.

Keeping this research in mind that there is a strong positive correlation between transformational leadership style and staff nurses satisfaction, staff nurses extra effort and nurse managers effectiveness, there is a need to reinforce the use of transformational leadership style and to expand its use in other health care settings, enhance trainings and put in place development programs for nurse managers all over the Rwandan healthcare settings. As confirmed by this study the quality of nursing care services will be greatly improved by the frequent use of transformational leadership style.

There is a need to do research on factors associated with use of transformational leadership style, factors promoting and inhibiting the effective use of transformational leadership style and association between leadership styles with other outcomes such as job satisfaction, followers' intention to stay, followers' performance and nursing quality care. A longitudinal study should be done to evaluate the effectiveness of training programs on effective use of transformational leadership style and its outcomes.

VI.2. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made to the nursing practice, nursing management, nursing research and nursing education.

VI.2.1. TO THE NURSING PRACTICE

Health care settings must employ nurse managers who are competent in transformational leadership style and management skills after evaluation using MLQ, strengthen the supervision of nurse managers and strengthen the in-service training programme for current and future nurse managers on transformational leadership style.

Nurse managers should work closely hands in hands and coach each other; nurse managers who are more experienced in transformational leadership style should coach and mentor their colleagues to become competent nurse managers, they must seek and demand adequate educational preparation in management and leadership before or after taking up managerial positions.

VI.2.2. TO THE NURSING MANAGEMENT

MoH should develop nurse managers' leadership framework for all health care setting and performance monitoring mechanism; collaborate with nursing academic institutions about strengthening leadership and management courses and trainings, and avail the requirements to be a nurse managers. NCNM should work with MoH, schools of nursing and health care settings in promotion of the transformational leadership style as well as the training of nurse managers in transformational leadership style.

VI.2.3. TO THE NURSING EDUCATION

Develop regular trainings programs to train nurse managers at different health care settings and strengthen management and leadership courses in undergraduate level

VI.2.4. TO THE NURSING RESEARCH

Researchers in field of nursing practice and management should consider replication of this study in other health care settings; they should also consider examining the factors affecting the use of transformational leadership style as well as the influence of transformational leadership style to other outcomes like job satisfaction, intent to turn over, etc.

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1. APPENDICES

UNIVERSITY OF RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES

CMHS INSTITUTIONAL REVIEW BOARD (IRB)

Kigali, 09/01/2017
Ref: CMHS/IRB/**017**/2017

NYIRAZIGAMA Alice
School of Nursing and Midwifery, CMHS, UR

Dear Nyirazigama Alice

RE: ETHICAL CLEARANCE

Reference is made to your application for ethical clearance for the study entitled ***"Growing nursing leadership: Nurse Managers' leadership styles and their effect to followers' commitment at Rwanda Military Hospital"***

Having reviewed your protocol and found it satisfying the ethical requirements, your study is hereby granted ethical clearance. The ethical clearance is valid for one year starting from the date it is issued and shall be renewed on request. You will be required to submit the progress report and any major changes made in the proposal during the implementation stage. In addition, at the end, the IRB shall need to be given the final report of your study.

We wish you success in this important study.

For Professor Kato J. NJUNWA
Chairperson Institutional Review Board,
College of Medicine and Health Sciences, UR

Cc:
- Principal College of Medicine and Health Sciences, UR
- University Director of Research and Postgraduate studies, UR

UNIVERSITY OF RWANDA

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

Kigali, on 30 / 01 /2017

Ref. No: 69/ UR-CMHS/SoNM/17

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re: Request to collect data

Referring to the above subject, I am requesting for permission for **ALICE NYIRAZIGAMA** , a final year student in the Masters of Science in Nursing at the University of Rwanda/College of Medicine and Health Science to collect data for his/her research dissertation entitled **GROWING NURSING LEADERSHIP: NURSE MANAGERS LEADERSHIP STYLES AND THEIR EFFECT ON FOLLOWERS´ COMMITMENT**

This exercise that is going to take a period of 2 months starting from 13th February 2017 to 12th April 2017 will be done at **RWANDA MILITARY HOSPITAL**

We are looking forward for your usual cooperation.

Sincerely,

Dr. Donatilla MUKAMANA, RN, PhD
Dean, School of Nursing and Midwifery
College of Medicine and Health Sciences

Email: schoolofnursingandmidwifery@ur.ac.rw, P.O.Box: 3286 Kigali-Rwanda, Website: www.ur.ac.rw

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RMH
Central Secretariat
Received on 02/02/2017

February 2nd, 2017

To: The Commandant of Rwanda Military Hospital, Kigali-Rwanda

Dear Sir,

RE: Request for permission to conduct research at Rwanda Military Hospital

I would like to request for permission to conduct research at Rwanda Military Hospital. I am a student in Master of Sciences in nursing at University of Rwanda, College of Medicine and Health Sciences, track of Education, Leadership and Management and I am required to do and submit a research dissertation in order to fulfill masters program, my chosen area to conduct this research is Rwanda Military Hospital which is under your authority.

The research project is titled "**GROWING NURSING LEADERSHIP: NURSE MANAGERS LEADERSHIP STYLES AND THEIR EFFECT ON FOLLOWERS' COMMITMENT** " and I hope the result of the study will contribute to nursing leadership of Rwanda Military Hospital as the result of the study will be shared.

Enclosed is the copy of an ethical clearance certificate issued by CMHS IRB, the recommendation letter from the University and a the full research proposal

I am looking forward for your positive response.

Yours sincerely,

Alice Nyirazigama, RN

REPUBLIC OF RWANDA
RWANDA MILITARY HOSPITAL

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February 3rd, 2017

Ref.: EC/ RMH/ 109/ 2017

REVIEW APPROVAL NOTICE

Dear **NYIRAZIGAMA Alice**
UNIVERSITY OF RWANDA

Your research project: **"Growing Nursing Leadership: Nurse Managers' Leadership Styles and their Effect on Followers' Commitment at Rwanda Military Hospital".**

With respect to your application for ethical approval to conduct the above stated study at Rwanda Military Hospital, I am pleased to confirm that RMH Ethics Committee has approved your study. This approval lasts for a period of **12 months** from the date of this notice, and after which, you will be required to seek another approval if the study is not yet completed.

You are welcome to seek other support or report any other study related matter to the Research office at Rwanda Military Hospital during the period of approval.

You will be required to submit the progress report and any major changes made in the proposal during the implementation stage. In addition, you are required to present the results of your study to RMH Ethics Committee before publication.

Sincerely,

Dr. Pacifique Mugenzi
Lieutenant Colonel
Co Chair: Rwanda Military Hospital Research Ethics Committee

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www.mindgarden.com

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her research:

Instrument: ***Multifactor Leadership Questionnaire***

Authors: ***Bruce Avolio and Bernard Bass***

Copyright: ***1995 by Bruce Avolio and Bernard Bass***

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any published material.

Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com

NURSE MANAGERS LEADERSHIP STYLES AND LEADERSHIP OUTCOMES AT RWANDA MILITARY HOSPITAL

DATA COLLECTION QUESTIONNAIRE

SECTION A.SOCIODEMOGRAPHIC DATA

1. Age: ……
2. Gender:
    - Male [ ]
    - Female [ ]
3. Marital status: 1.
    - Married [ ]
    - Single [ ]
4. Rank:
    - Associate Nurse[ ]
    - Registered Nurse [ ]
    - Registered Midwife [ ]
    - Other (Specify)
5. Qualifications:
    - Certificate [ ]
    - Advanced Diploma [ ]
    - Bachelor's Degree [ ] Masters [ ]
6. Which unit are you working in?
    - Emergency [ ]
    - Maternity [ ]
    - Surgical [ ]
    - Medical [ ]
    - Pediatric [ ]
    - Theatre [ ]
    - OPD [ ]
    - Specialized unit [ ]
    - Other (specify)
7. How long have you Nurse worked as a nurse/midwife in this ward? ……
8. How long have you worked with this Nurse Manager? .....

SECTION B. NURSE MANAGERS LEADERSHIP STYLES AND OUTCOMES

INSTRUCTION

Dear nurses/midwives, this questionnaire serves to describe your nurse manager's leadership styles and outcomes as you perceive it. The information from this study will help in improving the work environment for you. Participation in this study is voluntary and no individual data will be reported.

Please indicate the extent of your agreement or disagreement with each statement by ticking (√). Whatever information you give me is strictly confidential; it will be used for the research purpose only. I thank you in advance for your cooperation.

The word us, followers group, and subordinates represent you the nurses/midwives working under the nurse manager. The Nurse Manager represents Ward/Unit in Charge

No	ITEMS	SCALE				
		Not at all	**Once in a while**	**Sometimes**	**Fairly often**	**Frequently**
1.	The nurse manager re-examines critical assumptions to question whether they are appropriate					
2.	The nurse manager fails to interfere until problems become serious					
3.	The nurse manager talks about his/her most important values and beliefs					
4.	The nurse manager seeks differing perspectives when solving problems					
5.	The nurse manager talks optimistically about the future					
6.	The nurse manager talks enthusiastically about what needs to be accomplished					
7.	The nurse manager specify the importance of having a strong sense of purpose					
8.	The nurse manager spends time teaching and coaching					
9.	The nurse manager goes beyond self-interest for the good of the group					
10.	The nurse manager treats followers as an individual rather than just as a member of a group					
11.	The nurse manager acts in ways that build followers 'respect for him/her					
12.	The nurse manager considers the moral and ethical consequences of decisions					
13.	The nurse manager display a sense of power and confidence					

	ITEMS	Not at all	Once in a while	Sometimes	Frequently	Always
14.	The nurse manager articulate a compelling vision of the future					
15.	The nurse manager consider individual as having different needs ,abilities and aspirations from followers					
16.	The nurse manager get followers to look at problems from many different angles					
17.	The nurse manager helps followers to develop their strengths					
18.	The nurse manager emphasizes the importance of having a collective sense of mission					
19.	The nurse manager expresses confidence that goals will be achieved					
20.	The nurse manager is effective in meeting followers job related needs					
21.	The nurse manager uses methods of leadership that are satisfying					
22.	The nurse manager get followers to do more than they expected to do					
23.	The nurse manager is effective in representing us to higher authority					
24.	The nurse manager work with followers in a satisfactory way					
25.	The nurse manager heighten me desire to succeeds					
26.	The nurse manager is effective in meeting RMH requirements					
27.	The nurse manager increase followers willingness to try harder					
28.	The nurse manager lead a group that is effective					

COMMENTS

==========THANK YOU FOR YOUR COOPERATION==========