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MANAGEMENT STYLE AND RETENTION OF NURSES IN A PUBLIC AND PRIVATE HOSPITAL IN EJISU-JUABEN MUNICIPALITY OF ASHANTI REGION, GHANA

BY

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DECLARATION

I hereby do declare that except for references to other people's work which have been duly acknowledged, this piece of work is my own composition and neither in whole nor in part has this work been presented for the award of a degree in this university or elsewhere.

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DEDICATION

This piece of dissertation is dedicated to all nurses working at Living Waters Hospital and Ejisu

Government Hospital.

ABBREVIATIONS AND ACRONYMS

ECG: Electrocardiography

ENT: Ear Nose and Throat

HRM: Human Resource Manager

LI: Legislative Instrument

NMC-G   Ghana: Nursing and Midwifery Council - Ghana

NSI: Nursing Solution Incorporation

RN: Registered Nurse

SDG's: Sustainable Development Goals

WHO: World Health Organizations

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ABSTRACT

Introduction: Retention of health professionals in the health sector in Ghana is crucial to address human resource needs of the health sector and promoting efficient and effective healthcare system. Nurses are one of the key professionals whose role in the healthcare industry cannot be underestimated. Hence, this study assessed management style and retention of nurses in Ejisu Government Hospital and Living Waters Hospital all in EjisuJuaben Municipality of Ashanti Region, Ghana.

Methodology: The study was quantitative using descriptive cross-sectional study design. Simple random sampling method was employed in selecting 135 respondents. Data were collected by administering structured questionnaires and analyzed using STATA statistical software Version 14.2. Statistical significance for all testing was set at 0.05.

Results: Most of the respondents (19.70%) strongly agreed to their nurse managers exhibiting participatory management style yet more than half of the respondents (52.71%) intend leaving their current facility. More so, there was a significant relationship between benevolent authoritative style and intention to leave. Extrinsic factors strongly admitted influencing nurses' retention; salary and rewards (39.53%), conducive working environment (35.66%) and opportunity for career advancement (34.88%). Whereas intrinsic factors strongly admitted influencing nurses' retention were; self–motivation (27.91%) as well as professional autonomy (22.48%). Socio-demographic factors such Marital status (AOR=1.90 CI=0.45-7.99; p-value=0.38), Number of children (AOR=2.60; CI=0.60-11.18; p-value=0.20) and Work experience (AOR=1.96; CI=0.51-7.13; p-value=0.34) did not influence nurses' intention to leave.

Conclusion and Recommendation: Most of the respondents strongly agreed to their managers practicing participatory management style, yet benevolent authoritative management style, was statistically significant with nurses' intention to leave. Therefore, healthcare managers should make necessary efforts to be proactive, involve nurses in decision making, communicate effectively and provide support that will improve commitment and job satisfaction among nurses.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to study

Healthcare management is a complex but dynamic task and requires trained and experienced professionals to provide services needed because of its complexities (Bhattacharya and Ramachandran, 2015). The healthcare operates with its most valued asset; the health workforce, where nurses of any specialty plays major role of caregiving (Rad and Yarmohammadian, 2006).

Baunaun et al (2006) described retention of employees as ―maintenance of an appropriate supply of personnel to meet the health needs of any given population‖. Retention could be of many advantages to the health professionals, the organization and the clients who patronize healthcare services (Saber, 2012). It builds a strong relationship between the manager and the health professional, create room for dependability in the professional, provide the opportunity to gain more experience and advance professionally (Hamel, 2017).

Retention of nurses is a means by which organizational culture is handed down to the newly registered nurse. Because nursing is a profession which centers on knowledge and skills and as the older nurses become more competent, they would be able to transfer these competencies to the newly registered in providing quality health care(Tourangeau et al., 2009).

Many studies have been done to identify factors that influence the nurses' retention, but they have been unable to establish a singular factor. One factor that has been identified to promote staffs' retention in the health industry is the management style used by the managers. Management styles are the methods the managers use throughout the organization to achieve the organizational goals (Nwadukwe and Court, 2012).

According to Likert and Likert (as cited in Nassar et al., 2011), management styles are classified into four kinds and these styles are; exploitative authoritative, benevolent authoritative, consultative and participatory management style. These management styles play critical roles in personnel's empowerment, job satisfaction and commitment of employees to the organization hence their relevance to healthcare system. These styles are employed depending on the maturity of the staffs, the organizational culture and the goals to be achieved (Grimsley, 2018).

Management styles can be observed through the functions and the roles executed by the manager. The healthcare industry like any other organization is headed by managers who direct the operations of the organization. The healthcare managers employ different management styles in performing functions such as planning, organizing, coordinating, directing and evaluating activities of the organization toward achievement of organizational goals (Bhattacharya and Ramachandran, 2015). The manager in performing these functions also performs roles such as decision making role and interpersonal relationship with employees. However, the manner and the extent to which these employees are involved in these functions and roles may motivate or demoralize the employees and influence their commitment to the organization's goals, hence intention to stay longer (Grimsley, 2018). Retention of nurses has attracted many concerns and one theoretical view has been on job satisfaction as a factor influencing nurse retention (Njambi, 2014; Lui et al., 2011). Job satisfaction is classified to be associated with intrinsic or internal factors and external factors. The intrinsic factors include employee's goals and its alignment to organizational goals, self -motivation and personal values and the extrinsic or external factors include leadership style,

managerial relations, salary, opportunity for professional advancement, and work environment (Warburton et al., 2014)

1.2 Problem Statement

Retention of qualified health professionals is crucial to the growth and survival of the healthcare industry. Nurses are one of the key professionals whose role in the healthcare industry cannot be underestimated. Global health force shortage is predicted to reach 12.9 million by the year 2035, which currently stands at 7.3 million and if not addressed will lead to devastating implications for the health sector (WHO, 2013). Also, registered nurses' (RN) labour turnover has been on the rise globally. This is evident in a study conducted in the USA in 137 hospitals from 26 states. The study recorded 18.2% turnover rate at an estimated cost of $4.4 -7.0 million lost in an average hospital (Nursing Solutions Inc, 2018). The situation remains unchanged with high labour turnover in New Zealand, Canada and Australia (Duffield et al., 2014). The shortage is as a result of aging health workers, high labour turnover of health professionals and the fast growing world population (WHO, 2013). Another triggering report discussed at the annual meeting of WHO African Region held in Victoria Falls, Zimbabwe noted shortage of skilled health professional in Africa (WHO Africa, 2018). This report cited an average of 1.3 health workers to 1000 population which was found as a challenge and was below the recommended 4.5 per 1000 population by the Sustainable Development Goals (SDGs) in Africa as at 2015.

Ghana on the other hand, experienced massive nurses' attrition from 2000 to 2006 which was associated with poor salary. However, the attrition rate reduced in Ghana upon introduction of single spine salary structure (SSSS) in 2012 (Antwi and Philips, 2013). In

Ghana, the Health Sector Fact and Figures (2017) saw a nurse per 542 populations.

Although there is lack of consistent statistic supporting labour turnover among nurses in Ghana, Ejisu Government Hospital recorded three (3) nurses taking transfer to other facilities outside the municipality this year (MHD Half year report, 2018). Also, Living

Waters Hospital recorded eight (8) nurses resigning from the organization according the HRM, within the months of January and June, 2018. Irrespective of efforts made by hospital administrators and nurse managers to retain the registered nurses, turnover still persists. To curtail the issue of labour turnover coupled with increasing population growth (2.7% per annum in Ejisu-Juaben Municipality) with its increasing demand for health care, there is a need to identify strategies to retain the skilled registered nurses to ensure productivity and quality health care.

Regarding the issue of management styles influencing nurses' retention, many researches have been conducted which proved an association (Gagnon, 2006; Nassar, et al., 2011; Zakaria and Hashim, 2014; Chang, 2015). However, many of these studies were done in the developed countries. The situation of management style and retention of nurses in EjisuJuaben municipality and Ghana is unknown. Therefore, there is a need to undertake this study as a lesson learning for the municipality, the region and Ghana as a whole.

1.3 Significance of the study

The study seeks to assess management style and nurse retention in public and private hospitals in Ejisu-Juaben Municipality. The outcome of this study will unravel various management styles as perceived by nurses and factors contributing to nurses' retention in the Municipality. This will serve as lesson learning for the managers to adopt management style that would promote retention of nurses.

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Application of preferred management style will promote nurses' commitment and job satisfaction leading to achievement of organizational goals. Retention will promote increased productivity, reduce cost of training and recruiting more nurses and further promote national development as more resources could be shifted for other equally important projects and programmes.

Furthermore, the outcome of the study will serve as lesson learning and as a reference material in the municipality, the region and Ghana as a whole.   In addition, the result of this study will also help generate insight for further research.

1.4 Conceptual Framework

Figure 1.1 describes factors contributing to retention of nurses in the health sector. Factors such as management styles, socio-demographic characteristics, extrinsic and intrinsic factors contribute to nurses' retention as detailed in figure 1.1. The outcome of nurses' retention will promote productivity, increase the reputation of health facility, promotes quality health care leading to sustainable health care delivery within the health sector as shown in figure 1.1.
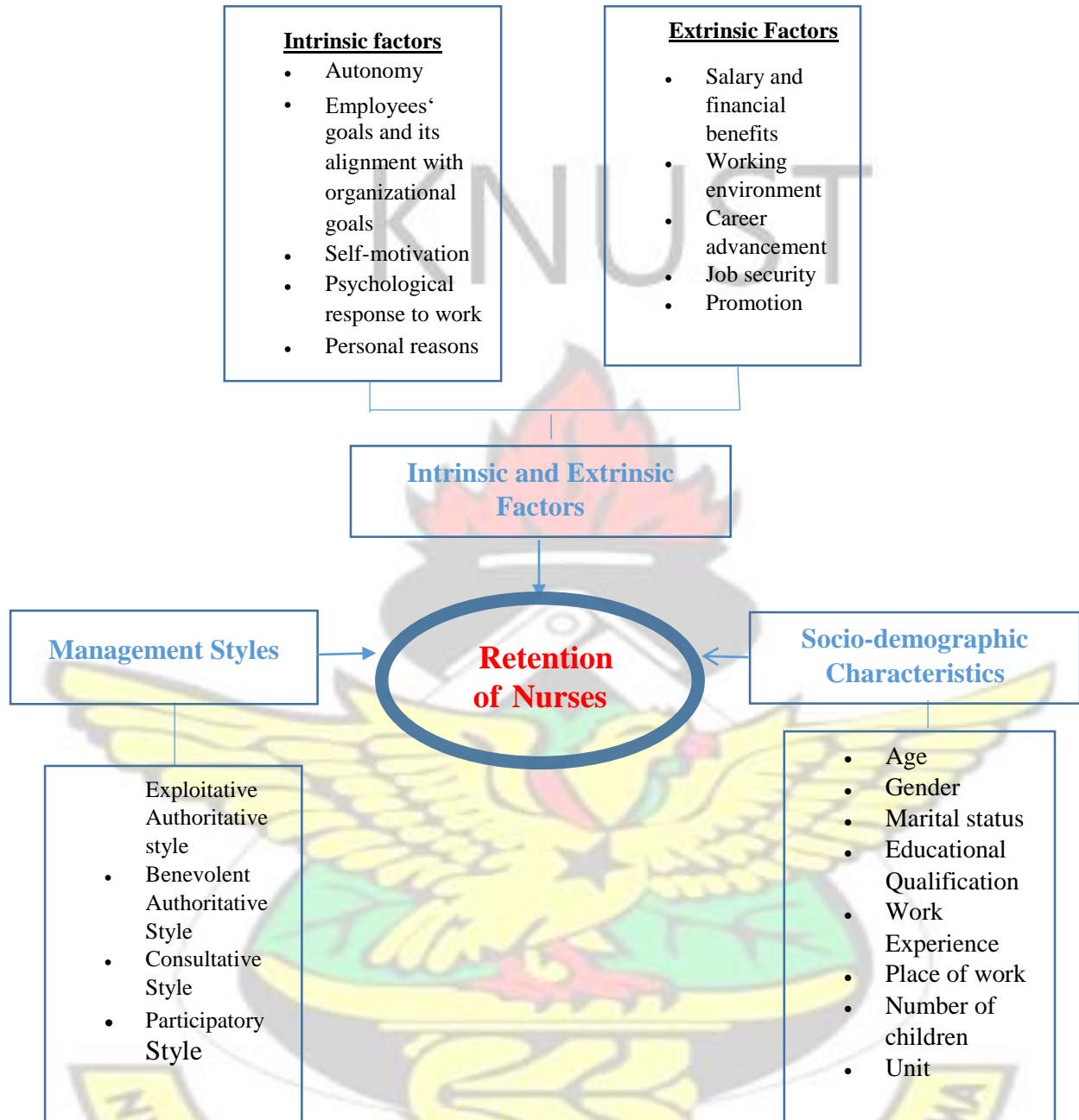
Figure 1.1: Factors Influencing Retention of Nurses

Source: *Author"s Survey, 2018*.

1.5 Research Questions

1. What are the various management styles used as perceived by the nurses?

2. What are the extrinsic and intrinsic factors contributing to nurses' retention?

3. Are there any relationships between management styles and intention to leave among nurses?

4. What are the socio-demographic factors influencing nurses' intention to leave?

1.6 Research Objectives

1.6.1 Main Objective

To assess management styles contributing to nurses' retention in Ejisu Government Hospital and Living Waters Hospital in Ejisu-Juaben Municipality of Ashanti Region, Ghana.

1.6.2 Specific Objectives

1. To assess nurses' perception of management styles used in both facilities.

2. To assess extrinsic and intrinsic factors contributing to retention among nurses.

3. To establish any relationship between management styles and intention to leave among nurses.

4. To establish the socio-demographic factors influencing intention to leave among nurses.

1.7 Profile of the study area

Study was carried out in a public hospital (Ejisu Government Hospital) and a private hospital (Living Waters Specialist Hospital) in the Ejisu-Juaben municipality of Ashanti Region of Ghana.

1.7.1 Profile of Ejisu-Juaben Municipality

Ejisu-Juaben municipality is one of the administrative districts of in the Ashanti Region of Ghana. It was established by Legislative Instrument (LI) in 1890. The municipality stretches over an area of 6.2km square constituting about 10% of the entire Ashanti Region and with Ejisu as its capital. There are ninety-seven (97) communities in the municipality with a population of 170,471 based on 2010 population and housing census and a growth rate of 2.7% per annum.

Presently, there are thirty-three (33) health facilities in the municipality. The distribution of the various types of health facilities in the municipality is described in Table 1.1 below;

Table 1.1: Healthcare Facilities in Ejisu-Juaben Municipality

Type of Facilities	Numbers
Hospitals	7 (Government -3 & Private -3, CHAG -1)
Health Centers	4
Government Maternity Home & Clinic	2
Private Maternity Homes	5
Clinics	13 (Government- 2, GHAG- 4 & Private-7)
Community-based Health Planning & Services (CHPS) Compound	4

Source: Annual Report EGH. (2017)

1.7.2 Health Profile of Ejisu Government Hospital

The hospital is located at the heart of Ejisu behind the Municipal Assembly premises, off the Kumasi-Accra highway. It has high patronage and provides both Out Patient and In-patient health care services 24 hourly. Other services include the Eye, Ear, Nose and Throat clinics, diabetic and hypertensive clinics, Laboratory services, Ultrasound and reproductive healthcare services. The hospital serves as a referral center and provides primary health services as well.

Diseases mostly reported and admitted include, Malaria, Respiratory Tract Infections, Septicaemias, Diarrhoea, Anaemia, and Hypertension.

The total staff strength for the Ejisu Government Hospital is two hundred and forty-eight (248) health workers including paramedical and non-paramedical. There are currently 141 nurses including the registered general nurses, community health nurses and nurse assistants, 4 medical officers and 4 physician assistants and also 51 midwives. Table 1.2 below displays the staff distribution in this hospital in 2017.

Table 1.2: Staff distribution in Ejisu Government Hospital

No.	Professional / Units	Number
1	Administrative staffs	17
2	Nurses and midwifes	192
3	Medical Officers, Optometrist, Physician Assistance	14
4	Pharmacist, Pharmacy Technicians	10
5	Radiographer, Biomedical Scientist, Technical officers (Laboratory, Optical, Nutrition, Dental) and Physiotherapist Assistance, Field Technicians	20
6	Others (Artisan, Launderers, Orderlies)	5
	Total	248

Source: *Human Resource Data, EGH, 2017*

1.7.3 Profile of Living Waters Hospital

The Living Waters Hospital is the biggest private hospital in the municipality with one hundred and thirty (130) bed capacity. Beside the OPD and inpatient healthcare services, they also provide specialist services such as Ear, Nose and Throat (ENT), Fertility,

Orthopedic, Dental, Eye Clinics, Home care, Physiotherapy, Ultrasound scan and ECG, Radiography services among others. The hospital is also known for its health outreach services

and provides health care for cooperate organizations with private insurance. This hospital was chosen for this study because it is a referral center beside the Ejisu Government Hospital as well as their welcoming nature to assist in conducting health researches. The total number of staffs in 2017 was one hundred and twenty-five (125) including fifty-four (54) nurses, 17 specialists, medical officers and physician assistance, 22 administrative staffs and 7 pharmacist and dispensary assistances among others. Table 1.3 is the list of staffs in 2017.

Table 1.3: Staffs distribution in Living Waters Hospital, Ejisu

No.	Profession / Unit	Number
1	Specia1list, Medical Doctors and Physician Assistants	17
2	Nurses and Midwives	54
3	Pharmacist and Pharmacy Technicians	7
4	Administrative Staffs	14
5	Biomedical Scientists, Radiographers, Sonographers and other Investigations Staff	22
6	Others	11
	Total	125

Source: Human Resource Data, LWH. 2017

1.8 Scope of the study

The aim of this study was to assess management styles contributing to nurses' retention in Ejisu Government Hospital and Living Waters Hospital. Specifically, the study assessed nurses' perception of the various management styles, extrinsic and intrinsic factors contributing to nurses' retention and established any relationship between management styles and intention to leave among nurses. Also, the socio-demographic factors influencing nurses' intention to leave were established.

1.9 Organization of Report

This study was organized into six chapters. Chapter one focused on introduction to the study, with a background information, problem statement, significance of the study, conceptual framework, research questions, and objectives of the study as well as the profile of the study area.

Chapter two, elaborated on the literature about scholar findings and models, chapter three covered the methodology thus the study design, study population, sampling methods, ethical consideration and limitations to the study. Chapter four focused on presentation of the results and chapter five covered the discussion of results. Lastly, chapter six provides conclusions and recommendations to the study.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter critically reviews scholar researches about management styles and their relationship with nurses' retention. The chapter examined the various management styles and nurses' perceptions about these styles and how they influenced nurses' intention to stay at health facility for a longer period of time. More so, extrinsic and intrinsic factors contributing

to nurses' retention examined as well the socio-economic characteristics that influences nurses' retention.

2.2 Management Styles and Nurses' Retention

Management styles are the philosophies that the manager utilize on the capabilities of the employees in order to achieve established organizational goals (Nwadukwe and Court, 2012). These philosophies are applied throughout the organization to ensure effectiveness and efficiency. According to the authors, these styles are the extent to which the manager progressively leads the subordinates and the distinct ways by which he involves them in decision making in performance of those activities to attain organizational goals.

Several management theories began as far back 1880's with Fredrick Taylor for scientific approaches to managing organization to help maximize productivity (Chuck, 2017). Chuck in examining *"the importance of modern management theories in managing people"* explained that, modern management models are focused on maximizing production by use of human capitals to their maximum ability, observing them and fostering the best practices so that they would become more skillful in performing their duties. The author also noted that, ‗flattening out hierarchy' thus removal of overhead, will help reduce bureaucracies in organization which will further shorten communication path, improve innovation and fasttrack decision making processes.

Retention of health professionals in the hospital is very important though may have numerous contributing factors such as financial incentives and non-financial incentives. Nevertheless, management style employed by the manager is one of the non-financial factors that contribute to retention of employees. Likert (1967) compounded four distinct management styles which

are still recognized today as, exploitative authoritative, benevolent authoritative, consultative and participatory styles.

Nurses play very important role in healthcare delivery because of the skills, knowledge and their compassion towards patient is worth maintaining. The organizations are compelled to retain them for the growth, competitive advantage and reputation of the healthcare industry.

2.2.1 Exploitative Authoritative Management Style

Exploitative authoritative style of management is a style where decisions are solely made by the manager. This style may be used when organization is large and most employees are seen as less competent therefore have to be coerced to perform their responsibilities. In other way, this style is noted to promote productively if task needs to be accomplished within the shortest possible time (Grimsley, 2018).

According to Grimsley, this style is associated with manager who exploits the employees and mostly where the employees are unskilled and have no union representative for an indirect participation and advocacy on their behalf pushing them to work extra with demeaning incentive. More so, another study also highlighted the fact that, in such organizations, salary is usually low with poor working conditions and poor environment (Zakaria and Hashim, 2014). This study revealed that the manager makes decisions without consulting the employees, dictates and have little interaction with employees and may coerce them in order to increase productivity.

More so, Nassar et al (2011), revealed this style as the least management style exhibited by manager in three Egyptian private hospitals studied, compared to consultative style observed by majority of nurses. The study also observed authoritative style of management as an outstanding reason for nurses quitting their jobs.

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Nevertheless, Alabar et al (2015) saw this style as the best style to ―make a positive and lasting impression on consumer's wealth‖ in that targets are at high risk of no achievement if everyone's opinion is to be considered to make final decision. This was explained in terms of ensuring service quality which is expected to be reliable, attractive and empathetic to promote client's satisfaction. Because of this, exploitative authoritative management style is believed to be the best option to increase productivity. Yet Alabar and colleagues found that long term practice of this management style could result into loss of motivation and hence high turnover intentions as the employees are not allowed to make inputs in providing service but must strictly follow rules and standards.

2.2.2 Benevolent Authoritative Management Style

Ackon (2003) in his book „*Management of Healthcare Organisations in Developing Countries"*, described this style of management as permissible where the manager seeks the ideas of the employees but the final decision lies with the manager. Communication is mostly downward where inputs of the employees are not mostly taken into consideration.

This leads to poor job satisfaction among employees and they may experience poor to moderate satisfaction.

In addition, in this management style, the manager does not give orders directly but tries to explain, interpret and convince the employees the reasons for performing a task yet the final decision is determined by him. So the manager presents their own ideas, get others around it to dialogue but will however hold on to his decision sometimes with agreement (Okon and Isong, 2016). Rewards and punishment are means of motivation and communication between

employees are controlled by the manager which creates some sort of disparity among workers which may further result into conflicts and hostility (Likert's management systems, nd).

2.2.3 Consultative Management Style

Consultative style encourages the employees' involvement in decision making and foster voluntary cooperation (Shahmohammadi, 2015). This style is perceived as ideal as the employees' ideas, suggestions and concepts are considered during decision making by managers. This is because the health worker, the nurse comes into direct contact with clients and can help increase their patronage or scatter them and more so, receives feedback from the clients which provide important information to promote health care. So therefore, good communication with nurses, involvement in decision making and good relationship with the nurse would help promote job satisfaction, sense of recognition hence retention (Alabar et al., 2015).

Alabar and colleagues also added that, this style is more appropriate during brainstorming meetings toward a change in a departmental or institutional policy where employees feel involved in decision making. However, the demerit of this style is feeling of disappointment and withdrawal when the suggestions of the employees are not considered but manager moves on to implement his policies.

This style is also associated with lack of trust in the employee by manager (Nassar et al., 2011) even though they are consulted during decision making. This study revealed a significant correlation between consultative style and retention of nurses. The nurses studied in some private Egyptian hospitals perceived the management style practiced in these hospitals as consultative but with no complete trust in the nurses.

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This management style is used depending on the organizational cultures, core values, the purpose of the organization, the competency of manager as well as that of the employees and the task to be accomplished (Zakaria and Hashim, 2014). The manager directs, provide information need for performance of task and makes decisions. Tourangeau et al (2010) showed a relationship between management style used by nurse mangers and nurses' intention to stay depends on involvement and support. In their qualitative study in six Canadian hospitals, the nurses studied expressed their perception about their manager as having wide span of control over the organization and was almost invisible. They however expected the manager to be fair, give support and establish a good interpersonal relationship.

2.2.4 Participatory Management Style

According to Kossivi et al (2016), participatory style is employed by manager who involves the employee in decision making concerning the organization and also with issues that may affect them directly. He further stated that, this style is a good choice of style where the employees have adequate knowledge about issue at hand and well versed in the organizational culture. This management style is perceived as positively associated with high level of employees' job satisfaction, promote involvement, enhances problem solving and empowers the employees and also encourages autonomy and creativity (Rolková and

Farkašováa, 2015). Devi and Saxena (2015), in their study in Haryare-India indicated that, participatory style increases employees' sense of self-esteem, creativity and innovation to increase productivity and give motivation towards work.

In contrast, Rad and Yarmohammadian (2006) in their study in Isfahan University Hospital, among 814 health workers, concluded that participatory style of management is _not always

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a good management style' based on the fact that, this style is more applicable depending on the maturity of the organizational resources. More so, it takes a manager who is trained and conversant with the organization to practice this style. In their study, they found a low job satisfaction with respect to salary and fringe benefits as well as working condition and to them, which are basic need according to Maslow hierarchy of need, which must be met before the individuals can be expected to progress towards self- actualization and participate in the organizational functions. Although this study demonstrated a dominance perception of participatory style in correlation to employees' job satisfaction, it was concluded that, this style should be used conservatively depending on the maturity of employees in the organization.

Zakaria and Hashim (2014) in their study in Malaysia also confirmed an overriding management style as participatory, the managers were seen as treating group member equally, providing access to information, allowing joint deliberation to solve problems and welcomes employees' ideas and allows for voting as mean of consensus.

Management support for nurses was found as having strong influence on the nurses' job satisfaction and commitment to the organization (Chang, 2015). Because of this support, the employees find satisfaction with work, sense of involvement and recognition to invest into the organization. They become satisfied with interpersonal relationship for a continual commitment. Adzei and Atinga (2015) in examining motivation and retention of health workers in Ghana discovered a significant relationship between the leadership style of manager and retention. Employees confirmed that, managers' skill and relationship with them set up the space for their performance hence the intention to stay. Qualities displayed by manager provide relief from frustration associated with the environment.

2.3 Extrinsic and Intrinsic Factors Contributing to Nurses' Retention

Determinant of nurses' retention has been described to be driven by either extrinsic (outside the individual or organizational factors) or intrinsic (individual or personal) factors (Njambi, 2011). These extrinsic factors were identified as work environment, salary and incentives, opportunity for professional advancement, and promotion as organizational factors. Intrinsic factors on the other refer to the individual factors that inherent and are controlled by individual rather than the working organization (Warburton, 2014). These factors are internal and they motivate the individual and determine their commitment to a particular job. They influence how the individual react to situation and can be adjusted by the individual to promote job satisfaction. Intrinsic factors include personal values and interest, personal goals that matches with that of organizational goal, self-motivation and psychological response to work among workers (Darkwa et al., 2015; Dovlo, 2003).

2.3.1 Extrinsic Factors

2.3.1.1 Salary and Incentives

Salary for work done is a basic need and a motivation factor that determines nurses' job satisfaction looking at the global economic crisis and increased standard of living. Rad and Yarmohammadian (2006), recorded salary as one main motivating factor in their study in Iran, among health workers interviewed. Willis-Shattuck et al (2008) in a systematic review about motivating factors that lead to retention, found financial reward as one of the main factors motivating nurses. They concluded that this factor in itself is not enough to be ruled out as a main factor to retention but should be integrated with other incentives. However, the same study found low salaries received by health workers as demoralizing as they felt their

competencies were not appreciated and an attempt to take up a supplementary job to cushion their salaries leads to overwork.

Another study by Getie et al (2013) also found good pay significantly associated with job satisfaction among nurses studied in East Gojjam, Ethiopia. Payment received the modal response rate among factors influencing turnover intention where nurse who had lower salaries showed higher intention to leave as compared with better salary. Poor payment was observed to repeatedly push nurses out of public health facilities. Rispel et al (2014) however realized higher pay in the public sector as compared with commercial nursing agencies in study in South Africa, hence intention to leave was observed higher in those employed through the agencies than those in the public sector.

Although, good salary has been identified as motivating factor to retention, this may vary with geographical location and caliber of profession. Kwansah et al (2012) in their studies of three regions here in Ghana, also identified higher preference for professional advancement as compared with salary. Even though salary was noted as important, it was not considered as most important motivating factor when investigated among health workers the three rural setting. Professionals who were working in those areas prefer to further their education far more than increased salary. However, this study concluded that combining the salary with other incentives would better promote retention than focus on salary as the major motivator.

2.3.1.2 Working Environment

Work environment may have a positive influence on the nurses' job satisfaction and retention. Alspach (2007), in his editorial publication ―R*etaining experienced critical care nurses: what matters most to you,* indicated that, the work environment contributes immensely to

nurses' safety and productivity. The author enumerated issues such as condition of floor, equipment, position of these equipment and distance from the nurse to the patient influence satisfaction toward work. He also discovered from the nurses studied that, they prefer that as they advance in age, the working environment should be made more friendly to decrease the walking of older nurses thus they should be limited to less busy units in the hospital. More so, Alspach identified technological instruments such as ―installing ceiling lifts and booms in intensive care units and neurology patient rooms to limit patient handling injuries‖ as well as ―issuing each nurse a non-cellular phone to obtain shift report, patient history, recent clinical information, call the emergency response team, or to use with hospital voice mail/message system‖ would make nursing less stressful. Arnold and Feldman (1996, as cited in Njambi, 2011), identified factors such as flexible working hours, temperature, ventilation, noise, cleanliness, lighting within the physical environment can influence the nurses' job satisfaction and intent to stay. Adequate staffing levels, recruitment and good salary has been identified to influence nurses' job satisfaction (Twigg and Mccullough, 2014). More so, friendly staffs, supportive management, attractive physical environment has been associated with positive environment that will influence nurses' retention. The authors also added that a positive practicing environment foster the nurses' capacity to practice professionally and render quality care, limits adverse effects of patients and promote retention. Kossivi et al (2016) described a working environment should be place for fun, flexible with available resources needed to accomplish task.

2.3.1.3 Opportunity for Professional Advancement

The zeal toward career progression has increased dramatically in Ghana as many tertiary institutions and professional training institutions have increased in the educational sector. Universities both public and private have shot up with several courses and programmes ranging from short term, medium and long term courses held during week days, weekends, evenings and distance courses. More also, the financial reward associated with higher educational status and dignity that come with it influenced many to seek for educational advancement. The healthcare sector is not left out. The professionals desire to work in facilities where they will be permitted to further their education as noted in the human resource policy of the Ghana Health Service. The policy permits health workers' opportunity for further studies after service of three years. However, opportunities may become difficult depending on the geographical location, staff strength, the benefit of the organization from the course desired by the employees and readiness of the organization to sponsor (Human

Resource Management Policy and Manual for the Ghana Public Services, 2016).

Kossivi et al (2016) in a systematic review, recognized opportunity for educational advancement as determining factor that enhances employees' personal and professional development and hence commitment to the health organization. Kwansah et al (2012) identified opportunity for career development as a magnet that attract nurses or may drive them away. This study was carried in three regions in Ghana and proved majority of nurses' affirmation to stay longer in their current facilities when given opportunity for professional advancement. More so, another study found lack of opportunity for further education as reasons for refusing posting to rural area (Agyei-Baffour et al., 2011).

2.3.1.4 Promotions

Rad and Yarmohammadian, (2006) in their study showed that promotion opportunities are significant predictor of job satisfaction. Promotion serves as means of recognition of efforts toward growth of the organization. Nurses are motivated with promotion and it's believed to influence retention among nurses and also a foundation for quality care (Brewer et al., 2011 and Twigg and McCullough, 2014).

2.3.1.5 Job Security

Job security has been one of the factors that have attracted many Ghanaian these days to go into nursing profession because of the lucrative nature of the job. The government institutions are known for paying allowances during training which has been a running policy in Ghana due to shortage of nurses sometime back. Many nurses are eager to work with the public health organizations more so because of salary and job security. Rispel et al (2014) in their study in South Africa also identified nurse intention to quit among those who worked in commercial hospitals far more than those working in the public hospital.

2.3.2 Intrinsic Factors

2.3.2.1 Professional Autonomy

Autonomy in nursing refers to the authority that the nurse has to make decision and behave in manner that is in accordance with professional knowledge. This requires the competence and confidence on the side of the nurse to critically assess patient, care for their needs and take charge of situation that may arise (Skår, 2009).

Nurses are expected to work with evidence based standards because they work with precious human life. But there comes a time that the nurse having developed self and obtained experience upon practice, desire to work in an environment where she is allowed to use this proficiency, clinical skills and personal judgment in addressing patient need and situations that may arise with little or no manager's prohibition. Nurses desire autonomy in practice with appropriate and available resources to perform their duties (Heale, 2017). A study by Lephalala et al (2008) in England about factors that influence nurses' job satisfaction identified autonomy in nursing practice to enhance retention. They added that, autonomy in practice among nurses who have served for long period of time enable them to provide nursing care that is cost-effective and help decrease turnover in a health organization.

2.3.2.2 Employees' goals and its alignment with organizational goals

Retention of nurses can be influenced by their individual goals in alignment with the organizational goals. The individual becomes satisfied as her personal goals are achieved in course of working in an organization. Mita (2014) noted some personal goals of employees such opportunity for career development, quality time for family, ‗fat pay check' and better benefits. He also identified a new trend among employees to have good relationship with their managers. All these factors he identified to promote employees' loyalty to the organization and the intention to stay longer when met. So therefore there is need for managers to relate well with employees, communicate with them and involve them so to as enhance retention. Flexibility in staffing and opportunity for nurse to take control over work schedules was recognized as having positive influence on nurses' intention to be retained (Brewer et al., 2011).

2.3.2.3 Self-motivation

Self-motivation is described as the strength the individual possess within to do something without the help of another. This motivation could be external where it influenced by the surrounding factors such award or recognition by others while the internal motivation is from within the individual based on psychological need, competence, autonomy and psychological relentless (theavatarcourse.com). Hee et al (2016) in their study ―*Motivation and Job Performance among Nurses in the Health Tourism Hospital in Malaysia*‖ found intrinsic motivation factor to significantly associate with higher job performance. They also added that those nurses intrinsically motivated perform their duties better and more so, selfmotivation promote sense of responsibility, ownership and satisfaction with one's job.

2.3.2.4 Psychological Response to Work

Individuals respond differently to situations and events within their environment. However, nursing is associated with stress and burnout due to increasing patients' demands and advancing technology in our world today. Working schedule proves to disrupt social life of nurses and may lead to job dissatisfaction (Lephalala. et al., 2008). In their study nurse expresses dissatisfaction due to work schedules, however same nurses expressed satisfaction towards working overtime without compensation. This might be due to love for job despite lack of compensation.

Khater et al (2014) found sources of stress as a result of patient's care, lack of professional knowledge and stress from the poor working environment and all these is based on the perception of the nurse. A poor working environment where equipment and suppliers are unavailable may expose the employee to stress who needs to give care to patients promptly.

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The same way, lack of knowledge and skill to manage situation in course of practice will also posse psychological stress resulting into frustration and burnout. Mita (2014) in review paper on ₋employee retention and commitment' indicated burnout and emotional exhaustion as major reason for nurse turnover.

2.4 Socio-Demographic Characteristics Influencing Nurses Intention to Leave

These are characteristics nurse possess which studies have associated with nurse intention to leave one work place for another or to leave the profession (Haskins et al., 2016). These characteristic include age, gender, marital status, educational qualification, place of work thus a public or private facility, rank, years of working experience and geographical location.

2.4.1 Age

Age of the individual is claimed as prevailing factor that influences retention. Mazurenko et al (2015) in their study in the United States among nurses revealed that nurse below age 55 were more likely to leave their current workplace than the profession while those above age 55 leave the profession. Labraguea et al (2018) confirmed with similar finding with nurses' age in a study conducted in some rural hospital in Philippines. Younger nurses responded positively to leave current job than older ones above 45 years. Contrarily, Heinen et al (2013) found older nurses to leave their current work places as compared to younger nurse in their study in 10 European counties studied.

2.4.2 Gender

Nursing is a female dominated profession and over the years more men are seen actively involved in caring for the sick. However, the few male nurses in this profession were seen mostly moving out of the profession into other related health organizations or may terminate

for different profession. Heinen et al (2013) observed male nurses with higher intention to leave nursing job than female nurses. In addition, Boafo (2016) also found higher intention among male nurses to emigrate in some Ghanaian hospital studied. This was attributed to gender roles which constrain the women from movement freely. However, when this factor was controlled, no significant association was found, demonstrating equal probability with women for intention to emigrate.

2.4.3 Marital status and Number of children

Marital status and family responsibilities matter a lot and when it comes to nursing which is female dominated. These may influence the nurses' intention to stay longer in one organization. Raising children, caring for family members on daily basis can be very demanding more often when children are young, more so moving from one location to other (Jose and Bhat, 2015). Lui et al (2011) found married women more likely to be retained as well as those that are older with higher work experience.

Flexible duty schedules are highly desired to manage family responsibilities. This has proven to increase nurses desire to stay longer in a particular organization (Tourangeau et al., 2009). Contrarily Getie et al (2013), found nurses who live with their family far away with higher intention to turnover compared with reside together with their spouses.

2.4.4 Education qualification and rank

Concerning professional education, Brewer et al (2011) reported higher education with concurrent turnover intentions. Though the mechanism was not really clear, those with higher education may have more job opportunity and may be more committed to their career than a particular employer. This was also confirmed by Rispel et al (2014) who revealed nurses'

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intention to quit their current job as a result of higher educational qualification but with poor salary and incentives. However, the authors found majority of enrolled nurses to be much more satisfied in same population whose intention to leave was lower than the professional nurses. This was further attributed to ―higher qualification and skills of the professional nurses providing them with greater prospect for international movement and transferability of experience and skills‖. Also the enrolled nurses were assumed to have gotten ―higher job satisfaction with low expectation from their employers, in terms of pay and promotion due to their constrained promotion prospects compared to professional nurses‖ (Motsosi and Rispel, 2012).

2.4.5 Setting of work place

Public sector is desired for the fact that it provides job security therefore mostly preferred by health professional compared with the private. The private sector is seen as more demanding, with higher workload and sometimes with poor pay and strict working conditions which may not allow the professionals to engage in extra job to increase their income (Rispel et al., 2014). In this study, nurses expressed intention to leave the private hospital more than those working in public sector with age range of 25 to 34 years.

2.4.6 Number of Year of work Experience

Lui et al (2011) in their study found nurses who worked more than 10 years in the clinical setting, expressed interest to stay in their current job while the majority who worked less than 10 years responded otherwise. This proves the number of years of work experience positively relate with nurses‘ intention to be retained. According to the authors, this work experience

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comes with the individual's commitment, exposure and psychological willingness to work as well as the acquaintance with the culture and leadership of an organization. Flinkman et al (2010) in a systematic review earlier, found low professional commitment and poor professional communication in relation to intention to leave the nursing job. According to Labraguea et al (2018), those who have much work experience might have invested much more in their organization as compared with those who have less working experience therefore may be more likely to stay longer. More so, the authors explained that, newly registered nurses as they start work coupled with realities of the profession associated; stress, overload, poor salary and incentives may tend to develop dissatisfaction hence the higher intention to leave.

2.4.7 Geographical area

Working in the rural areas can be challenging where resources are more limited and amenities and equipment might not be available for use. More often, because the professionals are trained in the cities and urban area where they might have lived their entire life, may refuse to work in the rural settings with aforementioned challenges. Due to the inadequate human, material and financial resources, workload is higher in those areas (Agyei-Baffour et al., 2012).

Kruk et al (2010) in examining professionals' willingness to work in rural setting here in Ghana, found lower willingness and associated the rural areas with poor working conditions, political and ethnic problems and poor security. Kwansah et al (2012) also recorded health professionals' dissatisfaction working in rural area where they have feeling of being

‗forgotten' coupled with lack of opportunity to further their education and a high workload.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Introduction

This chapter focused on methods and techniques employed by the researcher in achieving the predetermined objectives of the study. The procedures and processes involved in sampling study population, determining sample size, data collection, data analysis and presentation as well as ethical issues and limitation of the study are addressed.

3.2 Study Type and Design

The study was quantitative using cross-sectional study design. Cross-sectional studies aim at describing and measuring the distribution of variables in a study population at one point in time (Varkevisser et al., 2003).

This study design was chosen because of its feasibility to establish association between variables as prevalent within a point in time. This study was conducted from March, 2018 to September, 2018.

3.3 Study Population

The study population comprised of nurses working in Ejisu Government Hospital and Living Waters Hospital.

Inclusion Criteria

1. Nurses who were registered with the Nursing and Midwifery Council of Ghana (NMC-Ghana)

   2. Nurses who have worked for at least six months.
3. Nurses who were working in Ejisu Government Hospital and Living Waters Hospital.

Exclusion Criteria

1. Nurses not registered with NMC-Ghana

2. Health professionals who were not nurses

3. Nurses who were not working in Ejisu Government Hospital as well as Living Waters Hospital

4. Nurse managers who were working in both hospitals

3.4 Sample Size and Sampling Method

3.4.1 Sample Size

The sample size of this study was determined by the help of an online epi info software open calculator (Dean et al., 2013). Non-response rate of 10% was added and probability proportion was calculated and assigned to each hospital (Ejisu Government Hospital and Living Waters Hospital) according to population proportion of nurses as provided by the human resource managers.

Where:

Total Population size (N) = 185

Expected frequency= 50%

Confidence interval (CI) =95%

Level of significance = 0.05

Non- response Rate = 10%

The sample size (n) was calculated as 139.
Therefore, with p1=proportion of population = 131 and p2 = proportion of population 2 = 54 for Ejisu Government Hospital and Living Waters Hospital respectively, the proportion of participant sampled comprised of 98 and 41 nurses from Ejisu Government Hospital and Living Waters Hospital respectively.

3.4.2 Sampling Method and Techniques

Simple random sampling method was used to select respondents from both hospitals. List of nurses were collected from the human resource managers of Ejisu Government Hospital and Living Waters Hospital. The list obtained from each hospital was arranged alphabetically and numbered sequentially. The proportionate sample size deduced for each hospital was keyed into open epi software which generated random numbers for each hospital. These numbers were assigned to the list of nurses which were arranged alphabetically and sequentially and those nurses were provided with questionnaires which they answered at their own convenient time in both hospitals.

3.5 Data Collection Technique and Tool

Data were collected using structured questionnaires from Ejisu Government Hospital and Living Waters hospital. The questionnaires were administered in a period of two weeks by the researcher. The questionnaires were prepared in English and data was collected on

sociodemographic characteristics, nurses' perception of management styles, extrinsic and intrinsic factors influencing nurses' retention.

3.6 Pre-testing

Designed questionnaires were pre-tested among ten (10) registered nurses working at the Global Evangelical Mission Hospital, Apromasi. This hospital was chosen because it has similar socio-economic and cultural characteristics as the study areas.

Their responses were analyzed with the purpose of identifying any difficult question, more so, to confirm the validity and reliability of the questionnaire. Questions were reshaped based on findings.

3.7 Data Handling and Analysis

Data were analyzed using the STATA version 14 statistical package. A descriptive data analysis was carried out and presented using frequencies, percentages and tables. ChiSquare test was performed to establish any relationship between management styles and intention to leave among nurses. Also, regression analysis was performed to establish sociodemographic factors influencing intention to leave among nurses. Statistical significance for all testing was set at 0.05.

Data collected is being kept in sealed envelope and kept securely under a lock to ensure confidentiality.

3.8 Ethical Consideration

Ethical clearance was obtained from the KNUST Human Research, Publications and Ethics

Committee (HRPEC). Also, permission was sought from the management of the Ejisu Government Hospital (EGH) and Living Waters Hospital (LWH). The purpose and relevance of the study was communicated to the nurses using an information sheet and their consent sought for their voluntary participation in the study. Those who agreed to partake in the study were made to sign a consent form indicating their agreement. An assurance was given for confidentially throughout the study and thereafter.

3.9 Study Limitations

This study only engaged registered nurse in Ejisu Government Hospital and Living Waters Hospital with high staff strength in the municipality. As a result, the outcome cannot be generalized to the entire municipality. Interviewer bias was minimized via self-administered questionnaires used in data collection which was devoid of interviewer interference.

3.10 Assumptions

The sample size chosen from Ejisu Government Hospital and Living Waters Hospitals has been assumed to have provided an accurate representation of nurses who work in the two hospitals.

The representative nurses from the two hospital provided adequate information about the research objectives the study purposed to achieve. The sample size, the procedures and the study design were considered appropriate for this study.

Interviewer bias was minimized through self-administered questionnaires as this tool for gathering data is devoid of interviewer interference. The main objective of the study was considered as one of its kind in the Ejisu Municipality and Ghana as it assessed the

management styles and nurses' retention, therefore produced a scientific knowledge to healthcare managers and nurses.

CHAPTER FOUR

4.0 RESULT

4.1 INTRODUCTION

This chapter presents the results of data collected from the field survey among nurses who were working in Ejisu Government Hospital and Living Waters Hospital in the Ejisu-Juaben Municipality. This chapter presents results based on the specific objectives predetermined for the study.

4.2 Background of Respondents

Table 4.1 describes socio-demographic characteristics of respondents. Majority of the respondents (68.89%) were females and the rest (31.11%) were males. Most of the respondents (35.56%) were within the age group 26-30 (35.56%) where as those above 50 years formed the least (2.96%). Concerning marital status of the respondents, half were single (50.37%), followed by those married (47.41%) and few divorced (2.22%). Also, most of the respondents (48.89%) had no children whilst the rest had two children (19.26%), one child (12.59%) and more than four children (2.96%).

Moreover, less than half of the respondents had worked for more than 5 years (32.59%) and almost half of the respondents had Diploma Certificate (46.67%).

Finally, the various units where nurses were stationed include Medical-Surgical unit (29.85%), Emergency Unit (13.4%), OPD (12.69%), Special Wards (8.96) and other Units (27.61%) such as ENT units and Operating theaters.

KNUST

Table 4.

1: Socio-demographic Characteristics of Respondents

Variables	Public Hospital (%) (EGH n=96)	Private Hospital (%) (LWH n=39)	Frequencies (%) (n=135)
Age			
20-25	20 (20.83)	10 (25.64)	30 (22.22)
26-30	34 (35.42)	14 (35.90)	48 (35.56)
31-35	22 (13.54)	11 (28.21)	33 (14.44)
36-40	13 (13.54)	2 (5.13)	15 (11.11)
41-50	4 (4.17)	1 (2.56)	5 (3.70)
50+	3 (3.13)	1 (2.56)	4 (2.96)
Gender			
Female	63 (65.63)	30 (76.96)	93 (68.89)
Male	33 (34.38)	9 (33.08)	42 (31.11)
Marital Status			
Single	44 (45.83)	24 (61.54)	68 (50.37)
Married	49 (51.04)	15 (38.46)	64 (47.41)
Divorced	3 (3.13)	0	3 (2.22)
Widowed	0 (0)	0	0
Number of children			
No child	44 (45.83)	24 (61.54)	66 (48.89)
1	11 (11.46)	6 (15.38)	17 (12.59)
2	19 (19.79)	5 (12.82)	26 (19.26)
3	10 (10.42)	1 (2.56)	11 (8.15)
4	9 (9.38)	2 (5.13)	11 (8.15)
4+	3 (3.13)	1 (2.56)	4 (2.96)
Work Experience			
6 – 12 months	23 (23.96)	14 (35.9.)	36 (26.67)
1 – 2 years	13 (13.54)	8 (20.51)	21 (15.56)
3 – 5 years	25 (26.04)	9 (23.08)	34 (25.19)
5 years	35 (36.46)	8 (20.51)	44 (32.59)
Educational Status			
Certificate	27 (28.13)	14 (35.90)	41 (30.37)
Diploma	46 (47.92)	17 (43.59)	63 (46.67)
Bachelor of Sc.	22 (22.92)	8 (20.51)	30 (22.22)
Masters	1 (1.04)	0	1 (0.74)

Source: *Author"s Survey, 2018*

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Table 4.2: Socio-demographic Characteristics of Respondents cont.

Variables	Public Hospital (%) (EGH n=96)	Private Hospital (%) (LWH n=39)	Frequencies (%) (n=135)
Unit			
Emergency	12 (12.50)	4 (10.53)	16 (11.94)
OPD	9 (9.38)	8 (21.05)	17 (12.69)
Medical/Surgical wards	26 (27.08)	14 (36.84)	40 (29.85)
Special wards	11 (11.46)	1 (2.63)	12 (8.96)
Maternal/Child Welfare Clinic	9 (9.38)	3 (7.89)	12 (8.96)
Other	29 (30.21)	8 (21.05)	37 (27.61)

Source: *Author"s Survey, 2018*

4.3 Nurses' Perception about Management Styles

Table 4.2 displays nurses' perceptions about management style.

In assessing management styles employed by managers in both facilities, most of the respondents (19.70%) strongly agreed to the fact that, their managers practice participatory management style. This is followed by consultative management style (12.12%), exploitative authoritative (9.85%) and benevolent authoritative (6.82%).

Table 4.

3: Nurses' Perception about Management Styles

Variables	Public Hospital (%) (EGH n=94)	Private Hospital (%) (LWH n= 38)	Total Frequencies (%) (n=132)
Exploitative Authoritative Style			
SA	12 (12.77)	1 (2.63)	13 (9.85)
A	32 (34.04)	12 (31.58)	44 (33.33)
N	28 (29.79)	8 (21.05)	36 (27.27)
SD	21 (22.34)	16 (42.11)	37 (28.03)
D	1 (1.06)	1 (2.63)	2 (1.52)
Benevolent Authoritative Style			
SA	8 (9.57)	1 (2.63)	9 (6.82)
A	36 (38.30)	15 (39.47)	52 (39.39)
N	31 (32.98)	13 (34.21)	44 (33.33)
SD	12 (12.77)	5 (13.16)	17 (12.88)
D	7 (7.45)	3 (7.89)	10 (7.58)
Consultative Style			
SA	12 (12.77)	4 (10.53)	16 (12.12)
A	47 (50.0)	18 (47.37)	65 (49.24)
N	25 (26.60)	10 (26.32)	35 (26.52)
SD	6 (6.38)	4 (10.53)	10 (7.58)
D	4 (4.26)	2 (5.26)	6 (4.55)
Participatory Style			
SA	16 (17.02)	10 (26.32)	**26 (19.70)**
A	44 (46.81)	17 (44.74)	61(46.21)
N	22 (23.40)	7 (18.42)	29 (21.97)
SD	11 (11.70)	3 (7.89)	14 (10.61)
D	1 (1.06)	1 (2.63)	2 (1.52)

Source: *Author"s Survey, 2018*

Note SA –Strongly Agree, A- Agree, N-Neutral, SD- Strongly Disagree, D-Disagree*

4.4 Extrinsic and Intrinsic Factors Contributing to Nurses Retention

Respondents were asked about their intention to leave their current work places and interestingly more than half of the respondents (52.71%) responded positively and the rest (47.29%) responded negatively. Intention to leave was higher in public hospital (55.45%) compared with the private (45.95%) based on their total population. However, among those who intend to leave soon (52.71%), 17.05% replied leaving in less than 1 year, followed by 13.18% in 1 year, 11.63% in 2 years, 7.75% in 3 years and 3.10% in 4years as detailed in Table 4.3.

Respondent's perception was sought on extrinsic and intrinsic factors influencing retention of nurses as detailed in table 4.3. Among the extrinsic factors influencing nurses' retention, most of the respondents strongly agreed to salary and rewards (39.53%) and conducive working environment (35.66%) as extrinsic factors influencing retention of nurses. Also, most of them strongly agreed to opportunity for career advancement (34.88%), Job Security (33.33%) and promotion (32.56%) as extrinsic factors contributing intention to stay.

However, intrinsic factors contributing to retention of nurses showed most of the respondents' (27.91%) strong agreement to self –motivation as well as professional autonomy (22.48%). In addition, personal reasons (20.93%) and _my goals in alignment with organizational goals' (19.38%) were identified with strong agreement to be retained.

4: Extrinsic and Intrinsic Factors Contributing to Nurses Retention

Variables	Public Hospital (%) (EGH n=92)	Private Hospital (%) (LWH n= 37)	Total Frequencies (%) (n=129)
Intention to Leave **Yes**	51 (55.43)	17 (45.95)	68 (52.71)
No	41 (44.57)	20 (54.05)	61 (47.29)

Table 4.

If yes how soon			
<1	15 (16.30)	7 (19.92)	22 (17.05)
1 year	14 (15.22)	3 (8.11)	17 (13.18)
2 years	12 (13.04)	3 (8.11)	15 (11.63)
3 years	6 (6.52)	4 (10.81)	10 (7.75)
4+	4 (4.35)	0	4 (3.10)
No	41 (44.57)	20 (54.05)	61 (47.29)

Extrinsic Factors

Salary and Rewards

SA	37 (40.22)	14 (37.84)	51 (39.53)
A	27 (29.35)	4 (10.81)	31 (24.03)
N	10 (10.87)	7 (18.92)	17 (13.18)
SD	15 (16.30)	4 (10.81)	19 (14.73)
D	3 (3.26)	8 (21.62)	11 (8.53)

Conducive working environment

SA	34 (36.96)	12 (32.43)	46 (35.66)
A	26 (28.26)	15 (40.54)	41 (31.78)
N	14 (15.22)	5 (13.51)	19 (14.73)
SD	11 (11.96)	4 (10.81)	15 (11.63)
D	7 (7.61)	1 (2.70)	8 (6.20)

Opportunity for Career Advancement

SA	32 (34.78)	13 (35.14)	45 (34.88)
A	37 (40.22)	18 (48.65)	55 (42.64)
N	9 (9.78)	2 (5.41)	11 (8.53)
SD	11 (11.96)	2 (5.41)	13 (10.08)
D	3 (3.26)	2 (5.41)	5 (3.88)

Job Security **SA**

	32 (34.78)	11 (29.73)	43 (33.33)
A	36 (39.13)	17 (45.95)	53 (41.09)
N	12 (13.04)	8 (21.62)	20 (15.50)
SD	5 (5.43)	1 (34.78)	6 (4.65)
D	7 (7.61)	0	7 (5.43)

Source: *Author"s Survey, 2018*

Note* SA –Strongly Agree, A- Agree, N-Neutral, SD- Strongly Disagree, D-Disagree

Table 4.

5: Extrinsic and Intrinsic Factors Contributing to Nurses Retention Cont.

Variables	Public Hospital (%) (EGH n=92)	Private Hospital (%) (LWH n= 37)	Total Frequencies (%) (n=129)
Extrinsic Factors			
Promotion			
SA	32 (34.78)	10 (27.03)	42 (32.56)
A	39 (42.39)	14 (37.84)	53 (41.09)
N	13 (14.13)	8 (21.62)	21 (16.28)
SD	6 (6.52)	3 (8.11)	9 (6.98)
D	2 (2.17)	2 (5.41)	4 (3.10)
Intrinsic factors			
My goals in alignment with organizational goals			
SA	23 (25.00)	2 (5.41)	25 (19.38)
A	34 (36.96)	22 (59.46)	56 (43.41)
N	21 (22.83)	2 (5.41)	23 (17.83)
SD	11 (11.96)	7 (18.92)	18 (13.95)
D	3 (3.26)	4 (10.81)	7 (5.43)
Professional Autonomy			
SA	24 (26.09)	5 (13.54)	29 (22.48)
A	33 (35.87)	10 (27.03)	43 (33.33)
N	20 (21.74)	8 (21.62)	28 (21.71)
SD	12 (13.04)	8 (21.62)	20 (15.50)
D	3 (3.26)	6 (16.22)	9 (6.98)
Self-motivation			
SA	26 (28.56)	10 (27.03)	36 (27.91)
A	36 (39.13)	18 (48.65)	54 (41.86)
N	18 (19.56)	2 (5.41)	20 (15.50)
SD	8 (8.7)	4 (10.81)	12 (9.30)
D	4 (4.35)	3 (8.11)	7 (5.43)
Personal Reasons			
SA	20 (21.98)	7 (19.92)	27 (20.93)
A	29 (31.52)	14 (37.84)	43 (33.33)
N	20 (21.74)	3 (8.11)	23 (17.82)
SD	17 (18.48)	4 (10.81)	21 (16.27)
D	6 (6.52)	9 (24.32)	15 (11.63)

Source: *Author"s Survey, 2018.*

Note* SA –Strongly Agree, A- Agree, N-Neutral, SD- Strongly Disagree, D-Disagree

4.5 Relationship between Management Styles and Nurses' Intention to Leave Table 4.4 describes the relationship between management styles and intention to leave among nurses. Most of the respondents (31.1%) who had the intention to leave agreed to consultative style as management style among managers. However, the difference was not statistically significant (p-value=0.33). Also, a significant proportion of the respondents (20.3%) who had the intention leave agreed to benevolent authoritative as management style observed among nurse managers (p-value=0.004). In addition, agreement to participatory style of management (26.4%) and exploitative authoritative styles (19.4%) also, did not show any significant association with intention to leave (0.06 and 0.32 respectively).
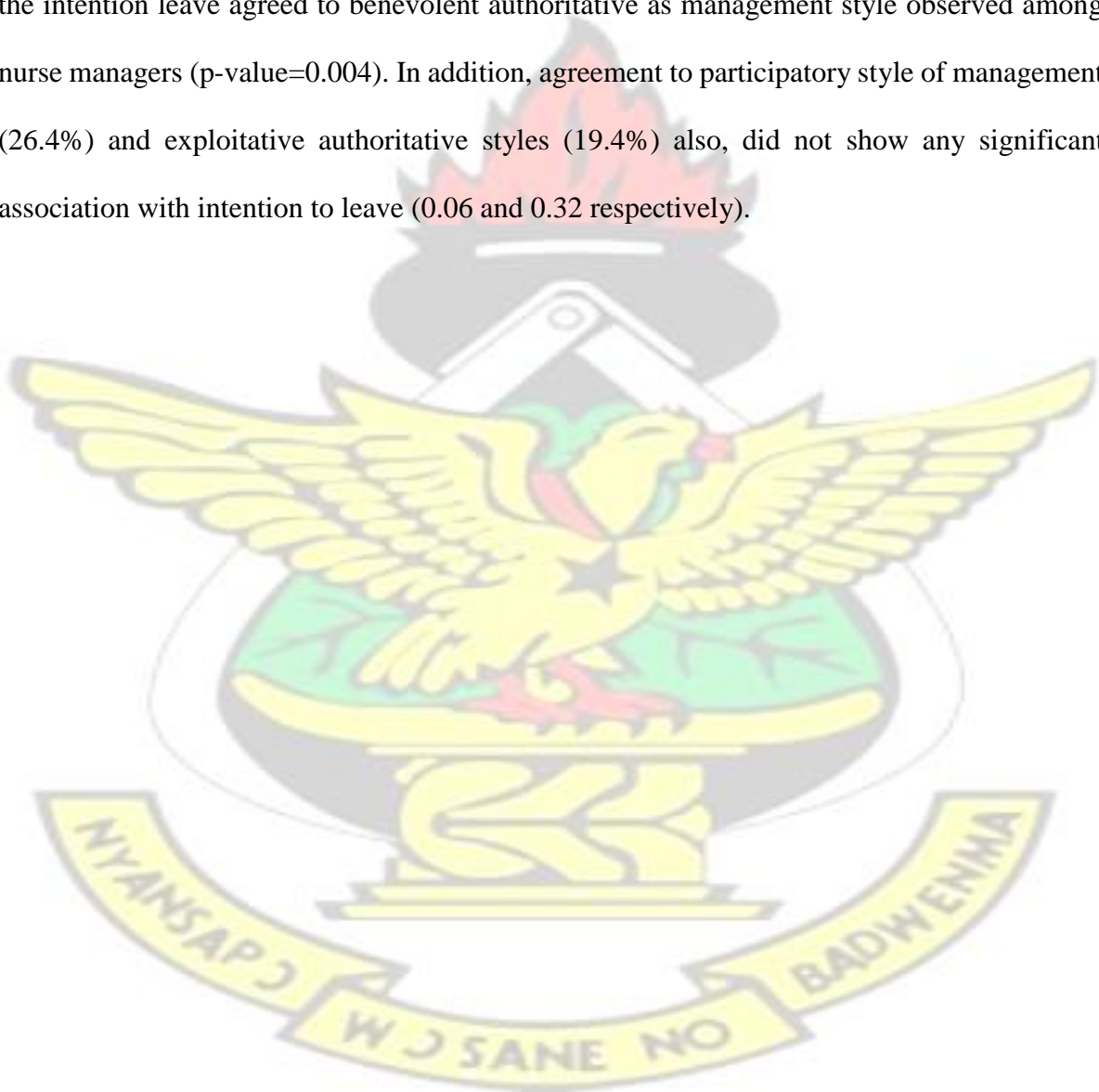
6: Relationship between Management Styles and Nurses' Intention to Leave

Table 4.

Management Styles	Intention to Leave (n=129)		X²
	Yes (n=68)	No (n=61)	(p-value)
Exploitative Authoritative Style			
			13.72 (0.32)
SA	10 (7.8)	3 (2.3)	
A	25 (19.4)	18 (14.0)	
N	18 (14.0)	17(13.2)	
SD	14 (10.9)	22 (17.1)	
D	1 (0.8)	1 (0.8)	
Benevolent Authoritative Style			29.17 (0.004)*
SA	7 (5.4)	2 (1.6)	
A	26 (20.2)	25 (19.4)	
N	24 (18.6)	18 (14.0)	
SD	8 (6.2)	9 (7.0)	
D	2 (1.6)	7 (5.4)	
Consultative Style			17.86 (0.33)
SA	9 (7.0)	8 (6.3)	
A	40 (31.1)	25 (19.4)	
N	12 (9.3)	22 (17.1)	
SD	7 (5.4)	3 (2.3)	
D	0	3 (2.3)	
Participatory Style			25.41 (0.06)
SA	7(5.4)	19 (14.7)	
A	34 (26.4)	26 (20.2)	
N	20 (15.5)	7 (5.4)	
SD	7(5.4)	8 (6.3)	
D	0	1 (0.8)	

Source: *Author''s Survey, 2018*   *Significant at p< 0.05*

Note SA –Strongly Agree, A- Agree, N-Neutral, SD- Strongly Disagree, D-Disagree

4.6 Socio-Demographic Factors Influencing Nurses' Intention to Leave

Table 4.7 describes socio-demographic characteristics influencing nurses' intention to leave.

In univariate regression analysis, socio-demographic characteristics such as Marital status (OR= 3; CI= 1.35-5.74; p-value=0.01), Number of children (OR= 4; CI=1.22-14.31; pvalue=0.02), and Work experience (OR= 3; CI=1.16 -7.50; p-value= 0.02) influenced nurses' intention to leave. For instance, nurses who were married were 3 times more likely to leave than those who were single.

However, after adjustment, socio-demographic characteristics such Marital status (AOR=1.90 CI=0.45-7.99; p-value=0.38), Number of children (AOR=2.60; CI=0.60-11.18; p-value=0.20) and Work experience (AOR=1.96; CI=0.51-7.13; p-value=0.34) did not prove any statistical significance with nurses' intention to leave.
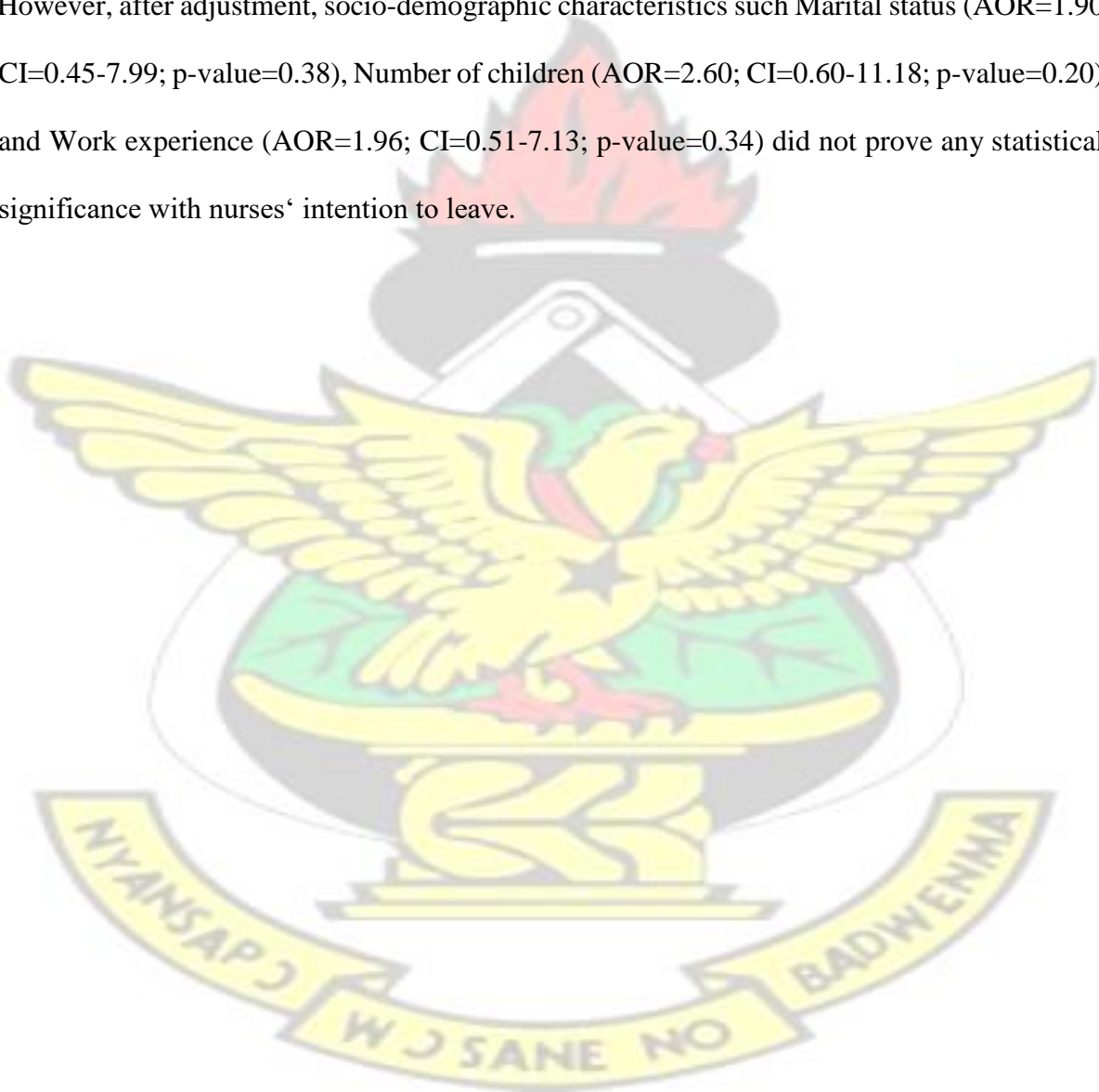
Table 4.

7: Socio-demographic Factors influencing Nurse Intention to Leave

Variables	Crude			Adjusted		
	Odds Ratio	**Confident Interval**	**P – Value**	**Adjusted Odds Ratio**	**Confident Interval**	**P – Value**
Age						
20-25	Ref					
26-30	2.21	0.86 -5.70	0.10			
31-35	2.10	0.75 - 5.86	0.67			
36-40	1.18	0.30 - 4.60	0.82			
41-50	6.55	0.65 - 66.35	0.11			
Gender						
Female	Ref					
Male	1.09	0.52 -2.31	0.82			
Marital Status						
Single	Ref					
Married	2.79	1.35 -5.74	**0.01***	1.90	0.45 - 7.99	0.38
Divorced	1.39	0.08 - 23.23	0.82	1.16	0.04 -32.00	0.93
Number of Children						
None	Ref					
1	4.18	1.22 - 14.31	0.02*	2.60	0.60 -11.18	0.20
2	2.01	0.76 - 5.35	0.16	0.69	0.14 - 3.48	0.66
3	1.67	0.46 - 6.03	0.43	0.66	0.09 - 5.03	0.69
4	4.88	0.94 -25.25	0.059	1.94	0.22 - 7.12	0.55
4+	4.18	0.41 - 42.29	0.23	2.20	0.12 -40.22	0.60
Work Experience						
6-12month	Ref.			Ref		
1-2year	1.77	0.58 -5.37	0.31	1.22	0.35 - 4.23	0.75
3-5years	3.10	1.16 - 8.27	0.02*	1.66	0.47 - 5.82	0.43
5year+	2.95	1.16 -7.50	0.024*	1.91	0.51 - 7.13	0.34
Educational Status						
Certificate	Ref					
Diploma	0.80	0.36 -1.79	0.59			
Bsc	1.46	0.53 - 3.97	0.46			
Masters						

Source: *Author"s Survey, 2018*

* = Significant at level of p – value <0.05   *Ref= reference to association* **Table 4.8:**
Socio-demographic Factors influencing Nurse Intention to Leave Cont.

Variable	Crude			Adjusted		
Units	**Odd Ratio**	**Confident Interval**	**P-Value**	**Adjusted Odd Ratio**	**Confident Interval**	**P-Value**
Emergency	Ref			Ref		
OPD	0.83	0.02 - 3.56	0.81	0.88	0.19 - 4.11	0.87
Medical/Surgical Ward	0.41	0.12 - 1.40	0.16	0.36	0.10 - 1.34	0.13
Special Wards	0.55	0.11 - 2.67	0.46	0.44	.077 - 2.50	0.35
Maternal/child health	0.17	0.03 - 0. 93	0.04*	0.17	0.028 - 1.06	0.06
Other	0.58	0.16 - 2.02	0.38	0.61	.16 - 2.29	0.46

Source: *Author"s Survey, 2018*

* = Significant at level of p – value <0.05   Ref= reference to association

Table 4.

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

The study assessed management styles and its influence on nurses' retention and also assessed extrinsic and intrinsic factors as well as socio-demographic factors that influence retention. This chapter therefore is focused on discussion of the results in the perspective of existing literature about the study objectives.

5.2 Background of Respondents

Generally, nursing is a female dominated profession. This study found female nurses as the majority (68.89%) of the respondents in both hospitals (Ejisu Government and Living Waters Hospitals) where this study was conducted. Most of the nurses aged 26-35 years and the least age group was found among those aged above 50 years. This could be an evidence of poor retention and labour turnover because nursing practice has been one oldest profession in Ghana and one would expect to see elderly ones still at post. However, this could also mean that the elderly ones are the nurse managers who were excluded from this study. Half of the nurses (50.37%) were singles (not married) and had no children and many more were married (47.41%) with few children.

Furthermore, most of the nurses had a diploma professional certificate and had worked for more than 5 years and many more had basic certificate and bachelor degree in nursing. The least working experience was observed among those who have worked for 1-2 years. Nurses were distributed in the various units in these hospitals. However, most of nurses studied work in the medical and surgical units of the hospitals designated as male and female wards.

The rest of the nurses reside in units such the OPD, operation theaters, emergency unit, maternal and child health units and special unit such as the eye, ear, nose and throat units as well as mental health units (details of results are presented in Table 4.1).

5.3 Nurses' Perception about Management Styles

The study assessed nurses' perception about four management styles namely; Exploitative Authoritative style, Benevolent Authoritative style, Consultative style and Participatory style proposed by Likert (1967). The study proved that most of the nurses (19.70%) strongly perceived their managers as exhibiting participatory management style in both hospitals. Thus they observed their managers to relate well with them, involve them in decision making and communicate well with them. This finding was remarkable but contradicts a study by Nassar et al (2011) which found nurses' perception about their managers in some private hospitals in Egypt as consultative where nurses' ideas were sought but their managers did not trust them completely.

Participatory style as perceived by nurses in this study is known as a good choice of style where the employees are engaged in decision making concerning the organization and where they are much more knowledgeable about the organizational culture (Kossivi et al., 2016). More so, this evidence may be related to the fact that majority of the respondents had worked for more than five years and may be more acquainted with their managers and the health systems. This is because Rad and Yarmohammadian (2006) highlighted the fact that, this style of management is more applicable where the employees are matured in the organization and well informed coupled with manager's competence in the organizational operation to practice this kind of style. Presumptuously, the finding of this study showed that, the nurses are well

experienced and are involved in decision making and have good relationship with their nurse managers.

Nevertheless, many respondents also perceived their managers practicing consultative style (12.12%) where they were engage in decision making only in specific situation while the general policies were determined by nurse manager. Few nurses also perceived their managers as benevolent (6.82%) and exploitatively authoritative (9.85%) where manager mostly dictates and there is least or no involvement in decision making and communication is mostly downwards. Although these styles are known to promote productivity in shortest possible time, yet may not promote innovation and may decrease morale of employees hence turnover intentions (Grimsley, 2018). The reason for the low response to these styles may be due to nurses' preference for autonomy. This is because, nurses' desire professional autonomy where they can make decisions and practice independently with their skills and knowledge, provided resources are available with little or no dictation from the manager

(Heale, 2017). This brings about job satisfaction hence higher likelihood of retention (Lephalala et al., 2008).

On the other hand, this study shows that employees have diverse opinions about their managers and there is a need for managers to develop a good and balanced working relationship with their subordinates to help organize them to achieve productivity, teamwork and job satisfaction hence retention.

5.4 Extrinsic and Intrinsic Factors Contributing to Nurses' Retention

The study found extrinsic and intrinsic factors that influenced nurses' intention to stay longer. Although majority affirmed intention to leave their current work soon, they also expressed

these factors as motivating to stay longer. In this study, salary and reward (39.53%) had the highest response rate followed by ‗conducive environment' (35.66%), opportunity for career advancement (34.88), job security (33.33) and promotion in both hospitals (EGH and LWH). Details of the result are displayed in Table 4.3.

Interestingly the response to salary and reward has received high response rates in other studies proving as the main reason for retention (Rad and Yarmohammadian 2006, WillisShattuck et al., 2008 and Getie et al., 2013). This was seen as basic need for any employees' survival and this current study supported the findings mentioned. The result of this study however, contradicts a study by Kwansah et al (2012) in three regions in Ghana which reported lower response rate for financial incentive as motivator in rendering healthcare services among health professionals. The findings by Kwansah et al was concluded based on the fact that, though good salary is important, it was not recognized as the most important motivating factor for retention even in the rural areas. More so, for the fact that good salary motivates it works best when integrated with other benefits.

‗Conducive environment' was also strongly acknowledged among nurses who work in the private hospital (LWH) compared with those who worked in the public hospital (EGH). Apparently this facility has modernized building and serene environment compared to the public hospital (EGH) which may be the source of motivation. Another extrinsic factor strongly agreed to as contributing to retention is opportunity for career advancement. This clearly shows the enthusiasm among nurses recently towards further education. This may also be due to the fact that the tertiary education system in Ghana has become more flexible where many universities have sprung up offering flexible courses. This might be the source of motivation to work in a facility where opportunity is given for further education sometimes alongside working.

This finding was similar to a study by Kossivi et al (2016) who found opportunity for educational advancement to promote retention. On the other hand, Agyei-Baffour et al (2011) in their study here in Ghana, found lack of opportunity for further education as the reason for health professionals' lack of motivation to work in the rural areas.

Intrinsic factors which are factors inherent in the individual also proved _self-motivation' (27.91%) as the highest motivating factor to retention followed by professional autonomy ((22.48%) and personal reasons (20.93%) while _my goal in alignment with the organizational goals' (32.56%) was found as the least internal motivating factor (details displayed in Table 4.3). Self–motivation is the strength one has within to do something. Hee et al (2016) found self-motivation significantly associated with job satisfaction and concluded that this factor promotes sense of responsibility, ownership hence better performance. Notwithstanding, this current study confirms self-motivation as the major intrinsic factor toward retention. More than half of respondents also noted professional autonomy to influence their intention to stay longer. This finding also agreed with a study by Lephalala et al (2008) in England who proved autonomy as nurses' desire to be retained. Moreover, majority of the respondents are in their middle ages with youthful exuberant and with over five years working experience so surly will desire autonomy in practice. Autonomy in practice is possible with appropriate and available resources to perform the nursing duties (Heale, 2017).

Furthermore, individuals have their personal goals for choosing an institution or accepting job appointment nevertheless, job satisfaction is achieved when these personal goals are congruent with that of the organization. A study by Mita (2014) noted some personal goals such as opportunity for career development, quality time for family, _fat pay check' and better benefits which influence retention among nurses. So therefore, a fair opportunity for these

benefits in an organization in alignment with the employees' desires, will surely bring job satisfaction hence the intention to stay longer.

5.5 Relationship between Management Styles and Nurses' Intention to Leave

This study explored the respondents' intention to leave their current institutions. However, majority (52.71%) opted to leave their current institution soon. In addition, when they were inquired of the time of leaving, most of them responded leaving in less than a year (details of result can be found in Table 4.3). However, this finding was most common among nurses working in the public hospital than the private. Rispel et al (2014) proved otherwise when they identified job dissatisfaction among nurses working in the private hospitals due to higher workload, poor pay and strict working conditions hence higher intention to leave the private sector.

Probing further to determine their reasons for leaving, their perception of management styles was statistically analyzed against a dependent variable _intention to leave'. The study revealed a statistically significant relationship between benevolent-authoritative management style and intention to leave. In comparison with the other management styles, benevolent authoritative was identified as main management style that influences negatively the nurse intention to leave. This current result somehow disputes a finding by Nassar et al (2011), who found exploitative authoritative style more significant in association with nurses quitting the nursing job.

Although these styles are closely related, the benevolent authoritative manager allows some sort of involvement of employees but final decision still lies on the manager coupled with downwards communication but no cohesions or threat is applied in this case as compared to

exploitative-authoritative style (Zakaria and Hashim, 2014 and Grimsley, 2018). However, both styles exhibit that _authoritative' component where the manager determine what is to be done through laid down policies and philosophies.

The finding of this study reflects the fact that, nurses desire involvement in decision making, manager's support, effective communications and trust to stay longer in their current hospitals. In addition, the sample of nurses studied were younger and vibrant and would delight in sharing ideas, negotiating, innovating and coaching rather than strict and rigid rules being imposed on them. This finding supports a study by Adzei and Atinga (2015) and Chang (2015) who found managerial support and interpersonal relationship vital for commitment, job satisfaction and retention in general. So therefore, since this management style (benevolent management style) is associated with nurses' intention to leave, managers must be proactive in relating with employees, seek feedback and ensure effective communication and teamwork.

5.6 Socio-Demographic Factors Influencing Nurses' Intention to Leave

This study found a positive association with some of the socio-demographic factors and intention to leave their current job. A significance association was found with factors including respondents' marital status, number years of working experience and number of children. However, no association was found with age, gender, unit in which the respondents' work or educational status of the respondents. This result is inconsistent with study by Mazurenko et al (2015) who found age significantly associated with intention to leave among nurses younger than age 55 years in a study in USA and Labraguea et al (2018) those aged below 45 years in Samar, Philippines.

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More than half of the respondents were singles but the intention to leave was found significantly among those married. Those married were three times more likely to leave their current jobs compared to singles and divorced. In addition, those that had a child were also observed more likely to leave than whose who had no children. This finding also contradicts other researchers who proved otherwise (Lui et al., 2011 and Rispel et al., (2014). Marriage comes with responsibilities and may limit ones' movement coupled with balancing work and presence of children and home care (Jose and Bhat, 2015). Meanwhile this current study rather found the married with higher intention to leave than the singles. This may be due to the fact that majority of them are young and would like to explore other facilities or another job rather than nursing. More so, the married with the intention to leave may be the necessitated to move and stay with their spouses in other towns or region. A significant relationship was observed among those who worked for five years above and intention to leave. Labraguea et al (2018), found those who have much work experience might have invested much more in their organizations as compared with those who have less working experience therefore may be more likely to stay. So therefore, Labraguea and colleagues' finding contradicts the finding of this current study having observed the long serving nurses with higher intention to leave their current place of work.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusions based on the objectives set and further enumerates the recommendations deemed important towards retention of nurses.

6.2 Conclusion

Nurses' Perception about Management Styles

Most of the nurses strongly perceived their managers as exhibiting participatory management style. However, the remaining also perceived their managers as exhibiting consultative, exploitative authoritative and benevolent authoritative management styles.

Extrinsic and intrinsic factors contributing to retention among nurses

The extrinsic factors contributing to retention of nurses were salary and rewards, conducive working environment, opportunity for career advancement, job security and promotions. Also intrinsic factors such as self-motivation, professional autonomy, personal reasons and ‗my goals in alignment with the organizational goals‘, were mentioned as factors contributing to nurses‘ retention.

Relationship between Management Styles and Nurses' Intention to Leave

There was a significant relationship between benevolent authoritative management styles and intention to leave among nurses. However, the relationship between management styles such exploitative authoritative, consultative and participatory management styles were not statistically significant with intention to leave.

Socio-Demographic Factors Influencing Nurses' Intention to Leave

The socio-demographic factors such as age, gender, educational status, number of working experience, marital status, number of children and unit nurses work did not influence intention to leave among nurses.

6.3 Recommendation

Based on the findings, this study recommends the following actions to help promote nurses' retention in EGH and LWH.

1. The nurse managers at EGH and LWH should ensure as much as possible, the professional nurses involvement in decision making with issues that affect the nurses and their function so far as quality health care is concerned.

2. Nurse Managers at EGH and LWH must be proactive; they must ensure a cordial inter-personal relationship with nurse so as to ensure harmony, teamwork, effective communication so as to achieve good manager-subordinate relationship.

3. The human resource manager (HRM) should ensure the salary and incentives are paid on time. Reward systems should be put in place based on workload, innovations, long stay and this must be well communicated to nurses.

4. The HRM at should be able to identify the specific specialty needs of the health facility so as to develop strategies that will give equal chance to nurses for further professional education in those areas that may lead to development and quality care.

5. The HRM should be proactive in identifying promotion periods for nurses, take necessary steps to promote nurses on time so as to promote satisfaction hence retention.

6. The HRM should organize and maintain regular appraisal systems for staffs at least once a year so as to identify the knowledge, skills, goals, performance and challenges in order to intervene timely, based on findings. They must communicate the policies and standards of practice.

7. Hospital administrators and management team must ensure safe and healthy working environment, make resources available and employ enough staff to meet demand. More so, create an enabling environment that promotes job satisfaction.

8. Nurses must engage in continual learning so as to boost skills and knowledge toward positive self- motivation and professional autonomy. They must show concern for the achievement of organizational goals.

9. Policy makers and core managers must take into consideration the factors mentioned by registered nurses to influence their retention, match the nurses' needs to their jobs, in and across the hospital systems so as to promote job satisfaction. A set of integrated policy should be put in place towards retention to help cater for nurses' professional advancement, promotions, rewards, and appraisals.

10. This study recommends further investigation in other parts of the country to ascertain factors that influence nurses' intention to leave their current job. Further studies should be also be carried out to determine managers' support, nurses' job satisfaction and organizational commitment.

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APPENDIX

APPENDIX A: QUESTIONNAIRE

TOPIC: **Management Style and Retention of Nurses in a Public and Private Hospital: a Case Study of Ejisu Government Hospital and Living Waters Hospital in Ejisu-Juaben Municipality of Ashanti Region, Ghana.**

Respondent's code …………………... **Section**

A: Socio-Demographic Data

Please tick (√) a box where appropriate

66

1. Age

a. 20-25 ☐   b. 26-30 ☐   c. 31-35 ☐ d. 36-40 ☐ e. 41-50 ☐

f.50+ ☐

2. Gender

a. Female ☐   b. Male ☐

3. Marital Status

a. Single ☐   b. Married ☐   ☐   c. Divorced   d.

Widowed ☐

4. Number of children

a. 1 ☐   b. 2 ☐   c. 3 ☐   d. 4 ☐   e. 4+ ☐

5. Work experience

a. 6months -1 year ☐   b. 1-2 ☐   c. 3-5 ☐   d. 5+ ☐

6. Educational status

a. Certificate ☐   b. Diploma ☐   c. BSc. ☐   d. MSc/Mphil ☐   e. PHD ☐

7. Type of hospital

a. Public ☐   b. Private ☐

8. Unit

a. Emergency unit ☐   c. b. OPD ☐ Medical-Surgical Ward ☐

d.Special Wards ☐   e. Maternal and Child Health Clinic

f. Other…………………

Section B: Perceptions about Management Style

Please indicate your agreement level to these factors by ticking (√) in the box provided

Numbers	Level of agreement / Management styles	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
	Exploitative Authoritative style					
9	Manager often makes decision without consulting others					
10	Manager gives direction about how to do things					
11	Manager ignores my ideas and contribution					
12	Manager pushes me to work harder sometimes with threats					
	Benevolent Authoritative Style					
13	Manager mostly motivates through rewards and punishment					
14	Communication is mostly from managers to me.					
15	I have low to moderate job satisfaction and sometimes withdraw due to my little involvement in decision making.					
16	Manager consults me when making decisions, but for final decision, the manager tends to remain with his/her original idea anyway					
	Consultative Style					
17	Manager have control over policies and general decisions					
18	Manager involves me only in specific decision making					
19	Despite my involvement he does not trust me					
20	Manager motivates me through rewards and occasional punishment					
	Participatory style					
21	Manager grants me independence so that I can work best.					
22	I feel responsible and accountable for goals set.					
23	Manager allow me to jointly find the solution to a problem					
24	Manager creates room for me to approach and make suggestions.					

Section C: Extrinsic and Intrinsic Factors that Influence Nurses Retention

25. Do you have any intention leaving this facility?

 A. Yes ☐   b. No ☐

26. If yes how soon?

a. Less than I year ☐   b.1-year ☐   c. 2years ☐   d. 3years ☐   e. 4+ ☐

Which of the following factors will influence your intention to stay longer in this facility? Please

indicate your level of agreement by ticking (√)

Numbers	Level of agreement \ Management styles	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
27	Good salary and rewards					
28	Conducive work environment					
29	Opportunity for career advancement					
30	Job security					
31	Promotion					
32	If manager allows me to use my ideas to make decisions (professional autonomy)					
33	If my goals align with the organization goals					
34	Self-motivation					
35	Personal issues					

APPENDIX B: CONSENT FORM

Title of Project: Management Style and Retention of Nurses in a Public and Private

Hospital: A Case Study of Ejisu Government Hospital and Living Waters Hospital in Ejisu-

Juaben Municipality of Ashanti Region, Ghana.

Name of Researcher: Mawufemor Ametorwodufia

Please cross box

1. I confirm that I have read and understand the information sheet dated……..for the [ ]
   above study and have had the opportunity to ask questions.

2. I understand that my participation is totally voluntary and that I am free to withdraw
   at any time, without giving any reason, without my legal rights being infringed upon.
   [ ]

3. I agree to take part in the above study. [ ]

----------------------------------   --------------------------------   -------------------------------

Name of subject   Date   Signature/thumbprint

----------------------------------   --------------------------------   ---------------------------------

Name of Person taking consent   Date   Signature

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Researcher: Mawufemor Ametorwodufia Date   Signature

INFORMATION SHEET FOR NURSES

You are being invited to take part in a research study, aimed at assessing management styles
and nurses' retention in a public and private hospitals in Ejisu-Juaben Municipality. Before
you decide to take part in this study, it is important for you to understand why the research is
being done and what it will involve. Please take some time to read the following information
carefully and discuss it with others if you wish. Ask the researcher if there is anything that is
not clear or if you would want more information. Take time to decide whether or not you wish
to take part.

Who is conducting the study?

The study is being conducted by Mawufemor Ametorwodufia, a student being supervised by

Dr. Kofi Mensah Akohene of Kwame Nkrumah University of Science and Technology,

Department of Community Health, Kumasi.

What is the purpose of the study?

The study is about management styles and nurses' retention in a public and private hospitals.

The field work for this study begins in July 2018 and will continue until August 2018.

Why have I been asked to take part?

You have been chosen to represent the nurses to determine the perception of nurse about

management styles used by managers and how they influence your intention to stay.

What would be involved?

A structured self-administered questionnaire will be issued to you in the hospital where you

will feel more comfortable. The questions will ask about nurses' perception about

management style and extrinsic and intrinsic factors that influence retention of nurse.

Answering the questionnaire should not last more than 20 minutes.

What happens next?

If you are interested in taking part in this study, then a consent form will be given to you to

sign to affirm your willingness to take part in the study.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving reason.

What are the benefits of taking part?

There may be no direct benefits of filling the questionnaire. However, you will be providing useful and important information, which will contribute to the improvement management style used by mangers where you will be given chance to take part in decision making concerning you and for growth of the health organization.

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the study will be kept strictly confidential. No names will be recorded and so it will not be linked to you in anyway in the report of this study. However, your participation in this study is entirely voluntary.

**What will happen to the results of the research study?**

The results of the study will be presented to the Community Health Department of Kwame Nkrumah University of Science and Technology and also published in academic journals. If you wish, you can obtain a copy of the published results by contacting Mawufemor

Ametorwodufia by writing your email address on the questionnaire you will be given. You will of course not be identified in the final report or publication.

Who is organizing and funding the research?

The research is being undertaken by Mawufemor Ametorwodufia, a student at the Kwame Nkrumah University of Science and Technology under the supervision from an academic lecturer. The student is funding this research.

Thank you for reading this.
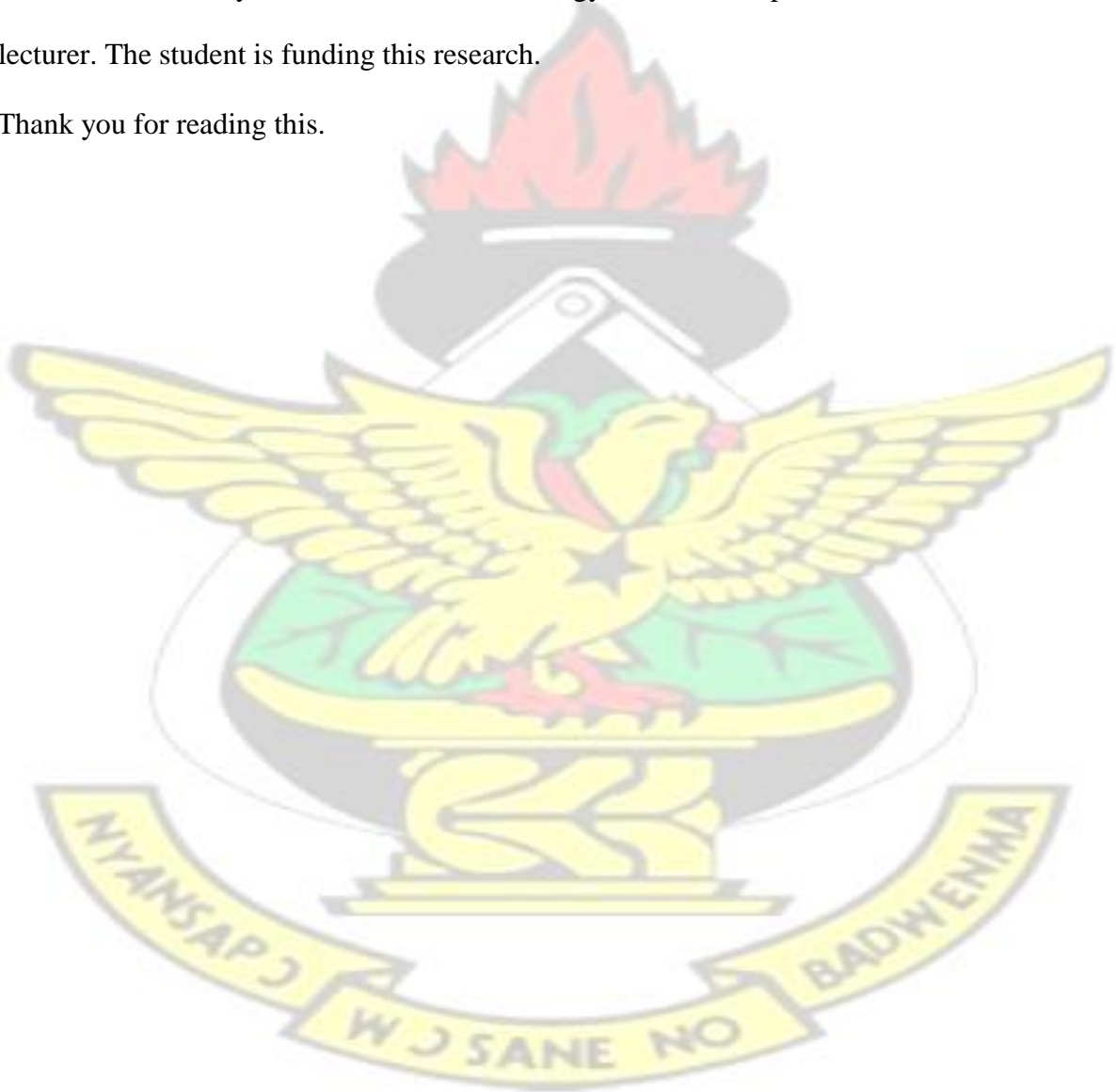
APPENDIX C: ETHICAL APPROVAL

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICAL SCIENCES / KOMFO ANOKYE TEACHING HOSPITAL
COMMITTEE ON HUMAN RESEARCH, PUBLICATION AND ETHICS

Ref: CHRPE/AP/436/18   20th July, 2018.

Ms. Mawufemor Ametorwodufia
Department Health Policy,
Management & Economics
School of Public Health
KNUST – KUMASI.

Dear Madam,

LETTER OF APPROVAL

Protocol Title: *"Management Style and Retention of Nurses in a Public and Private Hospital: A Case Study of Ejisu Government Hospital and Living Waters Hospital in The Ejisu-Juaben Municipality of Ashanti Region, Ghana."*

Proposed Site: *Ejisu Government Hospital and Living Waters Hospital, Ejisu-Juaben Municipality, Ashanti Region.*

Sponsor: *Principal Investigator.*

Your submission to the Committee on Human Research, Publications and Ethics on the above-named protocol refers.

The Committee reviewed the following documents:

- A notification letter of 4th July, 2018 from the Living Waters Hospital (study site) indicating approval for the conduct of the study at the Hospital.
- A notification letter of 5th July, 2018 from the Ejisu Government Hospital (study site) indicating approval for the conduct of the study at the Hospital.
- A Completed CHRPE Application Form.
- Participant Information Leaflet and Consent Form.
- Research Protocol.
- Questionnaire.

The Committee has considered the ethical merit of your submission and approved the protocol. The approval is for a fixed period of one year, beginning 20th July, 2018 to 19th July, 2019 renewable thereafter. The Committee may however, suspend or withdraw ethical approval at any time if your study is found to contravene the approved protocol.

Data gathered for the study should be used for the approved purposes only. Permission should be sought from the Committee if any amendment to the protocol or use, other than submitted, is made of your research data.

The Committee should be notified of the actual start date of the project and would expect a report on your study, annually or at the close of the project, whichever one comes first. It should also be informed of any publication arising from the study.

Yours faithfully,

Osomfo Prof. Sir J. W. Acheampong MD, FWACP
Chairman

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