

Changes made to research report:

“Nursing Leadership in an academic hospital in Gauteng”

D.R. Maboko

The changes made to the research report are the following:

- The Formatting on the table of contents has been checked and corrected.
- The statement “Autocracy was the root cause of every leadership problem” has been changed to the statement “The registered nurses experienced that the nurse managers were mainly using the autocratic leadership style.
- The word “deductive” has been removed from the research report.
- The framework was used for both phases of the study, not just one. This was the case even in the previous submission of the research report.
- In the research report, there words “small part of the study” have not been used.
- Any words that seem to indicate any bias or the use of own emic view on the part of the researcher were removed.

Chapter 1:

- The words “the way they are being led” have been changed to the words “manner in which.”
- The words “Experiencing it” were not found.
- The problem statement has been clarified.

Chapter 2

- A discussion on leadership styles has been added to the literature review
- Pg. 12: Last paragraph- It is not clear what should be done with the words “leaders devote” as it seems there is nothing wrong in this sentence on page 13 second paragraph.
- Pg. 16: The explanation of advocacy has been improved.
- Pg. 19: The space between paragraphs was closed.
- Pg. 20: The sentence to be rephrased was not found.
- Pg. 21: The word “done” has been changed to “conducted”

Chapter 3

- Pg. 23: The words to be revised were not found.

- Pg. 25: The words “were looked at” have not been found.
- Pg. 26-27: A note about saturation was present even in the previous submission of the research report.
- Pg. 29: The word “Non” has been changed to “non”

Chapter 4

- No reference to the word categories could be found on page 36 or any other page next to it.
- More literature has been added to the study. Maxwell’s ideas had to be used in this study because Maxwell is the framework upon which the study has been based.
- Pg. 30: The word “so” has been deleted.
- The words “had a” have been changed to displayed.
- Pg. 34: The statement “ The group was asked to keep Maxwell in mind has been changed to the statement “The groups were given Maxwell’s framework and were asked to compare the nurse managers leadership to this framework”
- Pg. 36: More literature has been added to this study, including South African studies.
- Pg. 42: The word et al has been used because this is the second citation of this reference. This was done as guided by the style guide of the University of the Witwatersrand.
- Pg. 43-48: more literature has been added to support the themes of relationships and attitude.
- Pg. 53: One more South African study has been added to support this theme.
- Discipline specific literature has been used on the discussion on leadership on pages 57-60 and more literature has been added to support themes.
- Pg. 64: The words “said a lot of good words.....action” have been removed.
- Page 64: sweeping statements and generalisations have been removed.

Chapter 5

- The following statement is not understood and the changes expected to be made to it are not clear: “Relationship between the experiences of registered nurses and nurse managers is not evident.” However, an attempt was made to clarify the conclusions of this study.
- Pg. 70: visionary and transformational leadership has been included in chapter 2.
- Pg. 72: The words “here are” have been changed to “below are”.
- Pg. 77: The words “In orderautocratic leadership needs to be eliminated completely” have been removed.

NURSING LEADERSHIP IN AN ACADEMIC HOSPITAL IN GAUTENG

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A research report submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfillment of the requirements for the degree of Master of Nursing

Johannesburg, 2009

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Maboko

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M070204

PROJECT

Nursing Leadership in an Academic
Hospital in Gauteng

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DATE CONSIDERED

07.03.02

DECISION OF THE COMMITTEE*

Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE

07.04.03

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*Guidelines for written 'informed consent' attached where applicable

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DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress report.

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Declaration

I declare that this research report is my own, unaided work. It is submitted in partial fulfilment of the requirements of the Master of Science in Nursing. It has not been submitted before for any degree or examination in any other University or Educational Institution.

(Signature)

Signature:

02/05/2009

Date:

Student number: 9805554F

Dedication

This research report is dedicated to my husband

Emmanuel Maboko

"Real leadership is being the person others will gladly and confidently follow"

John C. Maxwell

ABSTRACT

This study entitled "Nursing leadership in an academic hospital in Gauteng" was aimed at describing nursing leadership in a certain academic hospital in Gauteng. The study was based on Maxwell's Framework of Leadership (Relationships, Equipping, Leadership and Attitude). A basic qualitative design was used as the experiences of registered nurses and nurse managers were described.

The population of the study was all registered nurses and nurse managers of the hospital in which the study was done. The methods of the study were as follows: In phase one of the study, a discussion group with thirty five registered nurses using the nominal group technique was done to respond to the following statement: "Please explain how you have experienced leadership by nurse managers in this hospital". In phase two of the study, five nurse managers participated in individual interviews to answer questions using a semi-structured interview guide.

The results of the study showed that some of the nurse managers were practicing autocratic leadership in this hospital. A recommendation was made that the nurse managers be offered a teaching programme in which they will learn about contemporary leadership styles like transformational leadership and visionary leadership and also about supervision and role modelling. The nurse managers also need to learn to be more caring.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction and Background

One of the most critical problems facing South African hospitals currently is the high nursing staff turnover. One of the reasons why nurses are leaving hospitals could be because of the way they are being led by nurse managers. This is evident from Strachota, Normandin, O'Brien, Clary and Krukow's (2003: 114-115) study, on why registered nurses changed positions or left hospital based nursing. Thirty seven percent of the nurses said that it was because there was no support from management. They also said that management expected nurses to go the extra mile but management does not. This shows therefore that these nurses wanted support from the nurse managers and that they wanted the nurse managers to lead by example. These nurses were not satisfied in their jobs.

Another study by Larrabee, Janney, Ostrow, Withrow, Hobbs and Barrant (2003:277-278) found that the major predictor of the nurses' intent to leave was job satisfaction.

The major predictor of job satisfaction was psychological empowerment. Predictors of psychological empowerment were hardiness, transformational leadership style, nurse physician collaboration and group cohesion. These results show that one of the important aspects that empowers and retains nurses is the use of the transformational leadership style by nurse managers.

However, the transformational leadership style has not been used much in nursing practice. According to Murphy (2005:128) historical influences still permeate contemporary nursing practice. These are mirrored in organisational philosophies, transactional and autocratic leadership styles and disempowered staff. This therefore shows that many nurses are led by autocratic leaders and are not allowed to participate in decision-making. Autocratic leaders have poorly developed leadership skills, as they do not manage the problems faced by nurses adequately. According to Koukkanen and Katajisto (2003:210) authoritarian leadership is an impediment to nursing empowerment. Authoritarian leadership doesn't enhance the important functions of nurse management such as listening, empowering, conflict management, championing nurses, teamwork, communication and leadership or being a change agent (Anthony, Standing, Glick, Duffy, Paschall, Sauer, Sweeney, Modic and Dumpe, 2005:149-150).

Whilst there is a disparity among the theorists' definitions of leadership, there's a consensus pertaining to the attributes necessary to realise effective leadership (Murphy, 2005:128). One could ask the question, what is the leadership style that is needed to realise effective leadership? Murphy (2005:128) continues by saying that transformational leadership is heralded as a new criterion for nurse managers and can be achieved through training, education and professional development in key leadership competencies. To achieve a chain reaction, charismatic transformational leaders espouse intellectual stimulation and individual consideration to empower staff and enhance patient care. Nurse managers that develop and foster transformational leadership, can

surmount oppressive traditions and confidently navigate a complex and rapidly changing health care environment, to take care of public needs regarding health and nursing care.

However, to understand nursing leadership we must establish the differences between management and leadership. According to Van Dyk, Van der Westhuizen and Jooste (2003:26-27), the aim of the manager is to maximise the output of the organisation through administrative implementation. To achieve this, managers must undertake the functions of planning, organisation, staffing, directing and controlling. Leaders on the other hand, ensure attainment of organisational goals through the facilitation of healthy relationships among employees. This is achieved through free communication, utilisation of group dynamics, participative decision-making and motivation towards change.

Furthermore, Van Dyk, et al (2003:27) state that the main differences between management and leadership are the following: managers have employees but leaders have followers, managers command and control but leaders empower and inspire, management can be taught but leadership must be experienced to be learnt, managers seek stability but leaders seek flexibility, managers make decisions and solve problems but leaders set directions and then empower and enable their teams to make their own decisions and solve their own problems. Managers accept the organisational structure and culture but leaders look for a better way. Managers think incrementally meaning that they do things according to the book and follow policies but leaders think radically and follow their intuition which may be more benefit to the company. Managers control but leaders let vision, strategies, goals and values be their guide. Lastly, managers must be

respected as they have obtained a position of authority through time and loyalty given them by the institution and followers but leaders are people whom others naturally follow through their own choice (Van Dyk, et al 2003:27).

Laurent (2000:85) in her research on the use of a nursing theory for nursing leadership describes the dynamic leader-follower relationship by saying that the first step to moving from a manager to a leader is to release control. She says that nurse managers use what they learnt from patient care, control and crisis management in their management of nurses therefore teaching others to manage not lead. Laurent (2000:85) continues to say that managers do not encourage leadership among their subordinates. They maintain the status quo but leaders take risks by allowing others to voice their ideas and participate in decision-making, which is a basic aspect of participative management and democratic leadership.

According to Jooste (2003:224-225), involving followers in getting solutions to problems leads to team spirit. This produces job satisfaction, cost effectiveness and better solutions. Also, where there is conflict, the empowering leader should ensure that it is constructively solved. Nurses feel unhappy when problems they encounter at work, (for example conflict between nurses) are not adequately addressed by their leaders.

1.2 Problem Statement

The relationship between the nurses and the nurse managers can be adversely affected by the nurse managers' inability to meet the nurses' expectations, the negative perceptions nurse managers have about professional nurses and their behaviour towards nurses. James, Kotze and Rooyen's (2005:4) study on the relationship experiences of professional nurses with nurse managers showed that professional nurses experienced a breakdown of the relationship with nurse managers because of various reasons. The reasons were mainly that nurse managers didn't provide necessary resources and were unprofessional. Negative relationships between nurse managers and professional nurses led to professional nurses' inability to perform their duties effectively. Therefore the behaviour or leadership styles of nurse managers can affect the competency of professional nurses.

In Mc Lennan's (2005:314) study, when asked what they would like to see changing in their health service, the respondents identified the highest priority for change as an improvement in nursing management and leadership. Also, Kekana, du Rand and van Wyk (2007:24) in their study on the job satisfaction of registered nurses in a community hospital in the Limpopo Province of South Africa made recommendation for better management and leadership. They recommend that managers have to show the staff that their best interest is their first concern. They have to be available for the staff and be willing to buffer the stress caused by increased workload and insufficient resources and greater visibility of supervisory staff should be encouraged. This shows that nurses are

mostly concerned about the manner in which they are being managed and led by nurse managers. The nurse managers' leadership styles affect nurses' attitudes, behaviour and work performance. However, it was not clear how nurses experience nurse leadership at the academic hospital in this study. Furthermore, the leadership styles used by nurse managers in this hospital were unknown and little has been written on the leadership styles of nurse managers in academic hospitals in Gauteng. In this regard the following research questions were posed:

- What are the experiences of registered nurses regarding leadership in an academic hospital?
- Which leadership style is dominantly used by nurse managers in this academic hospital?

1.3 The Research Purpose

The purpose of this study was to describe the experiences of registered nurses regarding leadership by nurse managers and to determine which leadership style was dominantly used by the managers in an academic hospital in Gauteng. The study described and explored leadership from a qualitative point of view with rich descriptions from the participants.

1.4 Research Objectives

- To describe the experiences of registered nurses regarding leadership issues and leadership styles used by nurse managers using a framework of leadership by Maxwell (2005:15-249), (Relationships, Equipping, Leadership and Attitude).
- To describe leadership and leadership styles from a nurse manager's point of view using a framework of leadership by Maxwell (2005:15-249), (Relationships, Equipping, Leadership and Attitude).

1.5 Definitions of terms

- LEADERSHIP: A complex process by which a person influences others to accomplish a mission, task or objective and directs the organisation in a way that makes it more cohesive and coherent (Bennis, 2002:1 in Jooste, 2003:25).
- LEADERSHIP STYLE: The manner and approach of providing direction, implementing plans and motivating people (Van Dyk, et al 2003:35).
- LEADERSHIP OF NURSES IN A HEALTH SERVICE: The manner in which nurse managers in a hospital execute their leadership duties, use their leadership styles and skills and lead and interact with registered nurses.

- REGISTERED (PROFESSIONAL) NURSE: A nurse or midwife who is registered according to section 31 of The Nursing Act 33 of 2005. A nurse who has studied at least four years of training to obtain a nursing degree or diploma. Registered nurses are ranked as professional nurses, senior professional nurses and chief professional nurses. Only chief professional nurses were used in this study to avoid disturbing patient care. The categories of chief professional nurses used in this study were: unit managers, clinical instructors and area managers. The chief professional nurses who work directly with patients were not used in this study.
- NURSE MANAGERS: Registered nurses who have been promoted to become Assistant Directors in Nursing. They are in charge of various departments in the hospital and report directly to the nursing service manager. They have area managers and unit managers reporting to them.
- ACADEMIC HOSPITAL: A teaching hospital where medical, nursing and other allied health professions' students fulfil their practical requirements.
- MAXWELL'S LEADERSHIP FRAMEWORK: Leadership according to Maxwell (2005:15-249) is based on the four pillars: Relationships, Equipping, Leadership and Attitude.

- **TRANSFORMATIONAL LEADERSHIP:** A contemporary leadership style that emphasises vision, planning, communication and creative action which has a positive unifying effect on a group's values and beliefs to accomplish a clear set of measurable goals and impacts both individuals and the organisation (Mwale, 2000:35-36).

1.6 Conclusion

This chapter discussed the following aspects of the study: Introduction and background, problem statement and research questions, research purpose, research objectives and definition of terms. The following chapters are still to follow: chapter two, the literature review, chapter three, the research design and methodology, chapter four, the research results and chapter five, the research recommendations, limitations and conclusions of the study.

Chapter two, the literature review will discuss nursing leadership, define it, state the characteristics and functions of a good leader as stated in literature and as defined by the department of health. The need to do a study on nursing leadership will also be discussed using the literature reviewed. Lastly, the research framework used in this study will be introduced and explained.

Chapter three discusses the research design and methodology used in this study. Firstly, the research design will be explained. Secondly, the population and sampling for the

study will be stated. Thirdly, the research method, data collection and data analysis for the phase I and phase II will be stated. Fourthly, the measures for trustworthiness will be stated and lastly the ethical considerations will be discussed.

Chapter four will give the results of the study. These will be divided into two phases. Phase one will state the results of the nominal group technique with registered nurses and Phase two will state the results of the interviews with the nurse managers. The results will also be displayed on tables, one for phase one results and another for phase two results. A conclusion of the chapter will be given.

The last chapter of this study, chapter five, will firstly discuss the study results that were given in chapter four. Secondly recommendations to address the leadership issues raised from the results of the study of the study will be stated. Thirdly the limitations of the study will be stated. Lastly the conclusions of the study will be given. Since the first chapter has given the background of the study, the following chapter, chapter two, will discuss the literature reviewed to show the need to do such a study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The aim of this literature review was to define nursing leadership and to outline the qualities and functions of an effective contemporary nurse leader or nurse manager according to recent literature on nursing leadership. The extent of knowledge that nurse managers possess about leadership was also explored. However, during the review of literature on nursing leadership, it was difficult to concentrate on these leadership characteristics without also looking at job satisfaction and the retention of nursing staff. This is because most of the recent studies on nursing leadership are related to job satisfaction and nursing retention, two major issues in nursing currently. However, this literature review concentrates on leadership roles, the experiences of leadership in nursing by nurses and lastly the leadership styles of nurse managers.

Nursing leadership has been the subject of considerable interest and in the last decade the promotion of nursing leadership has intensified as the South African Department of Health recognised its value. Good and effective leadership is central to service delivery. The South African Government introduced the Batho Pele Principles to improve service delivery in the Public sector. These principles are: consultation, service standards, courtesy, access, transparency, value for money, redress and giving information to clients (Department of Public Service and Administration, 1997:16-22)

Consultation means that the public needs to be consulted before governmental departments make policies and service standards that will affect the community. Service standards are standards that government departments need to put in place to ensure that they offer quality services to the public. Courtesy means that all public servants should treat the public with kindness and caring. Access is ensuring that the public can be able to reach and use public services. Transparency means that the public should be given information about how public services function or how much they cost. Value for money means that the public should get the best possible services for the money they paid. Redress means that public servants should apologise to the public if they have wronged the public in any way. Giving information means that the public have a right to information about public services. (Department of public service and administration, 1997:16-22)

These principles do not only apply to the public but can also be used by nurse managers as a guideline in their leadership of registered nurses. Who is a nurse leader? It must be a person who can establish a vision and direction. The leader must be able to communicate a clear purpose to the follower. A leader must inspire and motivate excellence in health service delivery. So the question that follows is what constitutes effective leadership in nursing?

The arch of leadership according to Van Dyk, et al (2003:30) has the following dimensions: Clarity, Commitment, Self-image, Price and Behaviour. The leader should display clarity as clarity and behaviour are the foundations of the leadership arch. Leaders

are responsible for communication and should check for clarity of communications, they should not assume clarity without feedback. The leader should communicate the future picture of managing the health service effectively to followers by: sharing the vision and mission of the health service with them, setting time frames for their tasks, being positive and open towards followers, establishing team building projects in the health service, promoting research strategies in the service, operating within the legal/ethical/professional framework of the profession and country and using listening skills. Commitment means that the leader takes action and has the will to stick to something to the very end. Leaders devote their lives to doing each day what they need to do. The leader is self motivated, has inner norms and values, ensures job satisfaction, faces the necessary challenges in the workplace, has success stories, has knowledge and expertise, freedom to make choices, ensures that there are good working conditions and incentives and has people skill.

Self-image is necessary as it is the centre of the leadership arch. The leader should be aware of what he/she can and cannot do. Inner leadership helps the leader to bring his/her hidden qualities of leadership into reality and to apply them in one's life and work situations. Inner leadership provides a practical process for increasing self-awareness, uncovering assumptions which limit one's effectiveness, becoming autonomous individuals acting on the basis of one's values and purpose and using one's awareness and inner will to realise one's deepest resources and self-leading potentiality. Price is what the leader pays and the rewards he/she receives for hard work. The way leaders treat their followers is exactly how the followers will treat their clients and provide total

quality healthcare. Employee satisfaction towards the job and the organisation has a positive effect on employee loyalty and behaviour towards clients or patients. This promotes client retention and is the most effective marketing strategy.

Behaviour refers to the leadership style of the leader. Transformational leadership is an empowering leadership style, which is highly suited to the healthcare profession, characterised as caring and highly ethical. This leadership style has also been shown by research to be the most effective leadership style. Van Dyk, et al (2003:33), also state that a nurse leader has to follow the following principles of leadership to be successful:

Knowing oneself and seeking self-improvement, being technically proficient, seeking responsibility and taking responsibility for one's actions, making sound and timely decisions, setting an example, knowing one's followers and looking after their well being, keeping one's followers informed, developing a sense of responsibility in one's followers.

These are all important nursing principles and the centre of the role of a nurse leader in the health service.

2.2 Leadership

According to Jooste (2004:222) the following principles should be maintained by the nurse leader in the current health care environment of South Africa: stewardship, respect, caring, advocacy, honesty, confidentiality and initiating an ethics program. Stewardship

is recognising the limitations of the health plan's resources, promoting policies that ensure continued availability and equitable distribution of those resources. Respect refers to protecting and supporting the important relationship between caregivers and their patients as well as honouring the individual needs of people. Caring refers to valuing patients' emotional and spiritual needs, respecting their preferences, prizing good communication skills and focusing on multidisciplinary team approaches to care. Advocacy is approaching doctors on behalf of the registered nurses to make sure that doctors are involved in the setting of good policies so that the best quality care is achieved. Honesty refers to making sure those relevant individuals have all the information they need to understand how their health plans work. Confidentiality means supporting the protected relationship between caregivers and patients and the use of private information. Initiating an ethics program is developing a clear code of conduct for employees that is value based and addresses cross cultural issues.

Additionally, Mahoney (2001:269 & 271) states that in today's ever-changing health care environment, nurse managers require leadership skills that provide new direction for nurses. The qualities essential in becoming a nurse leader are described as having competence, confidence, courage and creativity, using collaboration and therapeutic communication skills and celebrating or taking part in special enjoyable activities to celebrate one's leadership achievements.

Mahoney (2001:269 & 271) goes on to describe the functions of a nurse leader. The leader should act as a role model, provide expert nursing care based on theory and

research results and demonstrate knowledge about organisational theory to support and influence organisational policies. Collaborating with others to provide optimum health care and assuming responsibility for providing information and support to patients are functions of today's nurse leader. The nurse leader must use advocacy to help effect changes that will benefit patients and the health care organisation and use nursing codes of ethics and standards of practice as guidelines for individual and professional accountability.

However, there is a discrepancy between how nurses are being led by nurse managers and how they would like to be led. Sellgren, Ekvall and Tonson's (2006:348) study aimed at exploring what nurse managers and subordinates see as important in nursing leadership and to explore subordinates' opinions of their nurse managers' performance in reality. The results showed that there are statistically significant differences in opinion about preferred leadership between managers and subordinates, especially related to production and relation orientation. The subordinates' perception of real leadership behaviours of nurse managers had lower mean values than their preferred leadership by nurse managers.

Another issue seems to be the fact that nurse managers do not have enough knowledge about leadership to be able to lead effectively or to meet the expectations of their subordinates. This is illustrated in a quantitative explorative study that was conducted by Lourenco, Shinyashiki and Trevizan (2005: 469-473). This study aimed at identifying the nurse managers' knowledge regarding management and leadership. The results

showed that the nurse managers' lower knowledge in management and leadership is related to visionary leadership, management and leadership conceptual differences, the leader's behaviour and situational leadership. The nurse managers' greater knowledge is related to power, teamwork and coherence between values and attitudes.

According to Swanepoel (2003: 345), Lewin's three classical styles of leadership are authoritarian (autocratic), democratic and Laissez-faire. Autocratic leaders retain all authority and responsibility, assign people to clearly defined tasks and primarily use a downward flow of communication. These leaders stress prompt, orderly and predictable performance but this approach tends to stifle individual initiative. Democratic leaders delegate a great deal of authority, while retaining ultimate responsibility. Work is divided and assigned on the basis of participatory decision making. In this type of leadership, there is active two way flow of communication. Its primary strength is that it enhances personal commitment through participation and its primary weakness is that the democratic process is time-consuming. The laissez faire leader denies responsibility and abdicates authority to the followers. The followers are told to work things out themselves and to do the best they can. Primarily there is horizontal communication in this type of leadership. The primary strength of this leadership style is that it permits the followers to do things as they see fit without leader interference. The primary weakness is that the followers may drift aimlessly in the absence of direction from the leader.

The above mentioned classical leadership styles have their strengths and weaknesses, as mentioned. However, according to recent Literature on leadership styles, the most

effective leadership style to use is the transformational leadership style. Also, recent literature on leadership styles shows that transformational leadership is the best leadership style to be used to address current nursing issues like nursing shortages and retention of staff (Murphy 2005:128, Larrabee, et al, 2003:277-278 and Raup, 2008:53).

Jooste (2004:217) when aiming to outline the image of an effective future orientated nurse leader in the health care context, states that she identified that a different type of leader should emerge to lead in a new way, different from those leadership styles that we have known of in the past. She continues to say that the 21st century is a new time frame and different time frames demand different leadership approaches. This literature review therefore shows that to be effective as a nurse manager, contemporary leadership styles, like the transformational leadership style should be used to lead in the current health care setting.

As mentioned before, most of the studies conducted on nursing leadership focus on how the job satisfaction and retention of nurses is affected by the way nurses are being led by their nurse managers. There are a few studies that focus solely on leadership characteristics in nursing. There is therefore a need to explore nursing leadership characteristics without including job satisfaction and nursing retention.

2.3 Research framework

This study was based on Maxwell's four pillars of leadership as shown in Diagram 1 on page 21. According to Maxwell (2005:15-249) there are four crucial or key features of successful Leadership, namely: Relationships, Equipping, Leadership and Attitude.

2.3.1 Relationships

Maxwell (2005:16), states that the best chance that a leader can have for leadership depends upon connecting with those on his or her team. Solid relationships are built by respecting team members, having shared experiences with team members, developing trust with team members having reciprocity in relationships with team members and having mutual enjoyment of the relationship.

2.3.2 Equipping

Maxwell (2005: 78-80) states that most people recognise that investing in a team brings benefits to everyone on the team but, most people do not know how to invest in a team (equip a team). He gives the following ten steps as steps to take when investing in a team:

Make the decision to build a team, gather the best team possible, pay the price to develop the team, do things together as a team, empower team members with responsibility and authority, give credit for success to the team, watch to see that the investment in the team is paying off, stop your investment in team members

who do not grow as this eliminates greater losses for the team, create new opportunities for the team as this allows the team to stretch and give the team the best possible chances to succeed as this guarantees the team a high return.

2.3.3 Leadership

According to Maxwell (2005:14) if a person doesn't have influence, he or she will never be able to lead others. True leadership cannot be awarded, appointed or assigned. It comes only from influence. So, how does one gain influence? Maxwell (2005:145) answers this question by saying that hard-work is required to gain influence in an organisation. It is also required to earn the right to become the leader. Maxwell (2005:169-170) continues to say that trust is the foundation of leadership and there are three qualities a leader must exemplify to build trust, namely, competence, connection and character. Character being the most important quality. This, he says is because character communicates consistency, potential and respect to followers. Another important quality that a leader should have is vision. Maxwell (2005:174) says that vision is everything for a leader because vision leads the leader. It paints the target. It sparks and fuels the fire within and draws him forward. It is also the fire lighter for others who follow that leader.

2.3.4. Attitude

Maxwell (2005:195-199) states that there are five truths about attitudes that clarify how they affect teamwork and a team. These are: Attitudes have the power to lift up or tear

down a team, an attitude compounds when exposed to others, bad attitudes compound faster than good ones, attitudes are subjective, so identifying a wrong one can be difficult and rotten attitudes left alone ruin everything.

Maxwell (2005:217-224) continues to say that if somebody you lead has a bad attitude, then you can help them change, but only if they truly want to change. This can be done by helping them to make the following choices: Evaluate his or her present attitude, realise that faith is stronger than fear, write a statement of purpose, have the desire to change, live one day at a time, change his or her thought patterns, develop good habits and continually choose to have a good attitude.

DIAGRAM 1: SUCCESSFUL LEADERSHIP (MAXWELL'S FOUR PILLARS OF LEADERSHIP)

RELATIONSHIPS	EQUIPPING	LEADERSHIP	ATTITUDE
•CONNECTING WITH OTHERS •RESPECTING OTHERS •SHARING EXPERIENCES •TRUST •RECIPROCITY •MUTUAL ENJOYMENT •KNOWING OTHERS •ENCOURAGING OTHERS •LISTENING •SERVING OTHERS	•DECIDING TO EQUIP THE TEAM •GATHERING THE BEST TEAM •PAYING THE PRICE •DOING THINGS TOGETHER •EMPOWERING THE TEAM •PRAISING THE TEAM •EVALUATING THE TEAM •ELIMINATING NON-GROWERS •CREATING NEW OPPORTUNITIES •GIVING CHANCES FOR SUCCESS	•GETTING INFLUENCE THROUGH HARDWORK •OBTAINING TRUST THROUGH COMPETENCE, CHARACTER AND CONNECTION •HAVING A VISION	•LEADERS SHOULD DO THE FOLLOWING: •EVALUATE THEIR ATTITUDE •BELIEVE BAD ATTITUDES CAN BE CHANGED •CHANGE THOUGHT PATTERNS FOR THE BETTER •CHOOSE TO HAVE A RIGHT ATTITUDE

2.4 Conclusion

Leadership has been the subject of a lot of research and effective leadership in nursing has also been popular recently. Also, a lot of research has been done on leadership related to job satisfaction. It was therefore necessary to do a study on leadership which was not linked to job satisfaction and that is exactly what this study aimed to do. Maxwell's (2005:15-249) four pillars of leadership (Relationships, Equipping, Leadership and Attitude) were used as the research framework. The following chapter, chapter three will explain more on how this study was conducted, that is, the research design and methodology

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter will explain the research design and methodology. Firstly the research design will be explained and an explanation why the particular research design was chosen will be outlined. Secondly, the population and sampling for this study will be stated. Thirdly, the research method, data collection and data analysis for phases one and two respectively will be discussed. Fourthly, the measures of trustworthiness will be explained and lastly the ethical considerations will be stated.

3.2 Research Design

The design used in this study was a basic qualitative one. A qualitative approach was chosen because the study sought to describe the experiences and the perspectives of registered nurses and nurse managers. Qualitative research according to Burns & Grove (2003:357) is useful in understanding such human experiences as pain, caring, powerlessness and comfort. Qualitative research is based on the worldview that believes that reality, based on perceptions is different for each person and changes over time. The research design includes two phases. The first phase was in the form of a discussion group using the nominal group technique and the second phase comprised of individual interviews with nurse managers on leadership and leadership styles.

3.3 The population and sampling

3.3.1 Phase one

The population for phase one of the study was all registered nurses of the academic hospital in which the study was done. Registered nurses (Unit managers, Area Managers and Clinical Instructors) who attended a unit managers meeting on the day of data collection were asked to participate and those who were willing participated (this was thirty five registered nurses).

3.3.2 Phase two

The population for phase two of this study was all nurse managers of the academic hospital in which the study was done. Purposive sampling was used to select 5 nurse managers as they had the knowledge and experience in leadership required for this study and were therefore able to yield the information required for this study. Purposive sampling according to Burns & Grove (2003:255) involves the conscious selection by the researcher of certain subjects or situations to gain an in-depth understanding of a complex experience or event.

3.4 The research methodology

3.4.1 Phase one

A discussion group was conducted to hear the experiences of nurses about how they are led by nurse managers. The nominal group technique was used to facilitate the

discussion group. Since the research topic was sensitive, the nominal group technique was ideal because the participants were enabled to give their input in a secure non-threatening environment. This protected them from harm and their right to anonymity was respected. Focus groups have significant limitations if dominant leaders or opinions limit discussion and debate (Stewart and Shamdasani, 1990, in Stewart 2001:299). However, the nominal group technique offers an alternative group strategy, creating the balance between individual item generation and group discussion. (Chapple and Murphy, 1996, in Stewart, 2001:299). Also, the use of groups allows the researcher to produce data and insights that would be less accessible without interaction (Morgan, 1988, in Stewart, 2001: 298-299).

According to Swanepoel (2003:242), the nominal group technique entails using multiple inputs from several persons. The information can be obtained in a structured format and it is a structured variation of small group discussion methods. The registered nurses were grouped into subgroups of about five to seven registered nurses in each subgroup and were asked to elect a group leader in each subgroup. The function of group leaders was to help the subgroups to collect the required information by facilitating the identification and prioritisation of ideas and then give this information to the researcher. Each registered nurse in each subgroup independently listed her ideas on a sheet of paper and prioritised the ideas. After a period of time all the registered nurses took turns expressing their ideas to their subgroup leaders and each subgroup discussed and prioritised its ideas.

Each subgroup's leader informed the researcher about the subgroup's priorities and the ideas were recorded on a flip chart so that everyone could see all of the ideas so they could refer to them during a discussion by all the subgroups and the researcher. Eventually all the ideas of the participants were prioritised and integrated. This process prevents the domination of discussion by a single person and encourages the more passive individuals to participate. Field notes were used with the permission of the nurses during the discussion group. The registered nurses were asked to respond to the following broad open-ended statement during the discussion group: *"Please describe how you have experienced leadership by nurse managers in this hospital"*.

The flip charts and the sheets of paper used during the discussion group were looked at to identify the priority issues raised by registered nurses, about their experiences of leadership by nurse managers. Furthermore, the sheets of paper were read to identify leadership issues in the hospital. The researcher was immersed in the data and identified themes. Lastly, the themes were compared to Maxwell's (2005:16-199) framework of leadership (Relationships, Equipping, Leadership and Attitude).

3.4.2. Phase two

Interviews were done with five nurse managers as data saturation occurred after these five interviews. An interview involves verbal communication between the researcher and the participants during which information is provided to the researcher. This strategy is most commonly used in qualitative research (Burns & Grove, 2003:284).

A semi-structured interview guide with four open-ended questions based on Maxwell's (2005:15-249) framework of leadership (Relationships, equipping, leadership and attitude) was used during the individual interviews (See the semi-structured interview guide below). Probing questions were asked and clarification of questions was carried out to get full explanations from the nurse managers. These interviews were tape-recorded and field notes were written with the permission of the nurse managers. The semi-structured interview guide was pre-tested by interviewing one nurse manager and no changes were made to the questions on the semi-structured interview guide, only the probes had to be changed to get better responses to the questions.

SEMISTRUCTURED INTERVIEW GUIDE

1. *Tell me about your relationship with the registered nurses in this hospital.*
2. *How do you as a nurse manager, develop or train the registered nurses in this hospital?*
3. *Tell me about your leadership as a nurse manager, how do you lead the nurses?*
4. *Tell me, how do you feel about your job as a nurse manager?*
5. *What is your most important task in this hospital and how do you ensure that you achieve it?*

Data analysis was an ongoing and an emerging process. Firstly, the tape-recorded information from the interviews was transcribed. Secondly, all the transcripts were read thoroughly and carefully and ideas that came to mind were written down. Thirdly one interview was selected at a time and questions like "what is this about?" and "what is important or of value in the information gathered?" were asked while going through the interview. Fourthly, writing down of thoughts in the margin of every transcript was done. Fifthly, a list of topics was compiled from the data, these topics were abbreviated as codes and were written down next to the appropriate parts of the text. Lastly, the most descriptive wording for topics was found and these were sorted into categories, the number of categories was reduced by grouping related topics together and drawing lines between the categories to show how they were interrelated. Themes were then derived from these categories (De Vos, 1998:343).

3.5 Measures of trustworthiness

According to Babbie and Mouton (1998:277), to ensure trustworthiness a researcher has to convince his or her audience that the results of his or her inquiry are worth paying attention to. This can be done by ensuring credibility. Credibility is the true value of the research. The following was done to ensure credibility: Participants were interviewed until saturation of data occurred to ensure prolonged engagement with the participants.

The participants were observed during the interview to see their facial expressions and gestures when answering the interview questions to ensure persistent observation. Data

source triangulation was ensured by the use of three methods of data collection namely, semi-structured interviews, a discussion group and writing field notes. Referential adequacy was ensured by tape recording the interviews. Peer debriefing was done by asking a colleague to comment on this study, and member checking was done by going back to the study participants after the data had been analysed to ensure that the information was correct.

3.6 Ethical considerations

Ethical clearance was obtained from the ethics committee of the University of the Witwatersrand. Permission to conduct this study was sought from the management of the hospital in which the study was done and the Gauteng Department of Health. To obtain an informed consent from each study participant, each of them was given an information letter and a consent form. They were also given information about tape recording and asked to sign another consent form for tape recording.

The right of the participants to self-determination or autonomy was respected as they were not coerced to participate in the study but decided on their own whether or not they wanted to participate in the study. They were informed that they could withdraw from the study anytime when they wanted to, without any penalties. There were also no penalties for those who chose not to participate. Their right to anonymity was respected, as reference numbers were used to refer to the study participants.

The interviews and discussion group were conducted in quiet and private rooms to provide privacy to the study participants. The registered nurses were informed that it was going to be difficult to ensure confidentiality and anonymity, as a group of people were present during the discussion group. The ethical principle of non-maleficence was upheld, as no harm was inflicted upon the study participants.

3.7 Conclusion

In this chapter it was explained that this study was a basic qualitative study and that purposive sampling was used to obtain the study participants. The methods used to collect data were stated, they were the nominal group technique and interviews using a semi-structured interview guide. Also, field notes were written during the nominal group technique and the interviews to ensure data source triangulation.

Other measures of trustworthiness were also stated. The steps taken in analysing the data obtained from the nominal group technique and the interviews were explained. Ethical considerations made during the study were stated. The results obtained from using the above mentioned research design and methodology will be given in the following chapter; chapter four.

CHAPTER FOUR

RESEARCH RESULTS

4.1 Introduction

The purpose of this study was to describe the experiences of registered nurses regarding leadership by nurse managers and to determine which leadership style was dominantly used by the nurse managers. This research study reflects on two groups of nurses in an academic hospital. The one group reflects the views of nurse managers regarding leadership. The second group reflects the views of registered nurses regarding the leadership in this academic hospital. The attitude of most of the nurse managers was positive and most of them were so pleasant, the feeling one would get on a bright sunny day. Most of the nurse managers were warm and they love their job and are still positive regardless of the challenges they face such as strikes and shortages of staff. Only one or two nurse managers showed some demotivation and a negative attitude towards their job or the registered nurses.

When reading through the comments of registered nurses regarding leadership in their hospital it felt like a dark, cloudy, rainy day, the registered nurses could hardly see anything positive about the leadership of nurse managers. Only a few of the registered nurses had a positive attitude. Most of the registered nurses seemed to have a negative view regarding the nurse managers. This negative view has led to a bad relationship between registered nurses and nurse managers. Most of nurse managers stated that they

are trying their best to create a good relationship between themselves and the registered nurses. However, most of the registered nurses were bitter towards nurse managers.

Registered nurses are given opportunities for training, which indicates that nurse managers are allowing registered nurses to climb the ladder in the nursing profession. The nurse managers also stated that they are moulding registered nurses into future nurse managers by practicing participatory, democratic and situational leadership, which enables registered nurses to participate in decision making. However, nurse managers also use autocratic leadership in their dealings with the registered nurses, which hinders the proper equipping of registered nurses and blocks the way for the development and growth of registered nurses and their ability to participate in decision making. The nurse managers' autocracy seems to have made the registered nurses bitter against the nurse managers according to the results of the study.

The results of this study are displayed in two phases. The first phase is based on data collected during the nominal group technique which aimed to collect data on the registered nurses' experiences regarding the leadership which they receive in this hospital. The second phase is based on data collected during the individual interviews which focused on nursing leadership from a nurse manager's perspective.

4.2 Phase one: Results of Nominal group technique with registered nurses

4.2.1 Introduction

The nominal group technique was used to collect data during the first phase of the research. According to Swanepoel (2003:242), the nominal group technique entails using multiple inputs from several persons. The information can be obtained in a structured format and it is a structured variation of small group discussion methods. Since the research topic was sensitive, the nominal group technique was ideal because the participants were enabled to give their input in a secure non-threatening environment.

A pre-test of the nominal group technique was carried out with a group of seven registered nurses. The pre-test helped the researcher to get the best way of conducting the nominal group technique to ensure that the participants understand what the research is about so that they know what is expected from them. After, the pre-test, the data were collected in a quiet and private area. The session took an hour, during lunchtime, an hour before the monthly unit managers meeting to avoid taking the participants working time.

An informed consent was obtained from all the participants, who were unit managers, clinical tutors and area managers representing registered nurses. Fifty-five registered nurses were present but only thirty-five participants took part. The nominal group technique was then used to collect data and the participants were asked to respond to the following statement: *"Please explain how you have been led by nurse managers in this hospital."*

To answer the research question, the participants were grouped into subgroups of about five to seven registered nurses in each subgroup and they elected group leaders for each subgroup. Each participant in each subgroup independently listed her ideas on a sheet of paper and prioritised her ideas. After a period of time the participants took turns expressing their ideas to their subgroup leaders and each subgroup discussed and prioritised its ideas. Each subgroup's leader reported on the subgroup's priorities and the ideas were then recorded on a flip chart so that everyone could see all the ideas and refer to them during a discussion by all the subgroups and the researcher. This process prevents the domination of the discussion by a single person and encourages the more quiet participants to participate. Eventually all the ideas of the participants were prioritised and integrated. Field notes were also written with the permission of the participants during the discussion group.

Data collection was carried out approximately one month following the national Public Servants strike at an academic hospital in Gauteng and this might have been one of the reasons the participants of the nominal group technique seemed to be generally negative. During the data collection, some of the participants expressed strong emotions regarding leadership by nurse managers whereas others seemed reluctant to share their feelings or views. Some participants came late, which affected their understanding of the process and thus their ability to participate in the nominal group technique. Despite the few disturbances, the technique was therapeutic and insightful because the participants expressed their feelings and reflected on the leadership issues in their hospital.

The groups were given copies of Maxwell's (2005:15-249) framework and were asked to compare the nurse managers' leadership to this framework. The following four themes emerged from the data collected from the Nominal Group Technique: Relationships, Autocratic leadership, Equipping and Attitude. The themes corresponded with the research framework (Maxwell's four pillars of leadership). Table 4.1 displays the themes of the nominal group technique with examples of descriptions by registered nurses.

Table 4.1 LEADERSHIP EXPERIENCES OF REGISTERED NURSES

Themes	Description By Registered Nurses
1. AUTOCRATIC LEADERSHIP	<i>"The experience I had is that most managers are autocratic, they don't consult, they take decisions alone."</i>
2. EQUIPPING	<i>"They do not have the power to empower their subordinates."</i> <i>"The nurse managers do not acknowledge the superior skills of some unit managers and are not prepared to learn those skills to develop themselves."</i>
3. RELATIONSHIPS	<i>"The relationship was not good, she (the nurse manager) was detached and we spoke only on professional levels only (not sociable)."</i> <i>"They tended to have favouritism and this lead to people not trusting them because they did not show integrity required for trust and a good relationship to develop."</i> <i>"No listening skills, they are always right."</i> <i>"The nurse managers are only nice to unit managers when they want something in an area that they are not competent."</i>
4. ATTITUDE	<i>"They take sides, they are judgemental. Their attitude is bad. Even if you meet them in the corridors they will not even say morning or hello."</i>

4.2.2 Theme one: Autocratic Leadership

Autocratic leadership seemed to be the most important theme that emerged from the data collected during the nominal group technique. It was the most frequently stated theme and it seems to affect all the other themes. The registered nurses seemed to be very angry and bitter about the autocratic leadership style of the nurse managers. There were a few of the group members who seemed to be satisfied with leadership by nurse managers as they stated that the nurse managers are role models and have good leadership skills and are democratic sometimes. A registered nurse belonging to one of the groups stated the following about the nurse managers:

"Some leaders do have good leadership qualities that one would wish to have and such leaders are easy to interact with and they are highly knowledgeable and are easily approachable."

However, most of the groups stated that the nurse managers in this hospital use the autocratic leadership style, as expressed by the group members who stated the following about nurse managers:

"The experience I had is that most managers are autocratic, they don't consult, they take decisions alone."

"There is much oppression from nurse managers. They want you to feel that they are superior to their subordinates. They do not have respect for someone the way they address us. They are bullies. They always have threatening speeches like: if

you do not want to work you take your bag and go and I hire and fire."

"Autocratic Managers (nurse managers), there is no participation or democracy.

They just tell and instruct us what to do."

"Nurse Managers in this hospital are autocratic, not supportive and assign tasks to us to carry them over for them whilst they do other things (meetings)."

"

"I feel that leaders in this hospital do not involve unit managers in some of their planning which at the end involves us. I feel our input as people who work with patients and students would be of great assistance to policy formulation as we experience a lot of things."

"The leadership of dictatorship is demotivating."

According to Maxwell (2005:14) if a person doesn't have influence, he or she will never be able to lead others. True leadership cannot be awarded, appointed or assigned. It comes only from influence (Maxwell 2005:145). Another important quality that a leader should have is vision. Maxwell (2005:174) says that vision is everything for a leader because vision leads the leader. It paints the target. It sparks and fuels the fire within and draws him forward. It is also the fire lighter for others who follow that leader. The only influence that an autocratic leader can have is forced influence as the followers will only do what the leaders commands them to do because of fear of the leader and they will not

show any initiative. This leader also cannot practice visionary leadership as autocracy will prevent him or her from sharing the vision with the followers as he or she will not involve the followers in decision making. There were registered nurses who felt that the nurse managers were influential, that the nurse managers did allow them to participate in decision making and that they were given opportunities to lead by the nurse managers. This is shown in the words of the following two group members:

"She (the nurse manager) is influential and opens opportunities for those who are ready to lead."

"Influenced positively, encouraged to participate and initiate change (by the nurse managers)."

However the majority of the groups stated that the nurse managers had no influence over them. Others stated that they do not know the vision as the nurse managers do not share the vision and thus unable to influence them as shown in the following statements:

"Do not share the vision with followers hence unable to influence them to meet the desired goal."

"Influence is achieved by forcing matters, instead of empowering people by discussing with them matters affecting our hospital."

"Their leadership style is not good at all so there is nothing to copy from them."

Autocratic leaders have poor leadership skill, as they do not manage the problems faced by nurses adequately. According to Koukkanen and Katajisto (2003:210) authoritarian (autocratic) leadership is an impediment to nursing empowerment. Authoritarian leadership doesn't enhance the important functions of nurse management such as listening, empowering, conflict management, championing nurses, teamwork, communication and leadership or being a change agent (Anthony, et al 2005:149-150).

4.2.3 Theme two: Equipping

Equipping is important in nursing because it keeps nurses up to date regarding nursing knowledge and skills and helps to improve the motivation levels of nurses. It helps nurses to feel empowered and confident. This helps to retain nurses in their jobs as they feel valued and also makes them feel that they have something to offer or to add to their workplace or health service. This is supported by a study by Jeffries (2002: 304-305) on creating a great place of work and strategies for retaining staff in an organisation.

She states that one of the strategies for retaining staff is to provide constant training and development and creating personal development plans. This she says is because people love to learn and are motivated by new ideas. In this study, however, it seemed that nurses felt that they do not receive enough information and empowering from the nurse leaders. This theme exposed the paralysing problems in nursing leadership clearly, such as the power of nurse managers and the fear that nurses have for them. Furthermore, the fact that mentoring is absent in the hospital wards and that nurses must just do the work.

Some of the groups felt that they were really being equipped by nurse managers, as they are sent on courses, given responsibilities that made them learn a lot, equipped with skills, encouraged to develop themselves and that they learn a lot from the Assistant Directors who have a lot of experience and skill. They stated the following:

"My supervisor is an educated person who actually influenced me to strive for excellence, makes me learn/ acquire more information to empower myself."

"The nurse manager has given me so many responsibilities that I am very equipped".

However, it seems that some of the group members only perform the responsibilities given to them because they are afraid of the Assistant Directors and that when they say they are being equipped, they actually mean that they are being burdened with difficult responsibilities. It seems they also feel unappreciated despite doing their best. Two other group members stated the following:

"There is empowerment with responsibility, because of fear you are always on your toes and you make sure that standards are met. We are also empowered because we attend workshops, seminars, conferences and in-services. We are empowered because we have to report any changes around the hospital.

"Rarely gives credit, no matter how good, she will find something to say eg. why this,

or change that”

The rest of the groups felt that only favourites were sent to informative courses or the courses they were sent to were not sufficient to meet their needs and some stated that they were not allowed to attend courses due to staff shortages. They felt that they were burdened with a lot of difficult tasks which were supposed to be done by the nurse managers themselves. They also stated that the nurse managers do not explain these tasks properly and never came to support them or mentor them during the performance of these tasks. They therefore felt disempowered instead of being empowered by performing these tasks.

These groups described their equipping problems and issues as follows:

“They do not spend enough time with followers to identify their needs/gaps.”

“They will expect you as a unit manager to be the master of everything, No mentor for you on your first month of appointment.”

“There is a lot of tasks delegated to subordinates without explanation which causes stress and frustration as you are never sure what is expected from you.”

“The nurse managers don't give room to professional maturity, they will always ask you why they don't know about the steps that you have taken, to solve a problem and yet when the problem occurred they were not there.”

The potential of the nurse managers to empower or to release the potential of the registered nurses is doubted by the registered nurses. The group members stated that they do not think that the nurse managers are able to empower them because they lacked the skills to do so. Some participants felt that the nurse managers were not able to empower them because they felt they had better skills than some of the nurse managers. The group members stated the following:

"The nurse managers do not acknowledge the superior skills of some unit managers and are not prepared to learn those skills to develop themselves"

"They don't empower – they don't have the power, courage and skill to empower."

Research has also shown that there is a perception of a general lack of knowledge and skill on the part of nurse managers about management and leadership. A quantitative explorative study was conducted that aimed at identifying the nurse managers' knowledge regarding management and leadership. The results showed that the nurse managers' lower knowledge in management and leadership is related to visionary leadership, management and leadership conceptual differences, the leader's behaviour and situational leadership. The nurse managers' greater knowledge is related to power, teamwork and coherence between values and attitudes (Lourenco, et al 2005: 469-473).

4.2.4 Theme three: Relationships

In this theme on relationships, it was clear that nurse managers need to improve on the basic interpersonal and caring skills to lead nurses in this academic hospital effectively. Nurses need to ask themselves why nurse managers seemingly do not have well developed interpersonal and caring skills. Why is there no culture of caring in this profession when caring is so essential to the profession? How can we expect the registered nurses to care for patients when the nurse managers do not care about the registered nurses?

There are groups who stated that they had a good relationship with the nurse managers for example one of the group members who stated the following:

"I have experienced a good personal relationship with my Assistant Director. As unit managers in the meeting we are encouraged, plan outings and organise ourselves as a group to prepare food after the meeting. If one unit manager is sick we have a kit box to at least buy a card or something just to encourage the one hospitalised or bereaved".

However, most of the groups felt that there was a poor relationship between them and the nurse managers, which was due to various reasons. According to the group members, nurse managers are not interested in forming a relationship, as they are never there to support them but only come to their departments when there is something wrong so that they can blame the unit managers. One of the group members also stated that the

Assistant Directors (nurse managers) are distant and only communicate with them through area managers.

Some of the group members stated the following:

"The relationship was not good, she (the nurse manager) was detached and we spoke only on professional levels only (not sociable)."

"Poor interpersonal relationship with followers. They always pinpoint followers' weaknesses rather than credit good performance whenever necessary. They are only viewed as bosses."

"There is no relationship because you are scared of them. Some don't show respect, because you are a subordinate you get treated anyhow."

Due to what was stated above, the registered nurses have a lack of trust in the nurse managers and are unable to confide in the nurse managers. They also state that nurse managers listen to gossip, which hinders their ability to trust or confide in them. The participants also said that the nurse managers have favouritism, for example with regards to sending people to courses. This also affects the relationship between the nurse managers and the followers as the followers believe that the nurse managers are not fair and do not care about them. This also affects their ability to trust the nurse managers. The group members of one group stated the following:

"We do not trust them, they are biased, they favour."

"They do not know all the people they lead. They tended to have favouritism and this lead to people not trusting them because they did not show the integrity for trust to develop."

According to the group members, the nurse managers have poor interpersonal skills and do not respect their followers. They are being treated like children as the nurse managers only give commands and never want to hear their input. This shows that there are problems with communication between the nurse manager and their followers. The group members showed this by saying the following:

"No listening skills, they (the nurse managers) are always right."

Another stated: *"No respect, they think that you should respect them and they disrespect you."*

Yet another seemingly emotional group member stated: *"No respect whatsoever, for example. A manager calling nurses to pay for uniform before discussing it with them, choosing the colour and pattern for them. Food is pushed down our throats. They say do this do that. When trying to explain your situation no one listens."*

The participants felt that they were being taken advantage of by the nurse managers, as the nurse managers were only nice to them when they want favours from them. This is shown in this statement of one of the participants:

"They (the nurse managers) are only nice to unit managers when they want something in an area that they are not competent in."

It seems some of the nurse managers have failed to form a good relationship and to earn the trust of the registered nurses. They have no respect for the registered nurses, they have poor interpersonal skills and they take advantage of the registered nurses. All these have caused the registered nurses to resent them. The nurse managers need to be equipped with skills and strategies to master the difficult interpersonal relations in an academic hospital because if they fail to form good relationships they will fail in their leadership. According to Maxwell (2005:16), the best chance that a leader can have for leadership depends upon connecting with those on his or her team. Solid relationships are built by respecting team members, having shared experiences with team members, developing trust with team members, having reciprocity in relationships with team members and having mutual enjoyment of the relationship.

Also, the relationship between the nurses and the nurse managers can be adversely affected by the nurse managers' inability to meet the nurses' expectations, the negative perceptions nurse managers have about professional nurses and their behaviour towards nurses. James, Kotze and Rooyen's (2005:4) study on the relationship experiences of professional nurses with nurse managers showed that professional nurses experienced a

breakdown of the relationship with nurse managers because of various reasons. The reasons were mainly that nurse managers didn't provide necessary resources and were unprofessional.

4.2.5 Theme four: Attitude

Attitude is everything according to Maxwell (2005:16-199). In this study it is evident that the registered nurses feel that their leaders have a negative attitude. It is disconcerting that these registered nurses feel that way when hospitals are trying to recruit and retain nurses. A few of the group members thought that the nurse managers had a good attitude that has influenced others to change their negative attitudes and they also stated that the nurse managers believe that bad attitudes can be changed. However, the majority of the group members stated quite the contrary. Some even believe that the nurse managers are unprofessional, untruthful, not transparent and do not maintain confidentiality. One of the group members stated the following:

"They take sides, they are judgemental. Their attitude is bad. Even if you meet them in the corridors they will not even say morning or hello."

Maxwell (2005:195-199) states that there are five truths about attitudes that clarify how they affect teamwork and a team. These are the following: Attitudes have the power to lift or tear down a team, an attitude compounds when exposed to others, bad attitudes compound faster than good ones, attitudes are subjective so identifying a wrong one can be difficult and rotten attitudes left alone ruin everything.

The participants seemed to have been affected by the attitude of some of the nurse managers. Firstly, the morale of the participants was affected by the attitude of some of the nurse managers and this resulted in the participants experiencing a lot of negative emotions as explained under the theme relationships. Most of the participants seemed to have also picked up the negative attitude, as they seemed not to see anything good in the nurse managers. This supports the statement that bad attitudes compound faster than good ones as stated above.

To show that attitude is subjective and identifying a bad one is difficult as stated by Maxwell above, some of the nurse managers were not able to identify that their attitude was bad but were able to pick up bad attitudes of their followers and tried to influence them to change this attitude. This is evident from the following statements made by the group members about the nurse managers:

"They are very authoritarian but believe bad attitudes can be changed."

"They are ready to evaluate and question people's attitude as being negative."

"They have a bad attitude and they expect subordinates to have a positive attitude towards them."

Maxwell (2005:217) advises leaders to evaluate their attitude all the time. If nurse managers had applied this advice it would have helped them not to fall into the trap of

seeing their followers' bad attitude without seeing their own. They would have realised that the bad attitude was actually started by them and had spread to the followers. Some of the leadership principles stated by Van Dyk, et al (2003:33) that nurse managers can use to address the issue of attitudes are the following:

Knowing oneself and seeking self-improvement, seeking responsibility and taking responsibility for one's actions, setting an example, knowing one's followers and looking after their well being, keeping one's followers informed, developing a sense of responsibility in one's followers.

4.2.6 Conclusion

Four themes were identified from the results of this phase and they are the following: Autocratic leadership, Relationships, Equipping and Attitude, the major theme being Autocratic leadership. This theme has affected all the other three themes. Every problem that was identified in all these themes seemed to revolve around the issue of leadership, autocratic leadership in this instance. Since there is a problem with leadership there will definitely be a problem with effectiveness in this hospital. According to Maxwell (2005:127) one's leadership always determines one's effectiveness and the potential impact of one's organisation.

The results of this phase showed the negative consequences of autocratic leadership of registered nurses by nurse managers in this hospital, which has lead to frustration, anger and bitterness of registered nurses against the nurse managers. This theme of autocratic leadership affected all the other themes as stated above. The relationship between the

registered nurses and the nurse managers was negatively affected by the autocracy of the nurse managers. It also had a negative impact on the training of the registered nurses. The registered nurses stated that they were not involved in decision making regarding their training. Consequently, the registered nurses have little respect for nurse managers.

4.3 Phase two: Results of Interviews of nurse managers

4.3.1 Introduction

A semi-structured interview guide was used to interview five nurse managers, who were willing to participate in the research. The first interview was used as a pre-test and there was no need to change the semi-structured interview guide after the pre-test, except that better probes needed to be used to get better results or the relevant information. The probes were based on what the registered nurses had stated during the discussion group about the nurse managers. An informed consent was obtained from every participant before each interview.

The interviews were conducted in the offices of the nurse managers, which was a quiet and private environment, however there were disruptions caused by the fact the nurse managers are very busy and they still needed to answer their phones and knocks on the door. These disruptions were allowed because the researcher did not want to hinder the nurse managers from the performance of their duties. It was very difficult to get nurse managers who were willing to participate in the research and this seemed to be because of a lack of understanding about the purposes of doing research and they had a perception

that the aim of the research was to expose them. Some of the nurse managers who chose to participate were also a bit hesitant to participate in the research.

All the participants gradually relaxed during the interview as they realised that there was nothing intimidating about the research. They all gave consent to be recorded, but one of the participants seemed worried that she had mentioned the department in which she works during the interview, which could make it possible to identify her. She felt this way even though she had just read the information sheet she was given, which stated that confidentiality would be maintained and that the tapes would be destroyed after the research project was complete. However, she realised that the interview was not as bad as she had anticipated and she did verbalise this at the end of the interview.

The themes which emerged from the interviews with the nurse managers are the following: Relationships, Equipping, Leadership and Attitude as shown in Table 4.2. The data from the interviews was mostly positive and nurse managers expressed their views regarding their leadership. They stated that their leadership is professional and good. From the data it is clear that the nurse managers felt that they are doing their best to lead the registered nurses but did also verbalise that their job was difficult. Some of the nurse managers stated that they really do their best to create a good relationship with the registered nurses and to give the registered nurses opportunities for training

Table 4.2 LEADERSHIP FROM THE NURSE MANAGERS' PERSPECTIVE

Themes	Description By Nurse Managers
1. Relationships	<i>"They don't like me much because you know I'm strict and I don't take nonsense. So, there are one or two who don't like to be corrected or whatever, but generally I have a.....I think I have a good working relationship with them"</i> <i>"I recognise their wedding days, birthdays and we organise outings and we have meetings with them once a month where I allow them to participate and to voice their concerns, to tell me what they want and what they don't want"</i>
2. Equipping	<i>"If I find that they are working in a certain unit and they need in-service on a specific topic, then I will ..., I won't let everyone go. I will select the people from the wards where I know they're going to benefit themselves as a person, and where I know that when they come back they're going to benefit the ward and they are going to benefit the whole floor and the whole of the block as well that they are in"</i>
3. Leadership	<i>"I cannot have a nurse who is working in my department for more than a year and not send her for study leave. Whether you like it or not once in my department I must send you for the course and when you come back you will implement what you learnt and you'll implement the best"</i>
4. Attitude	<i>"I actually love my job, I think in my specific case it's very rewarding. It is very difficult, I work directly with the Deputy Director, Human Resource, Clinical Executives and Chief Executive Officer depending on what I have to do but I find it very rewarding and satisfying."</i>

4.3.2 Theme one: Relationships

The results of this study show that the relationship between the registered nurses and the nurse managers is generally negative. This is due to the fact that most registered nurses are portraying bitterness against nurse managers. This could be a result of the autocracy practiced by some nurse managers. However, there are a few nurse managers who are doing their best to form a good relationship with registered nurses and these nurse managers have been successful in creating a good relationship between them and registered nurses.

Most nurse managers seemed to be trying their best to have a good relationship with registered nurses. Some nurse managers stated that it was difficult to have a good relationship with registered nurses because some registered nurses do not want to be disciplined or they do not want to follow policies. However, it seems that this discipline is enforced in a humiliating way by some nurse managers, which makes the registered nurses to feel disrespected. One nurse manager stated that she sometimes disciplines the registered nurses in front of others because she wants to discipline them within a few hours if possible believing that it is not good to leave it to later because the discipline loses its impact after that. She also said she disciplines them in front of others because she wants to make them aware that they shouldn't be making the same mistakes as their colleagues.

She stated the following:

"They don't like me much because you know I'm strict and I don't take nonsense."

So, there are one or two who don't like to be corrected or whatever, but generally I have a.....I think I have a good working relationship with them."

When asked if she disciplines the registered nurses in a respectful way, the same nurse manager stated the following:

"I try and respect everyone that works with me and for me, not for me but with me. There are times when, especially when they are doing the same thing wrong more than once, where if I have corrected someone, I'd like to think that they won't do the same thing wrong again, ok? But if they do, unfortunately I have been known to correct them, not in a disrespectful way, they might think it's disrespectful, but I have been known to correct in front of others."

However some of the nurse managers are really trying to discipline the registered nurses in a less humiliating way, as one of the nurse managers stated the following:

"Discipline is very important because sometimes you need the negative in order to appreciate the positive and you can never have good service without discipline. You need to instil discipline but it must be fair and also prompt, you mustn't let things stay for a long time before you take action so it must be prompt. If there's no discipline in a department, standards drop, so in order to have good standards we have to have that, but at the same time you have to try and make the person understand so the person can learn because it is useless if you are going to discipline and people don't understand why. You have to have reasons why and how best can be do it next time. I think it is important in

instilling discipline that you must get good outcomes at the end otherwise without that we'll have a group of very disgruntled workforce who don't understand why."

Some nurse managers seem to be doing their best though to create a good relationship between them and registered nurses, through spending time with registered nurses, through outings and celebrating birthdays and other important days. Some nurse managers seem to be quite friendly and supportive whilst others are a bit distant and strict. One nurse manager who seemed to be doing her best to create a good relationship with registered nurses stated the following:

"I recognise their wedding days, birthdays and we organise outings and we have meetings with them once a month where I allow them to participate and to voice their concerns, to tell me what they want and what they don't want."

This practice of nurse managers to support and try to establish a good relationship between them and registered nurses can have a very powerful effect on the registered nurses. The results of a study by Hall (2007:68) on the relationship between supervisor support and registered nurse outcomes in nursing care units showed that nurses with greater levels of perceived supervisor support experienced more positive job outcomes and less negative outcomes, including less occupational stress than nurses with less perceived supervisor support. Also, the registered nurses in a unit with higher levels of perceived supervisor support experienced more job satisfaction, less work stress, less

turnover, less somatic complaints and fewer days in which the nurse felt ill but was not absent, particularly related to gastro-intestinal complaints.

Also, Meadows (2007:161) states that caring is a core component to her practice and is the reason for her becoming and remaining a nurse, bringing to both her and the patient a sense of contentment, satisfaction and human trust. Nurse managers should also have the same mindset about nurses. Before registered nurses can be caring to the patients, they should be cared for by the nurse managers.

4.3.3 Theme two: Equipping

It is evident from what nurse managers stated that they do their best to ensure that registered nurses get training both internally and externally. However, whether this training is adequate and meets the needs of the registered nurses is another issue. One nurse manager stated:

"It is not everybody who wants to do this course, like we've got others, who are just interested in other courses and others want private studies, like we've got somebody doing law, it's a whole fruit salad."

However, there might be a possibility of being perceived as being biased during equipping of the registered nurses as one of the nurse managers stated:

"If I find that they are working in a certain unit and they need in-service on a specific topic, then I will ..., I won't let everyone go. I will select the people from the wards where I know they're going to benefit themselves as a person, and where

I know that when they come back they're going to benefit the ward and they are going to benefit the whole floor and the whole of the block as well that they are in."

It was not clear which criteria this nurse manager uses to choose the people who will attend courses and come back and share the information with others. The nurse manager would need to define the criteria she uses to select these people or the registered nurses who don't get chosen could see this as discrimination or favouritism as is already the case as mentioned in phase I. The reputation of some of the nurse managers has been affected by the decisions they took when training the registered nurses. It could be better if the nurse manager could ask the staff to motivate in writing why they want to attend the course. The selection criteria will then be clearer to the staff.

This issue can be further emphasised by Maxwell (2005:170-172), he states that character makes trust possible and trust makes leadership possible. Character communicates consistency, potential and respect to followers. When a leader's character is strong, people trust him/her and they trust in his/her ability to release their potential. That not only gives followers hope for the future, but it also promotes a strong belief in themselves and their organisation. Leaders earn respect by making sound decisions, admitting their mistakes and putting what's best for their followers and the organisation ahead of their personal agenda. Also, Kekana, et al (2007: 24) in their study on the degree of job satisfaction of registered nurses recommend that managers have to show the staff that their best interest is their number one concern. Leaders have to be available for the staff

and be willing to buffer the stress caused by the increased workload and insufficient resources. Greater visibility, supervisory staff should be encouraged.

4.3.4 Theme three: Leadership

Most of the nurse managers stated that they use situational and participatory or democratic leadership styles. They stated that they did not use the autocratic leadership style unless when necessary like in emergency situations. For example, one of the nurse managers stated the following when asked in what situations she would need to be autocratic

“For an example in theatre you are scrubbed up, you can’t just leave and say this is my time to go and go. Then if somebody wants to leave a patient, because now you feel that the patient is going to be in danger because of her actions, that is when you start being autocratic.”

However, according to Murphy (2005:128) historical influences still permeate contemporary nursing practice. These are mirrored in organisational philosophies, transactional and autocratic leadership styles and disempowered staff. There was also some evidence of autocracy in some nurse managers’ practices, as seen in the words of one nurse manager who stated the following when asked how she trains or develops the registered nurses:

“I cannot have a nurse who is working in my department for more than a year and not send her for study leave. Whether you like it or not, once in my department I

must send you for the course, and when you come back you will implement what you learnt and you'll implement the best."

The above statement shows that this nurse manager does not consult the registered nurses when making decisions about their training, which is autocratic behaviour, and doesn't uphold the Batho Pele Principles of consultation and openness and transparency. According to Batho Pele the registered nurses should be consulted to find out their views, preferences and needs regarding their training. There should also be openness and transparency, which means that the policies and procedures on the training of staff should be known to all the registered nurses and should be practiced consistently by the nurse managers (Department of public service and administration, 1997:16-22).

According to Maxwell (2005:141-176), a successful leader has to have influence and a vision, which guides and inspires him or her and makes it easy for the followers to follow and want to be like him or her. Most of the nurse managers stated that they are role models and that the registered nurses had stated this about them but some of them had no evidence to show this. When asked if she is a role model, one of the nurse managers stated the following:

"They (the registered nurses) actually tell me that I am a role model and I teach them and they tell me that they have learnt a lot from me. Even the way I..... my behaviour towards them or towards everybody. To them I'm a role model and they even tell me and they way I carry myself (she laughs)."

Even though most of the nurse managers seem to have some influence through role modelling, none of the nurse managers seems to practice visionary leadership and seemed not to be aware of visionary leadership. Also, some nurse managers did not state the same vision when asked for the vision of the hospital in which they work and are also unable to pass this vision on to the registered nurses. This is unfortunate because visionary leadership seems to be very important according to the authors of a study that implemented a framework for leadership development to improve the nurse managers' leadership skills and improve nurse retention and patient outcomes. These authors state that visionary leadership is one of the specific leadership behaviours identified as contributing to organisational commitment by nurses (Herrin and Spears 2007:235).

4.3.5 Theme four: Attitude

Contrary to what was stated by the registered nurses, most of the nurse managers stated that they have a positive attitude and that they love their job. This contradiction between what the registered nurses and the nurse managers think about the attitude of the nurse managers shows that it is true that attitudes are subjective and that identifying a bad attitude is difficult as stated by Maxwell (2005:195-199). The nurse managers did however state that their work is very challenging. This is what two of the nurse managers stated when they were asked how they feel about their job:

"I actually love my job, I think in my specific case it's very rewarding. It is very difficult, I work directly with the Deputy Director, Human Resources, Clinical Executives and Chief Executive Officer depending on what I have to do but I find it

very rewarding and satisfying."

"I think it is a very fulfilling job, you know, because I'm very passionate about my job, very, very passionate but you know there are certain things which are hindrances, obstacles, you know? You know I always say when they say eh matron so and so, I say long time ago when you were a manager, you used to manage nursing, things were there, but now it is an uphill struggle. You struggle for almost everything, you know, linen, you have to phone ten times for linen. If we have the management tools and the things around us, it would be very easy but it is a very tough job, it is really, really very stressful. You have scarce resources you know everything doesn't come through, you have to battle. Today's era is full of conflict, am I wrong?"

Another nurse manager even confessed that she is demotivated due to the stress associated with the job of nurse managers. When asked how she feels about her job, she stated the following:

"Hey! It is very stressful, very demanding and frustrating, the meaning of all of that is one, it is a very stressful job."

When asked whether she was demotivated or not, she said the following:

"Hmm, the causes being that you cannot manage effectively or you cannot manage the way you want to manage if you do not have the resources both material and human resources."

It is apparent that even though the nurse managers love their job, it is a stressful job. Most of them seemed to have coping mechanisms for dealing with the stress and they stated that their love for their work and the passion they have about the profession also helped them to cope with the stress. One of the nurse managers stated that she distracts herself from the stress by attending dance classes. However, the stress seems to be taking its toll on some of the nurse managers and the stress has lead to demotivation of one of the nurse managers.

However, the same nurse manager who stated that she is demotivated later stated the following when asked whether her attitude has been affected by the stress:

“When it comes to the care of the patient, I’m still positive because I have this passion for my patients. I can be how upset, I can be how frustrated but I know my calling. I’m the overseer of the department. I must continue to manage irrespective of the situation I’m in.”

According to a study on the leadership styles of nurse managers in changing organisations by Lindholm, Sivberg and Uden (2000:327), nurse managers are expected to act, under the pressure of a changed and restructured healthcare system as skilled and competent future managers of people, operations, budgets and information. The nurse managers’ leadership development therefore needs to be supported and their management strengthened to cope with the issues of nursing shortages, shortage of resources and other challenges they are faced with nowadays. This study also recommends the use of the transformational leadership style as the results of this study showed that the use of this

style of leadership led to fewer management problems which would lead to less stress experienced by nurse managers.

4.4 Summary of the research results

DIAGRAM II A: THE LEADERSHIP EXPERIENCES OF REGISTERED NURSES

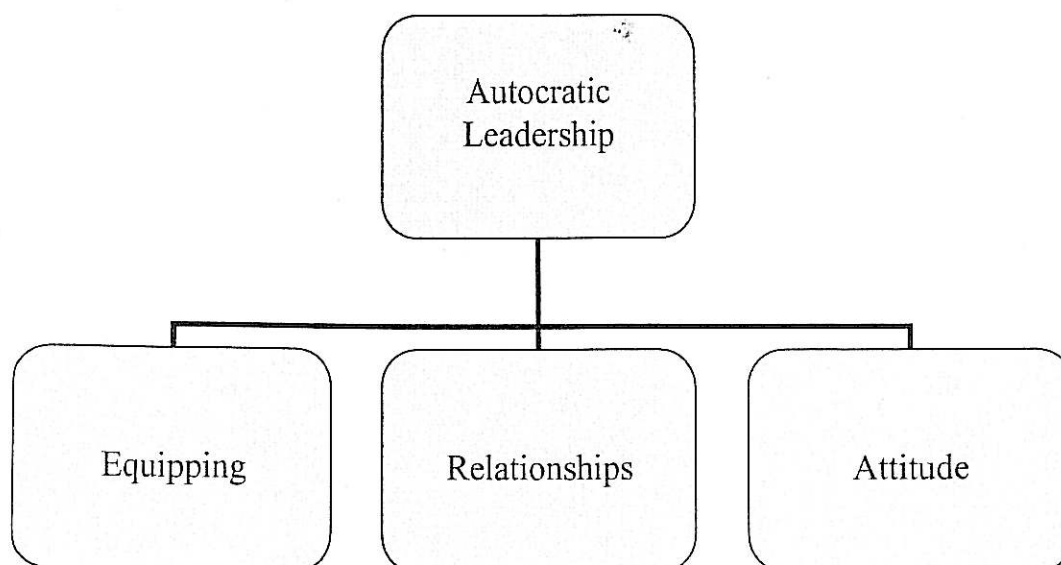


DIAGRAM II B: LEADERSHIP FROM THE NURSE MANAGERS' PERSPECTIVE

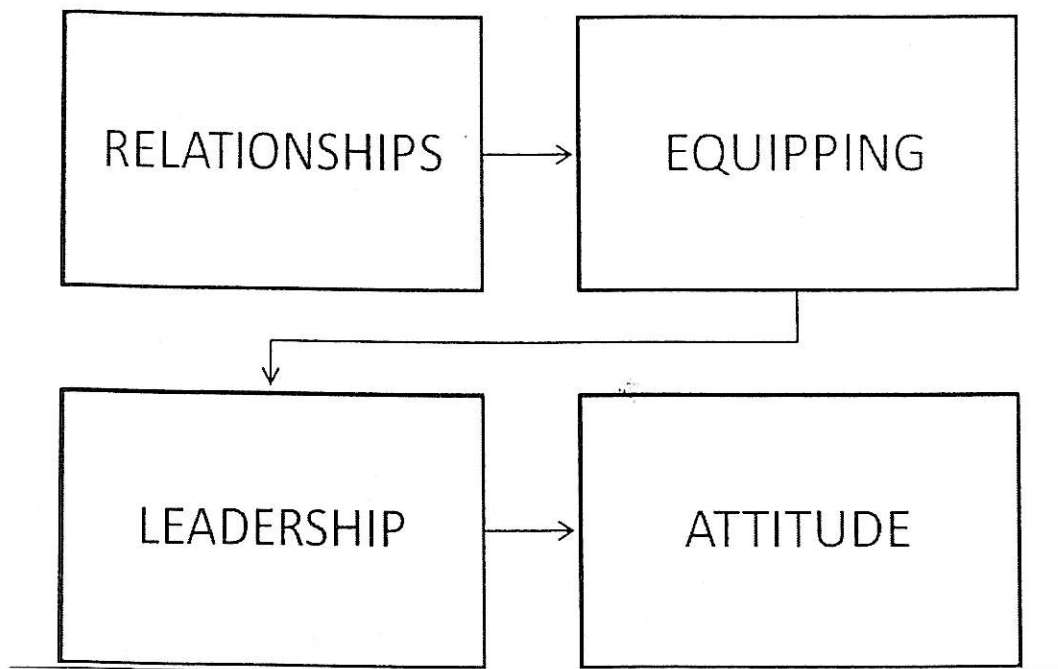


Diagram II A shows that according to the experiences of the registered nurses in this hospital, leadership, autocratic leadership in this instance is the major pillar upon which the nurse managers in this hospital base their leadership. The other pillars, namely, equipping, relationships and attitude are being used by the nurse managers in varying degrees as demonstrated in Diagram II A according to the registered nurses. Diagram II on the other hand shows that nurse managers think that they do use all Maxwell's pillars of leadership (Relationships, Equipping, Leadership and Attitude) equally in their leadership.

4.5 Conclusion

The results of this study showed that even though they seemed to be passionate about their job and loved their job, the nurse managers were not able to impart the same feelings to the registered nurses and were not able to change the attitude of the registered nurses. The leadership of the nurse managers was therefore not effective due to the limited information the nurse managers have about contemporary leadership styles and also because of their autocratic approach.

There were some contradictions between what was stated by the nurse managers and what was stated by the registered nurses under some of the themes. There were also some contradictions between what two nurse managers stated. They told different stories about the training of registered nurses. One of the nurse managers stated that training for unit managers is offered before they become unit managers but another stated that the unit managers only go for training once they have been appointed as unit managers.

Some nurse managers expected the registered nurses to be polite to the patients but were not respectful when speaking to the registered nurses. This contradicts their statement that they are role models. They also expected the registered nurses to be kind to the patients when they were not kind to the registered nurses. These contradictions and inconsistencies on the part of the nurse managers have resulted in most of the registered nurses developing negative emotions about the nurse managers.

Two issues that are important to the nursing profession as a whole have been raised in this phase of the research results. These issues are leadership and caring. The results of this study clearly show that there is a problem in this hospital regarding the leadership of nurses by nurse managers and that the registered nurses are not being cared for adequately by nurse managers. This is sad as these very nurses have to show caring to their patients. These issues have to be addressed if the leadership of registered nurses by nurse managers is to be improved. In order for nurses to be retained in health services, the leadership of nurses by nurse managers should be improved. The question is how can this be done? The answer to that question will be the subject of the next chapter, Chapter 5 of this research project.

CHAPTER FIVE

DISCUSSIONS, RECOMMENDATIONS AND CONCLUSIONS OF THE STUDY

5.1 Introduction

The aim of this chapter is to discuss the research results, the recommendations, conclusions and limitations of this study. Firstly the discussion of research results will be presented, followed by the recommendations and the limitations of the study. Lastly conclusions of the study will be outlined.

5.2 Discussion of research results

This research study was aimed at firstly describing the experiences of registered nurses regarding leadership issues and the leadership styles used by nurse managers and secondly at describing leadership from a nurse manager's point of view using a framework of leadership by Maxwell (2005:15-249). According to Diagram 1 on page 22, successful leadership is based on the following pillars of leadership as stated by Maxwell (2005:15-249) Relationships, Equipping, Leadership and Attitude.

Various issues and problems in nursing leadership were identified from the results of this study. Firstly, the use of an autocratic leadership style used by nurse managers resulted in a lot of bitterness of the registered nurses. As shown by the results of this study on the

leadership experiences of registered nurses, autocratic leadership was the most important theme in this study and affected all the other themes.

Therefore in this academic hospital in Gauteng, leadership seemed to be the most important pillar used, however the fact that a dysfunctional form or style of leadership is being used makes the nurse managers' leadership ineffective. Also, all the other pillars of leadership are being affected by this pillar. The results of this study have also highlighted the fact that nurse managers in this hospital have limited information regarding contemporary leadership styles like the transformational leadership style and visionary leadership.

According to Lourenco, et al (2005: 469-473), this problem of nurse managers possessing limited knowledge about leadership is not unique to this hospital. Lourenco, et al (2005: 469-473) conducted an international study regarding management and leadership. The results showed that the nurse managers' inadequate knowledge of management and leadership is related to visionary leadership, management and leadership conceptual differences, the leader's behaviour and situational leadership. The nurse managers' greater knowledge is related to power, teamwork and coherence between values and attitudes. This lack of knowledge regarding leadership on the part of the nurse managers has also been noticed by the registered nurses in this academic hospital in Gauteng.

The registered nurses seemed to doubt the nurse managers' ability to empower or equip them and some even thought that they have better skills than the nurse managers. The

autocracy the nurse managers are practicing has also affected the equipping of the registered nurses in this hospital as the nurse managers have been known to force the registered nurses to do courses that they do not want to do and have not involved the registered nurses in decision making about their own equipping, that is, their needs and preferences regarding the attendance of courses.

According to Koukkanen and Katajisto (2003:210) authoritarian (autocratic) leadership is an impediment to nursing empowerment. Authoritarian leadership doesn't enhance the important functions of nurse management such as listening, empowering, conflict management, championing nurses, teamwork, communication and leadership or being a change agent (Anthony, et al 2005:149-150).

The nurse managers' autocracy has also caused bad relations between the nurse managers and the registered nurses. As stated above, most of the registered nurses have become bitter towards the nurse managers due to the autocracy practiced by nurse managers. The registered nurses also do not trust the nurse managers. The nurse managers have poor interpersonal skills and the registered nurses also feel taken advantage of by the nurse managers.

This is unfortunate because when nurse managers support and try to establish a good relationship between them and the registered nurses, it can have a very powerful effect on the registered nurses. The results of a study by Hall (2007:68) on the relationship between supervisor support and registered nurse outcomes in nursing care units showed

that nurses with greater levels of perceived supervisor support experienced more positive job outcomes and less negative outcomes, including less occupational stress than nurses with less perceived supervisor support. Also, the registered nurses in a unit with higher levels of perceived supervisor support experienced more job satisfaction, less work stress, less turnover, less somatic complaints and fewer days in which the nurse felt ill but was not absent, particularly related to gastro-intestinal complaints.

The attitude of some of the nurse managers was negative because of the stress the nurse managers face due to the nature of their work. There are a lot of challenges in their work that causes them to be negative or demotivated. This negative attitude has also been passed on to the registered nurses. They seem to be so negative about anything concerning the nurse managers. According to Maxwell (2005: 195-199), this transference of a negative attitude from the nurse managers to the registered nurses has occurred because bad attitudes compound more readily than good ones.

Another negative effect of the autocracy practiced by the nurse managers and a sign that the registered nurses have a negative attitude is the feelings that they expressed during the nominal group technique. The registered nurses expressed that they had the following feelings: feeling unappreciated, feeling abused, blamed and criticised. These feelings show that the registered nurses have a low morale and this will not help in retaining these registered nurses in this academic hospital in Gauteng.

Some of the nurse managers also lack professionalism and caring. They have failed to model professional behaviours and do not care about the nurses. This is unfortunate because role modelling is essential in ensuring that the registered nurses also act professionally. The nurse managers expect the registered nurses to care for patients but they do not care for the nurses. This is ironic because caring needs to be modelled to the registered nurses before they can practice being caring to patients.

5.3 Recommendations of the study

5.3.1. Recommendations for nursing practice

The results of this study showed that the nurse managers of the hospital in which the study was done practiced autocratic leadership and this . It is therefore very important that recommendations for better leadership be made. Firstly, the nurse managers in this hospital need to be made aware of contemporary leadership styles, especially visionary leadership or transformational leadership. Visionary leadership seems to be very important according to the authors of a study that implemented a framework for leadership development to improve the nurse managers' leadership skill and improve nurse retention and patient outcomes. These authors state that visionary leadership is one of the specific leadership behaviours identified as contributing to organisational commitment by nurses (Herrin & Spears 2007:235).

Addressing the above mentioned problems can be done through offering the nurse managers a year's leadership development programme based on the themes which emerged during this study (Relationships, Equipping, Leadership and Attitude) and also

include topics like supervision, mentoring, caring and support. Workshops can be conducted on each of the themes to address all the leadership issues raised in this study. The nurse managers can then be given mentors to help them implement what they have learnt. Mentoring young nurse leaders in the hospital will also help to prevent further leadership problems from arising in the future. Also, nurse managers should not only be appointed on the basis of their experience in nursing management but mainly on their nursing management qualifications and leadership abilities.

The research results showed that autocracy on the part of nurse managers also affects the equipping of registered nurses. Some of the nurse managers did not involve the registered nurses enough in making decisions affecting their training and development and there were reports of favouritism on the part of the nurse managers. These results confirm Maxwell's statement that most people know that they are supposed to equip their followers but they do not know how to do this.

Below are the steps given by Maxwell that the nurse managers can follow when equipping followers:

Deciding to build a team by making up their minds to develop the registered nurses and making staff development a priority, gathering the best team possible by using set criteria to recruit the best registered nurses, paying the price to develop the team by giving the registered nurses study leave and study opportunities, doing things together as a team by allowing the registered nurses to participate in decision making, empowering team members with responsibility

and authority by allowing the registered nurses to assume roles and responsibilities that will allow them to grow professionally, giving credit for success to the team by praising the registered nurses each time they perform well, watching to see that the investment in the team is paying off by evaluating the performance of the registered nurses, stopping their investment in team members who don't grow by stopping to develop the registered nurses who don't implement what they have learnt or who don't want to grow professionally, creating new opportunities for the team and giving the team the best possible chance to succeed by creating opportunities for the registered nurses to excel in their performance through giving them duties that they are good at so they can prove themselves (Maxwell 2005:78-81).

The issues of mentoring and supervision were also raised by the registered nurses in the study. They stated that they did not feel empowered by the registered nurses as the nurses were not there to mentor or supervise them. They even stated that they did not think that the nurse had the knowledge required to equip them. The issues of supervision, mentoring and improving the knowledge of nurse managers should be addressed in order to improve the ability of the nurse managers to lead the registered nurses. The nurse managers need to be more visible to the registered nurses by going to the wards more often to find out what problems the registered nurses are faced with and helping the registered nurse to address these problems. This will make the nurses feel that they are being mentored. Attending leadership and management courses will help the nurse managers improve on the leadership and management knowledge and skills including

supervision skills. Also, Kekana, et al (2007: 24) in their study on the degree of job satisfaction of registered nurses recommend that managers have to show the staff that their best interest is their number one concern. Leaders have to be available for the staff and be willing to buffer the stress caused by the increased workload and insufficient resources. Greater visibility, supervisory staff should be encouraged.

Most of the nurse managers in this study stated that they had a positive attitude but most of the registered nurses seemed to think that the nurse managers had a bad attitude, so it seems that the nurse managers could use some recommendations for addressing attitudes. The nurse managers can make the following choices described by Maxwell (2005:217-224): Evaluate their present attitude, be willing and desire to change their attitude, realise that even if it is difficult to change attitudes, faith is stronger than fear, write a statement of purpose, live a day at a time, change their thought pattern, develop good habits and continually choose to have the right attitude

5.3.2. Recommendations for nursing education

Some of the nurse managers did try their best to create a good relationship between them and the registered nurses, showed support to the registered nurses and were indeed caring towards the registered nurses. However, some of them still need to practice being caring towards the registered nurses. Furthermore, according to a study done to identify nurse manager support (what it is, structures, and practices that support it), nurses identified the following as the most supportive roles that were assumed by nurse managers to show caring: being approachable and safe, walking the talk, motivating development of self

confidence, giving genuine feedback, providing adequate competent staffing, watching the nurses' backs, providing group cohesion and teamwork and resolving conflict constructively. (Kramer, Maguire, Schmaleberg, Brewer, Burke, Chmielewski, Cox, Kishner, Krugman, Meeks-Sjostrom & Waldo, 2007: 325-326)

If nurse managers are caring towards the registered nurses and show support to the registered nurses by assuming the above mentioned roles, the relationship between the nurse managers and registered nurses can improve. There will be no ill feelings between the two parties and the negative feelings experienced by registered nurses will subside. Instead the registered nurses will feel cared for and supported. So, how can nurse managers become more caring?

Well, most people think that caring cannot be taught but according to Meadows (2007:161) caring can be taught. She asks: Can caring be taught? It is like asking, is motherhood inherent? Parenting skills can be taught to a new mother just as a process of caring or a process of conveying care for an individual can be taught to a new nursing student. However, without inherent caring being integrated into the nursing process there will always be a disconnection between theory and practice that could adversely affect patient outcomes. She also states that caring is a core component to her practice and is the reason for her becoming and remaining a nurse, bringing to both her and the patient a sense of contentment, satisfaction and human trust. Before registered nurses can be caring to the patients, they should be cared for by the nurse managers. This is how caring

can be taught to registered nurses who will one day become nurse managers themselves (role modelling it).

Therefore, nurse educators should also role model caring to nursing students and emphasise the importance of being caring as a nurse even in their nursing curricula. Also, undergraduate nursing students should not only be taught ward administration but should also be taught about nursing management and leadership to adequately prepare them for future nursing management positions. Leadership development should be emphasised in nursing curriculums, especially at the post basic level. It should be a core module for all post basic nursing training.

5.3.3. Recommendations for further research

Since this research study only aimed at identifying the nursing leadership problems in an academic hospital in Gauteng, the leadership problems identified were not addressed. Therefore, further research can be done to address these problems. For instance, a study aimed at designing a nursing leadership development programme to improve nurse managers' knowledge of leadership and management can be done. This can help to empower nurse managers with the knowledge and skills they require to lead nurses effectively. Also, further research involving registered nurses to establish deeper meaning of the themes which emerged in this research, as illustrated in Diagram II A on page 64.

5.4 Limitations of the study

Firstly, the data collection for this research study was done a month after the national public service strike which would be one of the reasons why the registered nurses were generally negative and angry and not only because of the autocratic leadership by nurse managers as shown by the results of this study. Secondly, only Unit Managers, Clinical Instructors and Area Managers participated in the study representing registered nurses as the lower levels of registered nurses (Chief professional nurses, senior professional nurses and professional nurses working with patients) could not participate as their participation would affect patient care.

5.5 Conclusions of the study

In this study, autocratic leadership was experienced by registered nurses as the main leadership style used by nurse managers. A recommendation was made that nurse managers should be offered a leadership development programme for one year and be given mentors to help them implement what they learnt. This can help them learn about contemporary leadership styles so that they can use better leadership styles and learn other leadership skills to be able to improve the way they lead the registered nurses.

According to Shaw (2007:204) the development of nursing leadership is critical to the future of health services across the world. Nursing can make a difference. If enough nurses develop their leadership capacity, then nursing leadership can impact on at all

levels and in many different sectors of the health services. Effective nursing leadership can impact on health policy at all levels. It can help maintain high standards of care in different clinical settings. It can benefit patients and communities by contributing to wise priority setting and effective use of available resources.

It is never too late to become a leader with outstanding attributes and leaders should have the courage to change and do things differently (Jooste, 2003:22). If leaders in this academic hospital in Gauteng can acknowledge their weaknesses and desire to change and improve in the way they lead registered nurses, they can accomplish a lot. It starts with a willingness to change or with a positive attitude as Maxwell (2005:202) states that often attitude is the only difference between success and failure.

Nurse managers need to be more flexible by allowing nurses to participate in decision making about issues that affect them in the workplace. This will create better job satisfaction and help to retain nurses in this profession. The current nurse managers should break this culture of autocracy that the next generation of nurse managers can learn better ways of leading from them.

In his book, Shaw (2007:204) uses the concept of "dispersed leadership" as the leadership of the future. This holds that there is not a leader but there are many leaders dispersing the responsibilities of leadership across the organisation. Gone are up/down, top/bottom, superior/subordinate relationships. We must be developing leaders at every level. So leaders are certainly not only those who occupy the positions at the top of an

organisation. Leadership is not about position or about charisma and these do not guarantee that the person behaves as a leader, leadership skills and behaviours can be learned.

However, it is not only the nurse managers that need to change but the department of health should also intervene to change the way nurses are being led. According to The Gauteng Department of Health (2004:8), one of The Gauteng Department of Health's strategic thrusts for 2004-2009 is to implement the people's contract through effective leadership and governance. This should entail making more opportunities for nursing leadership development. South Africa needs to learn from other countries.

There are countries which have consciously made leadership development opportunities available to large numbers of nurses thus helping to ensure a critical mass of leaders for the complex and rapidly changing world of health care systems today. The preparation of nurse leaders often yields visible results at individual level quite quickly. Skills and attributes become apparent in people's leadership behaviour and develop more with ongoing experience. Nurse leaders can exert leadership, inspiring and motivating others toward the achievement of a vision or of specific goals held in common. This is often particularly visible in work or professional environments (Shaw 2007:204).

APPENDIX 1

PERMISSION LETTER TO CHIEF NURSING SERVICE MANAGER

121 PALM SPRINGS
57 MURRAY AVENUE
MEREDALE
2091
25 JANUARY 2007

THE CHIEF NURSING SERVICE MANAGER

DEAR MRS

REQUEST TO DO RESEARCH IN YOUR HOSPITAL

I am a student at the Department of Nursing Education, University of the Witwatersrand and hope to do research on leadership in nursing. I wish to request permission to do research at your hospital as part of my degree MSc in Nursing. The research objectives are as follows:

1. To explore the experiences of nurses regarding leadership by nurse managers.
2. To describe leadership from a nurse manager point of view using Maxwell's framework of leadership (Relationships, equipping, leadership and attitude).

The research will be divided into two phases. In The first phase, nurse managers will be asked to participate in individual interviews to answer questions based on Maxwell's framework of leadership. In the second phase, registered nurses will be asked to participate in a discussion group about leadership by nurse managers

I would appreciate it if my request is granted

Yours Sincerely

D.R. Maboko

.....

APPENDIX 2

PERMISSION LETTER TO CHIEF EXECUTIVE OFFICER

121 PALM SPRINGS
57 MURRAY AVENUE
MEREDALE
2091
25 JANUARY 2007

THE CHIEF EXECUTIVE OFFICER

DEAR MR.

REQUEST TO DO RESEARCH IN YOUR HOSPITAL

I am a student at the Department of Nursing Education, University of the Witwatersrand and hope to do research on leadership in nursing. I wish to request permission to do research at your hospital as part of my degree MSc in Nursing. The research objectives are as follows:

1. To explore the experiences of nurses regarding leadership by nurse managers
2. To describe leadership from a nurse manager point of view using Maxwell's framework of leadership (Relationships, equipping, leadership and attitude).

The research will be divided into two phases. In The first phase, nurse managers will be asked to participate in individual interviews to answer questions based on Maxwell's framework of leadership. In the second phase, registered nurses will be asked to participate in a discussion group about leadership by nurse managers

I would appreciate it if my request is granted

Yours Sincerely

D.R. Maboko

.....

APPENDIX 3

INFORMATION LETTER FOR DISCUSSION GROUP

121 PALM SPRINGS
57 MURRAY AVENUE
MEREDALE
2091
25 JANUARY 2007

DEAR COLLEAGUE

I invite you to participate in my research study entitled "Nursing Leadership in an Academic Hospital in Gauteng", by being a part of a discussion group. During the discussion group you will be requested to discuss the following question with other participants "Please explain how you have experienced leadership by nurse managers in this hospital?" Field notes will be written during the discussion group.

Your anonymity will be ensured as I will not disclose your identity to anyone and a reference number will be used to refer to you to protect your identity. However, confidentiality cannot be guaranteed completely, as a group of people will be present during the discussion group. You have the right to choose whether to participate or not to participate in this study. You can withdraw your consent at any time you wish to do so without facing any negative consequences or penalties. You will be exposed to little or no harm during this study due to the nature of this study. Sweets will be served after the discussion group.

Your participation in this study would be greatly appreciated and you can contact me any time for any clarification or the results of the study at this number: 072 686 1926.

Yours Sincerely

D.R. Maboko (Registered nurse)

.....

APPENDIX 4

INFORMATION LETTER FOR INDIVIDUAL INTERVIEWS

121 PALM SPRINGS

57 MURRAY AVENUE

MEREDALE

2091

25 JANUARY 2007

DEAR NURSE MANAGER

I kindly invite you to participate in my research study entitled “Nursing leadership in an academic Hospital in Gauteng” by allowing me to interview you to get your perspective about the leadership of registered nurses. I will request you to answer four questions about leadership during the interview and I will write Field notes during the interview. I will also need your permission to tape-record the interview to enable me to analyse the information from the interview. The tapes will be destroyed after the research project is finished.

Your anonymity will be ensured by not disclosing your identity to anyone and a reference number will be used to refer to you to protect your identity. Confidentiality will be guaranteed by keeping the information given to me by you during the interview to myself. You will be exposed to little or no harm during this research due to the nature of this research. Recommendation for the leadership of nurses by nurse managers will be made from the results of the study. You have the right to choose whether or not to participate in this study and you can withdraw your consent to participate in this study at any time without facing any negative consequences or penalties.

Your participation will be greatly appreciated and you can contact me at any time for any clarification or to get the results of the study at 072 686 1926.

Yours Sincerely

D.R. Maboko (Registered Nurse)

.....

APPENDIX 5

CONSENT FORM FOR NURSE MANAGERS PARTICIPATING IN THE STUDY

Ihave read and understand the information letter about D.R Maboko's research on Nursing Leadership in a Academic Hospital in Gauteng. I hereby agree to participate in this study and am aware that I can withdraw my consent at any time during the study.

Signed.....

CONSENT TO BE TAPE RECORDED DURING THE STUDY

I.....have been informed that I am going to be tape-recorded by D.R.Maboko during the study. I understand the reason for the tape-recording and I understand that the tapes will be destroyed after the research project is completed. I hereby agree to the interview being tape recorded in this research.

Signed.....

APPENDIX 6

CONSENT FORM FOR REGISTERED NURSES PARTICIPATING IN THE STUDY

Ihave read and understand the information letter about D.R Maboko's research on Nursing Leadership in a Academic Hospital in Gauteng. I hereby agree to participate in this study and am aware that I can withdraw my consent at any time during the study.

Signed.....

APPENDIX 7

PERMISSION LETTER TO DEPARTMENT OF HEALTH

121 PALMSPRINGS

57 MURRAY AVENUE

MEREDALE

2091

25 JANUARY 2007

RESEARCH PROJECTS
GAUTENG DEPARTMENT OF HEALTH

Dear

Application for permission to conduct research in a Gauteng Department of Health Hospital

I am a student at the Department of Nursing Education, University of the Witwatersrand and hope to do research on leadership in nursing. I wish to request permission to do research at a hospital in Gauteng as part of my degree MSc in Nursing. The research objectives are as follows:

1. To explore the experiences of nurses regarding leadership by nurse managers.
2. To describe leadership from a nurse manager point of view using Maxwell's framework of leadership (Relationships, equipping, leadership and attitude).

The research will be divided into two phases. In The first phase, nurse managers will be asked to participate in individual interviews to answer questions based on Maxwell's framework of leadership. In the second phase, registered nurses will be asked to participate in a discussion group about leadership by nurse managers

I would appreciate it if my request is granted

Yours Sincerely

D.R. Maboko

.....

APPENDIX 8

EXAMPLE OF ONE OF THE INTERVIEWS

Researcher: Ok matron, the first question is, tell me about your relationship with the registered nurses in this hospital.

Sister 5: I've got a very open relationship with all my staff per se, I'd like to them to feel free."

Researcher: Don't mind I'll be writing notes as we go along.

Sister 5: No problem. I'd like them to be free and open about any issues pertaining to, work related and sometimes social because it is out of that, that you'll understand them better and you can even interact effectively. I always preach that you know you have to do unto others as you would want them to do unto you because it is out of that that you will understand the human nature. So, mine is an open door policy leadership.

Researcher: Tell me about discipline, how do you discipline them and still have a good relationship with them?

Sister 5: Discipline is very important because they say sometimes you need the negative in order to appreciate the positive and you can never have a good service without discipline. You need to instil discipline but it must be fair and also prompt, you mustn't let things stay on for a long time before you take action, so it must be prompt and fair. Also, if there's no discipline in a department standards drop so in order to have good standards we have to have that but at the same time you have to try and make the person understand so the person can learn because it's useless if you are going to discipline and people do not understand why. You have to have reasons why and how best he can do things next time. For example if somebody doesn't come to work, you have to instil that discipline and say "if you don't come to work you will get leave without pay or say if you can't come to work, tell me in time what your problem is and let us together try to find a solution because if you don't come to work, a patient can die, things can happen". I think it is very important in instilling that discipline that you must get good outcomes at the end otherwise without that we have a group of disgruntled workers who don't understand why.

Researcher: Ok, so you are saying that your discipline is fair and that you want to teach them something through that discipline and that they should change their behaviour through that discipline.

Sister 5: Yes attitude and ...

Researcher: Ok, the next question is how do you train or develop the registered nurses in this hospital?

Sister 5: Well, I encourage training, I always try to encourage them do so some form of in-service you know, I encourage them to do courses because it is out of doing those courses that not only will they benefit financially but the patients will benefit. So, both of us are winners and I encourage them to go to courses. Those who are studying I support so that they can, you know there is that policy where for example you are doing administration you can get study leave and exam time, so we sort of support them without compromising service delivery. That is why I say I try by all means to have an open relationship so that people can train so that we can plan around whatever training they are having and I also encourage going out to workshops if there are any workshops, then you know we allocate staff to go for training and I've got a very, very, good, excellent clinical instructor, she is excellent. So whoever comes through, she will do the orientation. She's very good, she is passionate about training, she's very passionate and she always says to me thanks to you for making me realise that potential. That's why we won the Sombulula award. We came second. **(The phone rings and she speaks to the clinical instructor)** She's so passionate about training. She was with the students. Let's continue without a waste of time.

Researcher: So, I want to know, before you send them for training, do you do a needs-analysis to find out what their needs are because they might be in theatre but maybe they want to study something else or for instance do unit managers go to courses before they become unit managers?

Sister 5: Yes, we have a unit managers' course, they went for a course. In as far as a needs analysis, you know in this department most of the time, a particular course is offered, it is available but it is not everybody who wants to do that course. Like we've got others for example, we've got sisters who are interested in just specialised courses. So, we've got those who did the specialised courses and other courses like private studies, admin, we've got somebody who's doing law so it is a whole fruit salad, people choosing whatever. I think because by virtue of the number of people working as a team, so they also interact. Otherwise we've got our clinical sister who's got a programme of training and also if maybe we find that there's something which is not going right, then we'll say let's go back, let's reinforce it then we'll do another training on that course.

Researcher: So you identify their short comings and then you also do a course on that.

(She nods)

Researcher: Ok

Sister 5: And we also have meetings, unit managers meetings every week on Mondays. So in that meeting we sit as a group and we find out how we can improve the service and what are the needs. That's how we communicate and once a month we have a meeting with the whole group of staff and again even our doctors. We also have a meeting once a month and we identify what the problem is and it is out of those meetings that we sit down and say let's do this.

(She laughs)

Researcher: What leadership style do you use, how do you lead?

Sister 5: You know, they say a good leader uses all the styles **(she laughs)**.

Researcher: Ok, explain how you use all the styles.

Sister 5: As I said that mine is an open door policy, so it is democratic but also, you can only be democratic to a certain extent, otherwise if you are going to open the floodgates, things will just go out of hand, ok? Whilst we preach democracy that everybody has a right. The employee has a right, the employer has a right and even the manager has a right to manage, right?

Researcher: Yes

Sister 5: Yes, so it's a democratic thing and sometimes in theatre you have to use even the other types of leadership as I said you have to use all the leadership styles here

Researcher: Give me an example of that.

Sister 5: Sometimes you have to be autocratic and say this is how we do things, whilst I understand how you feel about it but this is how we should do it.

Researcher: Let us talk about the autocracy for a moment. How do you make sure that you don't become. You want to be democratic

Sister 5: Impose.

Researcher: Yes, how do you see that now I need to be autocratic? How do you draw the line to say I won't be an autocratic manager? I'll only be autocratic, when... and how do you know that now I need to be autocratic. How do you make sure that the nurses still perceive you as democratic, even though sometimes you are autocratic?

Sister 5: I think that all managers are democratic. Democratic means everybody has got a say because at the end of the day you must say "we believe" not "I" as a manager, "we". This is how we feel about certain issues but when it comes to issues like policies those things we have to enforce them, I'm saying even if I want to be off today. I need to go and do my shopping today because tomorrow there's a wedding, there are off duties which are scheduled, I have to come to work. You know those are some of the things. So, you can't just leave, for an example, in a department, you can't just leave a patient and say this is my time to go and go. Then if somebody wants to leave a patient, because now you feel that the patient is going to be in danger because of her actions, that's when you start being autocratic and you say "you have to come tomorrow because we have a case, this is a little girl, she has been cancelled twice we can't cancel again, what is your problem". "No I wanted to go to a wedding," you judge the issues, you see that she is going for a nice time, this one (the patient) it's her life, that's when you get in and you say you will do one, two and three. That's why I say all leadership styles you'll have to use at some stage, if you are a good leader, you use them all. If you are going to be democratic to everybody, they'll say "it's my right I'm going off at four" they'll leave you.

Researcher: Can you say are a situational leader, you judge the situation and you see which is the appropriate leadership style to use.

Sister 5: You can call it situational leadership according to the leadership styles, but even if the situation is like that, there are times when an employee will just think "I can see that there is a disaster, I'm going home, I don't care". She can see the situation, so that's when we try you know to say "really this is somebody's life, you won't do one, two, three". You understand what I'm saying?

Researcher: I do

Sister 5: You see it is situational leadership but at the same time, sometimes you enforce it because it's for the good of the patient. I always say to people "In a factory you can leave the potatoes and pack them tomorrow, but with a patient, you can't leave a patient" and sometimes you have to make other people unhappy in that situation. I don't know if I have answered your question.

Researcher: Yes, you have, I just want to know about your role modelling, do you think you are a role model to the registered nurses and how do you role model.

Sister 5: Because I walk the talk, I will never expect a staff members to do something which I think I will not do, hence I say I always want to be open and I want the staff members to....Like I'll give you an example, like you find that people go overseas. I'll give you that example, she wants more money. I can't give her the money, ok, but I want her services so I can't say "stay, stay, stay". So what do I do, I say to her, "go, when you come back, if there's a post, you will get it" and I have done that, and then she goes but then says "I'm coming back, I'm coming back" and if there's a post I take them back because at the end you can't give them what they want, but at the same time you can attract them back. So, they'll always come back, as I say, I say I try.

Researcher: I want you to give me an example of how you role model, so you said you walk the talk which means that you do what you say, that they should learn from your own behaviour as well.

Sister 5: Yes

Researcher: Do you have other examples like I want to know how, more than just being a role model, how do you motivate them to want to be like you, so that they have the same vision. How do you instil the policies and principles?

Sister 5: When I look around me I get pleasure, just by looking around me I can see the young ones coming in and growing up, taking on you know a unit managers job. The tough tasks and decisions, then I feel I'm doing something. Then you go around the department, the doctors come, they tell you so and so is very good you know you get positive feedback that's why I say I think somehow I'm doing a good thing because wherever I go I get good feedback from the clinical staff, from people who use the services and also from the trophies I get, see? Ok, on open days, because they become so passionate, once we put something on the table everybody grabs it and they run with it so that's what motivates me. When I look at that, you know we were number two on the premier's award, very prestigious award and it was the people, those are some of the things, open day, teaching and I don't know what else, even the patient care I think is very good because there's very less negative reports of coming through. You can only judge how good you are from the feedback you get not by what you see around and if you only get negativity you know somewhere you are failing and even the people go and they come back so it means that there's something good in the service. This department is a very high turnover area mostly because its' everybody, if they say they are from this hospital, everybody wants to take them, but they come back.

Researcher: The next question is how do you feel about your job as a nurse manager?

Sister 5: I think it is a very fulfilling job, you know because I'm very passionate about my job, very, very passionate but you know there are certain things which are hindrances obstacles, you know. You know I always say when they say matron so and so, I say you know long time ago when you were a manager you used to manage nursing. Things were there, but now it is an uphill struggle, you struggle for almost everything, you know linen, you have to phone ten times for linen. If we have the management tools and the things around us, it would be very easy but it is a tough job. It is really, really very stressful. You care for scarce resources you know everything doesn't come through, you have to battle. Today's era is full of conflict, am I wrong?

Researcher: You are right

Sister 5: It is conflict ridden, you know you give in you take some. The way we grew up is not the same. People are...

Researcher: They fight, they know their rights

Sister 5: People know their rights. It's good to know your rights but also know the rights of others (she laughs).

Researcher: Yes we should also respect and have responsibilities to those rights.

Sister 5: You find that rights sometimes don't go with responsibilities. It's a big challenge. I think it's a challenge that every manager faces, the lack of resources, attitude problems.

Researcher: How do you deal with those problems? How do you deal with the hindrances?

Sister 5: As you know you have to be tough to be able to deal with them. You have to have to have beliefs. You have to believe in yourself and you must believe in what you do. You have to have that passion, that commitment and out of that you get satisfaction. Without that you just become a very sour manager who's looking for wrongs instead of rights (**she laughs**). Try to find the best in everybody, that's what I do always and I do and I try to find what is good in every person because I don't believe a person is only bad. So, I always try and when I get that then I can carry on but otherwise it is very stressful in the "global city" that's what they call it (**she laughs**). It is very bad but it's very rewarding because you can see the young ones coming up and blossoming and I just get reward out of seeing things well done and in spite of everything.

Researcher: What is your most important task in this hospital as a nurse manager and how do you ensure that you achieve that task or tasks.

Sister 5: And no money also.

Researcher: Ok, that's another thing.

Sister 5: I forgot to mention that.

Researcher: The money, but.....

Sister 5: It's a shame.

Researcher: But it is going to improve.

(There's a knock on the door)

Sister 5: They are going to kill me **(She is speaking about the people knocking on the door)**. What is the question? They are going to kill me.

Researcher: What is your most important task or tasks in this hospital and how do you ensure that you achieve those tasks.

Sister 5: I think my most important task a nurse manager is to have quality patient care. It is the most important thing, and you cannot have quality patient care if your staff is unhappy. The welfare of health workers is also my very important to me. You know it's all very good to say I want quality patient care but you have to look after the health workers because some people are very sick, social problems and all those. So, I try to balance the two because you know a service is only as good as its workers, right?

Researcher: So how do you support the staff? How do you ensure that you support

Sister 5: Like I said to you I try to conduct an open door policy, so that if they've got problems they can come and see me. I also encourage them that you know they don't have to tell me about their problems but just to highlight what is wrong so that I can refer them to the right people. There are so many right institutions around that can be helpful to the health worker. Sometimes to refer to colleagues, you know there are certain..... so, to utilise the services. Also to talk if they feel like talking, to give myself time to listen to them to hear what they have to say. That's it.

Researcher: Ok, So, that will be the end of our interview unless if you still have something to say.

(She starts to ask and speak about things not related to the interview)

APPENDIX 9

Original themes of the nominal group technique

1. Poor communication
2. Autocracy
3. Empowerment
4. Respectful
5. Bad attitude
6. Bad relationships
7. Hopelessness
8. Fear of managers
9. Stress and pressure from assistant directors
10. Abuse/ used as tools for what the assistant directors should be doing themselves
11. No empowerment but burdens and being left without support
12. Detached/ not humane
13. Make unnecessary excuses to avoid helping
14. Assistant directors act the way they do because they are also under pressure
15. Good in recommending people for courses to advance their careers
16. Listen to gossip which destroys trust
17. Inability to do Performance Management due to the fact that there is no contact
18. Giving responsibility leads to empowerment/equipping
19. Sometimes share their experiences
20. No consistency in behaviour and attitude, it depends on their needs. They are very nice when they need help and horrible if there are complaints.

21. Always adding to the workload
22. Unit managers feel frustrated and miserable
23. Made to feel guilty when taking leave
24. Doubt unit managers' ability to solve problems, ask why they were not consulted (no room for maturity)
25. No power to empower and lack skills that some unit managers have and not willing to learn.
26. Respects Doctors, Patients and Relatives
27. Can take an extra mile to solve problems
28. No orientation/ course preparation for unit managers
29. Irrelevant people are appointed for unit management posts
30. Perfectionists, no room for mistakes
31. No love or humanity
32. Do not explain tasks
33. Forced to take tasks

APPENDIX 10

Original themes from individual interviews

1. Situational leadership
2. Democratic leadership
3. Participatory leadership
4. Caring
5. Support
6. Friendliness
7. Respect
8. Kindness
9. Role modelling good behaviour



PROVINCIAL RESEARCH COMMITTEE.

**RESEARCH PROPOSAL EVALUATION FORM FOR APPROVAL BY THE
HEAD OF THE DEPARTMENT.**

Principal Investigator: Maboko D.R

Researcher's contact details: T: 011 681 2138 F: 011 435 0038

Research Topic: Nursing Leadership in an academic Hospital in Gauteng

Supervisor's Name: Dr Minnaar A

Date submitted: 25 May 2007

Date Reviewed: 31 May 2007

Reviewer's name: SMO Masote

SECTION A

	YES	NO	N/A
1. Is this research project within the scope of the Department of Health key policy priorities/directives?	X		
2. Content of Research: Original work	X		
• New facts, ideas		X	
• Confirmation of uncertain data		X	
• Repetition of known data and consequently of limited importance		X	
• Unreliable and/or inadequate		X	
• Confusion of topics/questions		X	
• Intervention study		X	
3. Is the title of the research project suitable?	X		
4. Are the objectives of the research project adequate?	X		
5. Could the objectives be limited to better focus on the project's main objective?		X	
6. Writing style			

Research Topic: Nursing Leadership in an academic Hospital in Gauteng

• The text of the proposal is clear • The nomenclature used is correct • The references used are relevant, comprehensive and accurate (corrected) • The spelling and grammar are correct • The language needs improvement • The research proposal needs restyling and rewriting	X X X X X		
7. Are the research methods appropriate to the study	X		
8. Does the study have ethical approval? If yes, name the ethics committee: University of Witwatersrand	X		
9. Is the definition and measurement of variables consistent with the scope of the proposal	X		
10. Is data collection method in line with study design?	X		
11. Is time frame of the proposal adequate to meet the objectives?	X		
12. Is it stated in the proposal the method of dissemination of the results of the research project?	X		
13. Is the possible conflict of interests clarified?	X		
Are financial implications and financial support transparent?	X		

Summary of the proposed study

The aim of this study is describe the experiences of nurses regarding the leadership and to determine which leadership style is dominantly used by the nurse managers in Johannesburg Hospital

Study design: Qualitative exploratory descriptive study

Study Site: Johannesburg Hospital

Research Topic: Nursing Leadership in an academic Hospital in Gauteng

Data collection:

Data collection for this study entails semi-structured individual interviews with nurse managers and focus group discussion with nurses using the nominal group technique. The interviews will be audio taped and field notes will be written.

Publication and dissemination of project findings

Masters Degree Research Report, details of other possible publication not disclosed in the protocol

Budget: Student research, details of sponsor not disclosed in the protocol

Evaluator's Comments

Ethical clearance is given for this study by the University of Witwatersrand and there are no financial implications for the GDoH. Therefore, we do not have any objection to recommend that the study be conducted in an academic hospital in Gauteng Province. However, the investigator must ensure

- That permission to access research participants is granted by the management of the institution before data collection commence
- the duration of interviews and the number of research participants recruited at a time does not impact negatively on service delivery or disrupts the routine service delivery
- A research report is submitted to the Gauteng Research Unit and the appropriate Nursing Units
- Details of future publications of the findings are disclosed to the Gauteng Department of Health

Reviewer's final conclusion: Accept without change


Dr ML Likibi

Medical Specialist, Research Epidemiology

Research Topic: Nursing Leadership in an academic Hospital in Gauteng



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APPENDIX 12

Enquiries: Gauteng Department of Health
(011): 488-3785
(011) 488-3753

13 June 2007

Mrs. D R Maboko
Department of Nursing Education
University of the Witwatersrand

Dear. Mrs. D R Maboko

RE: Permission to do research on leadership in nursing

Permission is granted for you to conduct the above research as described in your request provided:

1. Johannesburg hospital will not in anyway incur or inherit costs as a result of the said study.
2. Your study shall not disrupt services at the study sites.
3. Strict confidentiality shall be observed at all times.
4. Informed consent shall be solicited from patients participating in your study.

Please liaise with the Head of Department and Unit Manager or Sister in Charge to agree on the dates and time that would suit all parties.

Kindly forward this office with the results of your study on completion of the research.

I wish you success in your studies.

Yours sincerely


Sagie Pillay
Chief Executive Officer



Private bag X39, Johannesburg 2000, South Africa
Tel: +27 (0) 11 486 4911, fax: +27 (0) 11 643 1612
www.johannesburghospital.org



Enquiries : Mrs M M Ramothello
Reference :
Tel : 488-3785
Fax : 488-3786
E-Mail : MarthaR4@gpg.gov.za

29 June 2007

Mrs D R Maboko
Department of Nursing Education
University of the Witwatersrand

Dear Mrs Maboko

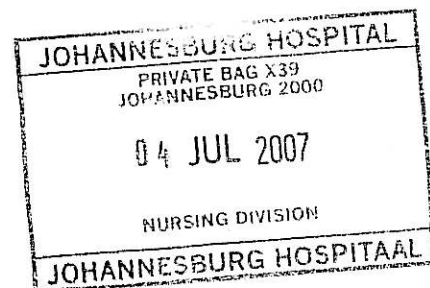
Re: Permission to do research on leadership nursing

Permission is granted for you to conduct research as requested.
Please take note of the following:

- Your study shall not disrupt services at the operational level
- Notify our office in advance of your proposed dates and units/wards you would like to interview

Yours truly,

Mrs M M Ramothello
Head Nursing Department



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