ST. MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

RELATIONSHIP BETWEEN LEADERSHIP STYLES AND NURSES' TURNOVER INTENTION IN PUBLIC HOSPITALS: THE CASE OF PUBLIC HOSPITALS IN ADDIS ABABA, ETHIOPIA

BY

Ruth Maereg

JUNE/2019
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DECLARATION

I, Ruth Maereg, declared that this thesis entitled **"RELATIONSHIP BETWEEN LEADERSHIP STYLES AND NURSES' TURNOVER INTENTION IN PUBLIC HOSPITALS: THE CASE OF PUBLIC HOSPITALS IN ADDIS ABABA, ETHIOPIA"** is my own original work and has not been presented and award for any academic degree, diploma, or certificate to this or any other university and that all the sources of materials used for the thesis have been duly acknowledged.

Ruth Maereg

Signature: _____

June, 2019

ENDORSEMENT

This thesis has been submitted to St. Mary's University, school of Graduate studies for examination with my approval as a university advisor

Yirgalem Tadele (Ph.D)   _____

          Advisor   Signature

St. Mary's University College,
** Addis Ababa**
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List of acronyms

AA-Addis Ababa

B.Sc.: Bachelor of Sciences

CSA: Central Statistic Agency

ENA: Ethiopian nursing association

ETB- Ethiopian birr

FMOH: Federal Ministry of Health

MBA- Masters of business administration

MLQ- Multifactor leadership questioner

M.Sc.: Master of Sciences

SPSS- statistical package for social sciences

WHO- World health organization

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ABSTRACT

Nurse is a trained person which provides care to the sick and injured people especially in the hospital. Leaders have the responsibility of ensuring that nursing staff are engaged and perform their duties to the best of their abilities. The research design of the study was conducted by using both explanatory and descriptive research design. The target populations of the study was nurses working in 5 purposively selected public hospitals from a total of 13 public hospitals found in Addis Ababa. The result show that the majority of the nurses' argued that their leaders mostly exhibit autocratic leadership style or behavior with an average mean of 3.63, followed by democratic leadership style with a mean score of 3.4235.

Key words: democratic leadership style, autocratic leadership style

CHAPTER 1: INTRODUCTION

1.1. Background of the Study

Nurse is a trained person which provides care to the sick and injured people especially in the hospital. All health institutes (hospitals) need trained highly experienced and efficient nurses which provide the effective care to the patients. Hospital is an institute which delivers medical, surgical treatment and nursing care to the sick and injured person.

Nurses' turnover is an unwanted trend for healthcare providers. It is a common problem and every health institute is facing it and ultimately influences the performance of healthcare (Hunt, 2009). Similarly, turnover of nurses is seen almost in all health organization.

There are many reasons for leaving the job in nursing profession e.g. workload, work place environment but the poor leadership style is dominant (Al- Hussami et al., 2014). In addition, turnover intentions occur when an employ do not satisfy with job, manager or organization. Moreover, nurses' dissatisfaction from their job direct lead to leaving the job from nursing profession which frequently generates staff nurses deficiency increases extra time, and increased dissatisfaction among patients (Masum et al., 2016).

In a hospital, head leader is the one who directly responsible for the supervision of the clinical aspects of nursing cares. A leader has to play different roles at a time (Hunt, 2009). Like a leader, an educator, charge nurse, and lot of many other roles which they performs also they leads the followers by influencing and motivating to achieve the desired outcomes.

By adopting an effective leadership style leaders can provide good and favorable environment to staff nurses in which they become satisfy with their job, profession and intent to stay in an organization (Perez, 2014).

There are various leadership styles which leaders use to manage their nurses duty and many other problems in the hospitals (Negussie & Demissie, 2013). First and foremost is transformational leadership style in which a leader motivates the subordinates and give attention to the subordinate after knowing the strength and weakness on the job (Perez, 2014). However, there are four component of transformational leadership which are individualize consideration, intellectual stimulation, inspirational motivation, and idealized influenced (Perez, 2014). Another leadership style is transactional Leadership which

emphasize on the consistence and includes animated order to disappointment to go along for standards. This leadership styles keep the employees with respect to structure, part expectations; also possibilities will prize staff (Perez, 2014). Furthermore, intention to turnover is a thought process in which a person decides to leave their job or organization due to some reasons (Perez, 2014).

This study mostly focused on the relationship between leadership styles and nurses' turnover intention in the public hospitals at Addis Ababa, Ethiopia.

1.2. Statement of the Problem

Effective leadership is important to any organizations success through improving employee retention and manage employees turnover. Much research have been conducted in to identifying effective leadership styles for enhancing employee retention in various sectors including manufacturing, education sector (Klassen & Chiu, 2011), as well as nonprofit sector.

Previously there were many studies on the relationship between leadership behaviors and job performance, job satisfaction, employee commitment, however the researcher found that there is lack of or relatively little studies conducted on investigating the effect of leadership styles towards nurses' turnover intention in the public health care institution especially on public hospitals mainly in the context public hospital in Addis Ababa city administration.

Therefore, the study focuses on the relationship between leadership styles and nurses' turnover intention in the public hospitals at Addis Ababa, Ethiopia to address the gap in the research for various health care institutions.

There have been several studies over the years by various researchers and scholars (Ali, 2009; Batra & Tan, 2003; Hughes, Avey, & Nixon, 2010) that focused on transformational and transactional leaderships and the intention to quit, however, there has been limited research on other leadership styles and turn over intention which have shown that leadership styles have had a significant effect on intention to quit. Therefore, this study included other leadership styles which are autocratic, democratic and laissez-faire.

Also Studies have shown that the healthcare sector has one of the highest turnover rates (Numerof, Abrams, & Schank, 2002).Many studies conducted in an effort to assess the

major determinants and precedent of turnover intention, in the health sector setting, have come up with more or less similar outcome.

In Ethiopia, direct evidence on nurses' turnover intentions is limited and there is some overlap in their findings, there is also considerable disagreement, in part, because they employed different sample designs and data collection instruments with different variables and operational definitions of key concepts.

In East Gojam zone, Amhara region, inadequate payment, poor training opportunities, poor organizational commitment, unfair treatment, lack of transport and job dissatisfaction were associated with nurses' turnover intentions (Getie et al. 2015).

In Sidama zone, Southern region, predictors included marital status, type of health facility, working environment and training opportunity (Asegid et al. 2014). In referral hospitals in Amhara region, predictors included nurses' age, marital status, organizational commitment and educational level (Engeda et al. 2014).

Another cross sectional study carried out on Nurses turnover intent at the Tikur Anbessa Specialized Hospital has found out that work related factors as pay, work-life balance, physical environment of the workplace, and locations contribute to turnover (Abdulwahb, 2013)

The researcher has realized that much of the studies that have attempted to assess the reason behind the health work force mostly attributed the causes to the respondent's demographic characteristics and motivational factors and financial incentives Abdulwahb (2013) Girma, Erdaw & Habtamu (2015) Agezegn, Tefera & Ebrahim. (2014). However, most, if not all studies failed to acknowledge the effect of leadership styles may have on these undesirable behavior. Fewer attempts are made to explore the relationship between leadership styles and nurses' turnover intention on employees desire to leave or to stay. Moreover, the researchers were primarily carried out in the health sector that found out of Addis Ababa.
Therefore, it was reasonable to assess the relationships among them in line with the objectives set so far. Hence, the aim of this study was to study the relationship between leadership styles and nurses' turnover intention in the public hospitals at Addis Ababa, Ethiopia.

1.3. Research Questions

1. What does the leadership styles and nurse's turnover intention status of the selected public hospitals look like?
2. What is the relationship between Autocratic leadership style and nurse's turnover intention at the selected public hospitals?
3. What is the relationship between Democratic leadership style and nurse's turnover intention at the selected public hospitals?
4. What is the relationship between Transformational leadership style and nurse's turnover intention at the selected public hospitals?
5. What is the relationship between Laissez-faire leadership style and nurse's turnover intention at the selected public hospitals?

1.4. Objectives of the study

1.4.1. General objective

The general objective of the study was to explore the relationship between leadership styles and nurses' turnover intention.

1.4.2. Specific Objectives

1. To identify leadership styles and nurse's turnover intention status of the selected public hospitals.
2. To investigate the relationship between Autocratic leadership style and nurses' turnover intentions at some selected public hospitals in Addis Ababa, Ethiopia.
3. To investigate the relationship between Democratic leadership style on nurses turnover intentions at some selected public hospitals in Addis Ababa, Ethiopia.
4. To find out the relationship between Transformational leadership style and nurses turnover intentions at some selected public hospitals in Addis Ababa, Ethiopia.
5. To investigate the relationship between Laissez-faire leadership style and nurses turnover intentions at some selected public hospitals in Addis Ababa, Ethiopia.

1.5. Research Hypothesis

H1: Autocratic leadership style is significantly related to nurse's turnover intention.

H2: Democratic leadership style is significantly related to nurse's turnover.

H3: Transformational leadership style is significantly related to nurse's turnover.

H04: Laissez-faire leadership style is significantly related to nurse's turnover.

1.6. Definitions of Terms

Public hospital: is a health care hospital owned by government to the public generally and operated without profit.

Transformational Leadership: A leader who permit their staffs to become leaders by means of establishing healthy connection with them to achieve the organizations goals, with the idea of meeting the team's vision.

Autocratic Leadership: A leader centralizes decision making power in himself and enjoy full authority and impose his will on employees.

Democratic Leadership: A leader facilitating conversation, encouraging employees to share ideas and involve them in decision making process.

Laissez-faire Leadership: is defined as a lack of involvement in the decision making

Process (Kleinman, 2004).

Nurse Intent to Turnover – thought process that involves decision of nurses who are considering leaving their current job in the next six months.

1.7. Significance of the Study

After a review of the literature specific to nurse's intention to turnover I just realized the importance of the issue in our country and more than that many researches were undertaken by developed countries but little were found in developing countries specifically Ethiopia. The lack of research addressing the factors that influence nurses' turnover intention is a problem because if nurse administrators do not know what the nurses want, they cannot make changes to better satisfy the nurses. This study provided information that is important to practice, nursing administration and policy maker, and nursing education.

This study was providing input for policy maker on changing worker characteristics, changing job characteristics, and working environment adjustment. It may also help in job placement strategies to retain more staff. Again, for education and training of staff this study may indicate the area of interest for provision of problem solving education.

The study is believed to be important since, there has not been adequate study on the topic in the context of Ethiopia. The information from the study result is helpful for hospitals senior officials in selecting effective leadership style on different situations to manage

nurses' turnover intention and achieve organizational objectives. Similarly, findings may hopefully assist in enriching the existing literature on the issue of leadership styles and nurses turnover in public hospitals.

1.8. Scope and Limitations of the Study

Despite the fact that the leadership styles can have an effect on the nurses' turnover intention in public hospitals in Addis Ababa that needs to study from different dimensions and aspects of leadership styles in relation to turnover intention. However, the study was geographically delimited to some selected public hospitals and the survey covers' the nurses of the selected hospitals. Furthermore, the study was only focused on exploring how transformational leadership, Autocratic leadership, democratic leadership and laissez-faire leadership styles affected nurses' turnover intention of the selected public hospitals. The reason was to make the study manageable and conduct within the existing reality of the resource constraints.

There were limitations to conduct this study which includes time shortage. It's obvious that within this short time it was difficult to do detail study with extensive data collection and interpretation. Detail study request huge financial discharge, which was out of capacity. Furthermore, the absence of proper documentation and data management centers for public hospitals was another limitations realized by the researcher.

1.9. Organization of the Study

The study is divided into five chapters. Chapter one is the introduction, two is a review of related literature, three discusses the methodology employed in carrying out the study, four is data presentation and analysis, while chapter five concludes the study and offers recommendations for appropriate leadership styles that can be effective to manage the nurses turnover intention in the public hospitals.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1. Theoretical Literature Review

2.1.1. Basic concepts and Definitions

2.1.1.1. Concept of Leadership

Leadership is one of the critical and important factors in enhancing an organizational performance (Riaz, 2010). Lambert et al. (2003) suggests "that leadership is the cumulative process of learning through which we achieve the purposes of the school". According to Kotter (1999), leadership is about setting a direction or developing a vision of the future together with the necessary strategies for producing the changes needed to achieve this vision.

Bennis and Nanus (1985) explain that "Leadership is an influence relationship among leaders and followers to perform in such a way to reach a defined goal or goals". Leadership therefore, is an important element for the success of an organization, regardless of its nature of activities, profit or charity orientated, private or government linked organizations.

According to Yukl (2006) defines leadership as the process influence others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives. Besides that, leadership is the process by which shared objectives can be achieved through facilitating individual and collective efforts, it is also a process of what and how things can be done effectively by influencing others. Northouse (2010) defines leadership as a process whereby an individual influences a group of individual to achieve a common goal.

2.1.1.2. Leadership style

Leadership style is defined as the pattern of behaviors that leaders display during their work with and through others (Hersey and Blanchard, 1993). Miller et al. (2002) view leadership style as the pattern of interactions between leaders and subordinates. According to Hersey et al. (2000), the term "leadership style" can be interpreted as leadership behavior with two obviously independent dimensions: task and interpersonal relationships.

According to Kavanaugh and Ninemeier (2001), there are three factors that determine the type of leadership style which is leaders' characteristics, subordinates' characteristics and the organization environment. More specifically, the personal background of leaders such as

personality, knowledge, values, and experiences shapes their feelings about appropriate leadership that determine their specific leadership style. Employees also have different personalities, backgrounds, expectations and experiences, for example, employees who are more knowledgeable and experienced may work well under a democratic leadership style, while employees with different experiences and expectations require an autocratic leadership style. Some factors in the organization environment such as organizational climate, organization values, composition of work group and type of work can also influence leadership style. However, leaders can adapt their leadership style to the perceived preferences of their subordinates (Wood, 1994).

2.1.2. Leadership Theories
2.1.2.1. Great-Man Theory

The effort toward explorations for common traits of leadership is protracted over centuries as most cultures need heroes to define their successes and to justify their failures. In 1847, Thomas Carlyle stated in the best interests of the heroes that "universal history, the history of what man has accomplished in this world, is at the bottom of the history of the great men who have worked here". Carlyle claimed in his "great man theory" that leaders are born and that only those men who are endowed with heroic potentials could ever become the leaders. Heopined that great men were born not made. An American philosopher, Sidney Hook, further expanded Carlyle perspective highlighting the impact which could be made by the eventful man vs. the event-making man (Dobbins & Platz, (1986).

He proposed that the eventful man remained complex in a historic situation, but did not really determine its course. On the other hand, he maintained that the actions of the event-making man influenced the course of events, which could have been much different, had he not been involved in the process. The event making man's role based on "the consequences of outstanding capacities of intelligence, will and character rather than the actions of distinction". However, subsequent events unfolded that this concept of leadership was morally flawed, as was the case with Hitler, Napoleon, and the like, thereby challenging the credibility of the Great Man theory. These great men became irrelevant and consequently growth of the organizations stifled (Macgregor, 2003).

2.1.2.2. Trait Theory

The early theorists opined that born leaders were endowed with certain physical traits and personality characteristics which distinguished them from non-leaders. Trait theories ignored the assumptions about whether leadership traits were genetic or acquired. Jenkins identified two traits; emergent traits (those which are heavily dependent upon heredity) as height, intelligence, attractiveness, and self-confidence and effectiveness straits (based on experience or learning), including charisma, as fundamental component of leadership (Ekvall& Arvonen, 1991).

Max Weber termed charisma as "the greatest revolutionary force, capable of producing a completely new orientation through followers and complete personal devotion to leaders they perceived as endowed with almost magical supernatural, superhuman qualities and powers". This initial focus on intellectual, physical and personality traits that distinguished non-leaders from leaders portended a research that maintained that only minor variances exist between followers and leaders (Burns, 2003). The failure in detecting the traits which every single effective leader had in common, resulted in development of trait theory, as an inaccessible component, falling into disfavor. In the late 1940s, scholars studied the traits of military and non-military leaders respectively and exposed the significance of certain traits developing at certain times.

2.1.2.3. Contingency Theories (Situational)

The theories of contingency recommends that no leadership style is precise as a stand-alone as the leadership style used is reliant upon the factors such as the quality, situation of the followers or a number of other variables. "According to this theory, there is no single right way to lead because the internal and external dimensions of the environment require the leader to adapt to that particular situation". In most cases, leaders do not change only the dynamics and environment, employees within the organization change. In a common sense, the theories of contingency are a category of behavioral theory that challenges that there is no one finest way of leading/organizing and that the style of leadership that is operative in some circumstances may not be effective in others (Greenleaf, 1977).

Contingency theorists assumed that the leader was the focus of leader-subordinate relationship; situational theorists opined that the subordinates played a pivotal role in defining the relationship. Though, the situational leadership stays to emphasis mostly upon the leader, it creates the significance of the focus into group dynamic. "These studies of the

relationships between groups and their leaders have led to some of our modern theories of group dynamics and leadership". The theory of situational leadership proposes that style of leadership should be accorded with the maturity of the subordinates (Bass & Avolio, 1997). "The situational leadership model, first introduced in 1969, theorized that there was no unsurpassed way to lead and those leaders, to be effective, must be able to adapt to the situation and transform their leadership style between task-oriented and relationship-oriented".

2.1.2.4. Style and Behavior Theory

The style theory acknowledges the significance of certain necessary leadership skills that serve as enabler for a leader who performs an act while drawing its parallel with previous capacity of the leader, prior to that particular act while suggesting that each individual has a distinct style of leadership with which he/she feels most contented. Like one that does not fit all heads, similarly one style cannot be effective in all situations. Yukl (1989) introduced three different leadership styles. The employees serving with democratic leaders displayed high degree of satisfaction, creativity, and motivation; working with great enthusiasm and energy irrespective of the presence or absence of the leader; maintaining better connections with the leader, in terms of productivity whereas, autocratic leaders mainly focused on greater quantity of output. Laissez faire leadership was only considered relevant while leading a team of highly skilled and motivated people who excellent track-record, in the past.

Feidler & House (1994) identified two additional leadership styles focusing effectiveness of the leadership. These researchers opined that consideration (concern for people and relationship behaviors) and commencing structure (concern for production and task behaviors) were very vital variables. The consideration is referred to the amount of confidence and rapport, a leader engenders in his subordinates. Whereas, initiating structure, on the other hand, reflects the extent, to which the leader structures, directs and defines his/her own and the subordinates" roles as they have the participatory role toward organizational performance, profit and accomplishment of the mission. Different researchers proposed that three types of leaders, they were; autocratic, democratic and laissez-faire. Without involving subordinates, the autocratic leader makes decisions, laissez-faire leader lets subordinates make the decision and hence takes no real leadership role other than assuming the position and the democratic leader accesses his subordinates then takes

his decision. "He further assumed that all leaders could fit into one of these three categories".

2.1.2.5. Process Leadership Theory

Additional leadership theories with a process focus include servant leadership, leaving organizations, principal centered leadership and charismatic leadership, with others emerging every year. Greenleaf introduced servant leadership in the early 1970s. A resurgence of the discussion of servant leadership was noted in the early1990s. Servant leaders were encouraged to be focused to the anxieties of the followers and the leader should sympathize with them take-care of and nurture them. The leadership was imparted on a person who was by nature a servant. "The servant leader focuses on the needs of the follower and helps them to become more autonomous freer and knowledgeable". The servant leader is also more concerned with the "have-nots" and recognizes them as equal (Greenleaf, 1996).

2.1.2.6. Transactional Theory

The leadership theories, by the late 1970s and early 1980s, activated to diverge from the specific perspectives of the leader, leadership context and the follower and toward practices that concentrated further on the exchanges between the followers and leaders. The transactional leadership was described as that in which leader-follower associations were grounded upon a series of agreements between followers and leaders (House & Shamir, 1993). The transactional theory was "based on reciprocity where leaders not only influence followers but are under their influence as well". Some studies revealed that transactional leadership show a discrepancy with regard to the level of leaders" action and the nature of the relations with the followers.

Bass and Avolio (1997) observed transactional leadership "as a type of contingent-reward leadership that had active and positive exchange between leaders and followers whereby followers were rewarded or recognized for accomplishing agreed upon objectives". From the leader, these rewards might implicate gratitude for merit increases, bonuses and work achievement. For good work, positive support could be exchanged, merit pay for promotions, increased performance and cooperation for collegiality. The leaders could instead focus on errors, avoid responses and delay decisions. This attitude is stated as the "management-by-exception" and could be categorized as passive or active transactions. The difference between these two types of transactions is predicated on the timing of the

leaders" involvement. In the active form, the leader continuously monitors performance and attempts to intervene proactively (Avolio & Bass, 1997).

2.1.2.7. Transformational Theory

Transformational leadership distinguishes itself from the rest of the previous and contemporary theories, on the basis of its alignment to a greater good as it entails involvement of the followers in processes or activities related to personal factor towards the organization and a course that will yield certain superior social dividend. The transformational leaders raise the motivation and morality of both the follower and the leader (House &Shamir, 1993). It is considered that the transformational leaders "engage in interactions with followers based on common values, beliefs and goals". This impacts the performance leading to the attainment of goal. As per Bass, transformational leader, "attempts to induce followers to reorder their needs by transcending self-interests and strive for higher order needs". This theory conform the Maslow (1954) higher order needs theory. Transformational leadership is a course that changes and approach targets on beliefs, values and attitudes that enlighten leaders" practices and the capacity to lead change.

The literature suggests that followers and leaders set aside personal interests for the benefit of the group. The leader is then asked to focus on followers' needs and input in order to transform everyone into a leader by empowering and motivating them (House & Aditya, 1997). Emphasis from the previously defined leadership theories, the ethical extents of leadership further differentiates the transformational leadership. The transformational leaders are considered by their capability to identify the need for change, gain the agreement and commitment of others, create a vision that guides change and embed the change (Macgregor, 2003).

2.1.3. Leadership Styles
2.1.3.1. Autocratic Leadership Style

Hoel and Salin (2003) stressed that autocratic leadership is a leadership style where all of the decisions originate from the top level of the management while the lower-level management are the followers and doers of the responsibilities/tasks. Mainly, the tasks are assigned from the top managements for the subordinates to perform. Leaders make the

decisions without consultation with the subordinates. It works with the organization who adopted the top-bottom management style.

According to the experiments by Probst and Raisch, 2005), autocratic leadership can cause leaders to possess too much power which can resort to negative implications to the performance of organization. Moreover, the employees are not involved in making decisions and whatever the top management wanted to impose, it was carried whether the lower management agree to it or not. However, autocratic leadership has advantages and disadvantages. Its main advantage is that decisions are made quickly and it makes sure that the decisions are distributed and followed by the subordinates from the top to the bottom of the hierarchy. On the other hand, it also offers many disadvantages. For one, organizations that rely to the leadership of one person can be dangerous and too much power can increase the chances of corruption by leaders (Probst and Raisch, 2005). Autocratic leadership also limits the potentials of other members to excel and thus, discourages employee participation and contributes to low level of job satisfaction and trust in the organization.

Nwankwo (2001) and Enoch (1999) described autocratic style as a leadership style in which production is emphasized at the expense of any human consideration, and where decision are made exclusively by the leader. The leader believes that human beings are evil, weak, unwilling to work, incapable of self- determination, and have limited reasoning.

An autocratic style according to Page wise (2002) is effective and should be used when new untrained employees who do not know which tasks to perform or which procedures to follow, effective supervision can be provided only through detailed orders and instruction and employees do not respond to any other leadership style. The Canadian Association of Student Activity Advisers (2004) also opined that autocratic leadership is effective and should be used when time is limited.

2.1.3.2. Transformational Leadership

Transformational leadership is the ability to motivate and to encourage intellectual stimulation through inspiration. It is also defined transformational leadership style as guidance through individualized consideration, intellectual stimulation, inspirational motivation, and idealized influence. Transformational leaders fundamentally change the values, goals, and aspirations of followers who adopt the leader's values and, in the end,

perform their work because it is consistent with their values and not because they expect to be rewarded (Avolio et al., 2004).

Transformational leadership is an appropriate leadership style for dealing with organizational change. It facilitates how followers cope with change and bolsters followers' commitment, self-efficacy, and empowerment during change (Bommer et al., 2005). Transformational and transactional leadership styles are separate yet complementary (Bass, 1985). According to the augmentation effect theory, transformational leadership is at the base of and adds to the effect of transactional leadership (Callan, 1993)

Furthermore, the transformational leadership styles seem to enhance performance without increasing stressor load on the subordinates. Specifically, subordinates of leaders with higher levels of individualized consideration reported lower levels of dissatisfaction. According to studies that demonstrated reduced stress symptoms in subordinates in relation to transformational leadership (Seltzer et al., 1989), this leadership style overall seems to be the most beneficial leadership style in terms of stress and productivity. Yukl (1999) identified seven major weaknesses of transformational leadership. First, it is the ambiguity underlying its influences and processes. Secondly is the overemphasis of the theory on leadership processes at the dyadic level. Thirdly, the theoretical rationale for differentiating among the behaviors is not clearly explained. Fourth identified omission of several transformational behaviors from the original transformational leadership theory which empirical evidence has shown to be relevant. Fifth is the insufficient specification of situational variables in transformational leadership. Sixthly, the theory does not explicitly identify any situation where transformational leadership is detrimental. Lastly, like most leadership theories, transformational leadership theory assumes the heroic leadership stereotype.

2.1.3.3. Laissez-faire leadership style

A leader who avoids or does not interfere with the work assignments or may entirely avoid responsibilities and does not guide or support the followers can be considered as a laissez-faire style of leader. This leader's style is compared with dissatisfaction, unproductiveness, and ineffectiveness (Morreale, 2002). The leader fails to lead the team, does not fulfill the responsibilities as a leader, overall, effective leadership is not attempted. Laissez-faire style leaders maintain a hands-off approach and are rarely involved in decision-making and contributing any guidance and direction. This leadership style enables the subordinates to

make their own decisions, as the leader exhibits no real authority. The leader only responds to questions and provides information or gives support to the group. The subordinates of laissez-faire leaders have to seek other sources to assist them in making final decisions (Liphadzi, Aigbavboa, & Thwala, 2015).

Laissez-faire leadership may be the best or the worst of leadership styles (Goodnight, 2011). Laissez-faire, this French phrase for "let it be," when applied to leadership describes leaders who allow people to work on their own. Laissez-faire leaders abdicate responsibilities and avoid making decisions, they may give teams' complete freedom to do their work and set their own deadlines. Laissez-faire leaders usually allow their subordinate the power to make decisions about their work (Chaudhry & Javed, 2012). They provide teams with resources and advice, if needed, but otherwise do not get involved. This leadership style can be effective if the leader monitors performance and gives feedback to team members regularly. The main advantage of laissez-faire leadership is that allowing team members so much autonomy can lead to high job satisfaction and increased productivity. It can be damaging if team members do not manage their time well or do not have the knowledge, skills, or motivation to do their work effectively. This type of leadership can also occur when managers do not have sufficient control over their staff (Ololube, 2013).

2.1.3.4. Democratic Leadership Style

Democratic leadership involves consulting with subordinates and the evaluation of their opinions and suggestions before the manager makes the decision (Mullins, 2005). Democratic leadership is associated with consensus, consultation, delegation, and involvement (Bass 1981).This implies that employees who perceive their managers as adopting consultative or participative leadership behavior are more committed to their organizations, more satisfied with their jobs and higher in their performance. Because, of the consultative nature of participative leadership, it has the potential to enhance the dissemination of organizational and managerial values to employees (Ibid).

Democratic leaders make the final decisions, but include team members in the decision-making process. They encourage creativity, and team members are often highly engaged in projects and decisions. There are many benefits of democratic leadership. Team members tend to have high job satisfaction and are productive because they are more involved. This style also helps develop employees' skills. Team members feel a part of something larger and meaningful and so are motivated to by more than just a financial reward. The danger of

democratic leadership is that it can falter in situations where speed or efficiency is essential. During a crisis, for instance, a team can waste valuable time gathering input. Another potential danger is team members without the knowledge or expertise to provide high quality input.

According to Bass (1990), employees who work for a participative leader tend to exhibit greater involvement, commitment, and loyalty than employees who work under a directive leader. Consequently, employees who are allowed to participate in the decision-making process are likely to be more committed to those decisions implementation and probably better outcome is expected to achieve. However; the challenge that lies in this aspect is that only giving power to the subordinates may not be wise enough since delegation, empowerment and specialization are calculated risks.

The democratic leadership style is also called the participative style as it encourages employees to be a part of the decision making. The democratic manager keeps his or her employees informed about everything that affects their work and shares decision making and problem solving responsibilities. This style requires the leader to be a coach who has the final say, but gathers information from staff members before making a decision(Celattia, 2011).

2.1.4. Turnover Intention

Turnover intention refers to those staff that are considering and thinking to quit their career (Firth et al., 2004). Staff could make their minds to quit their positions voluntarily (Wells and Peachey, 2011). Alternatively, they may leave their jobs involuntarily. By this, involuntary turnover is referred to the situation in which the organization asks staff to do that (Ibid). Voluntary turnover is usually dysfunctional and can be most detrimental to the organization. Staffs who leave the organization are those most talented and smartest employees within the group. Their valuable experiences, talent, skills and knowledge will leave with them and resulted in deteriorating efficiency. Involuntary turnover is normally functional to the organization as it removes the low performing staff (Watrous, 2006).

Turnover intention is also known as intention to leave. Intention to leave is a well-studied concept and scholars have explained it in various ways. Intention to leave is defined as the level to which a member contemplates leaving relationship with current community or employer (Kim et al., 1996). It can be theorized as manifestation and predictor of real

turnover (Cohen& Golan, 2007), according to the theory of planned behavior (Ajzen, 1991) behavioral intention generally is predictor of an actual action. Intention to leave refers to the 'conscious and deliberate willfulness of the employees to leave the organization' and it is individual own estimated subjective possibility or probability of moving the organization or profession in near future. Intention to leave is reflected in the thoughts and consequently declarations by the members that they actually want to leave (Bigliardi et al., 2005).

The impact of turnover can be either positive or negative, or both for an organization. According to Carbery et al., (2003), from the perspective of the employer, turnover is viewed primarily as a negative phenomenon and from the view of employee; it is often viewed in a more positive way. For the employer, perhaps the most obvious positive organizational consequences are the potential replacement of a former employee with one who is better. In terms of negative impact, from a managerial perspective, it would seem apparent that the organizational consequences of turnover are closely associated with the additional cost of recruitment and training and potentially lower profitability.

Contrarily, a positive impact could be seen for an employee who quits a job being or feeling motivated by expectations of greater net positive consequences in a new post. This may be in the form of higher rates of pay or career development. However, the negative consequences of turnover also exists for employees who misjudge the organizations that they are about to join. Unrealistic expectations of the new organization, for example, about better benefits or working conditions may lead to a negative impact. Other possible negative consequences may involve loss of seniority, co-workers or boss. There are the costs such as financial, social and psychological of moving to a new post that has to be borne regardless of any increase in salary or seniority (Mobley, 1982).

2.2. Empirical Literature Review
2.2.1. Transformational Leadership and Employee Turnover Intention

Hamstra et al. (2011), in a quantitative study on how a fit between leadership styles and followers' regulatory focus will mitigate followers' turnover intention, found that transformational leadership was negatively related to turnover intention for highly promotion-focused followers, but not for those low in promotion focus. Similarly, Pieterse-Landman (2012) in a non-experimental quantitative study examined the relationship

between leadership and employee turnover intention. Using a data from a sample of 185 managers in local JSE-listed manufacturing companies in South Africa, the author found a significant negative relationship between transformational leadership and intention to quit.

Consistent with these findings, a study by Hugheset al. (2010) on leadership and followers' quitting intention and job search behaviors reported that followers' perceptions of transformational leadership shared significant inverse relationships with their intention to quit. In other words, these scholars found that when followers perceive their leaders as behaving transformational and thus report a higher-quality exchange relationship, their preparatory job search feelings and intention to quit are less salient. Furthermore, Long et al. (2012) in an exploratory study examined the relationship between leadership styles and employee turnover intention among academic staff in a community college in Malaysia. Najm (2010) in Kuwait also found a negative relationship between transformational leadership and employees' turnover intention.

Wells and Pearchey (2011) undertook a study to investigate the relationship between leadership behaviors (transformational and transactional), satisfaction with the leaders, and voluntary turnover intention on 200 participants from National Collegiate Athletic Association Division I softball and volleyball assistant coaches in the USA. The outcome of their study showed significant negative correlation between transformational leadership style and voluntary turnover intention as well as the relationship between transactional leadership behavior and voluntary organizational turnover intention. Based on the foregoing review, it was conjectured that transformational leadership behavior would have a significant inverse relationship with employees' turnover intention.

2.2.2. Laissez- Faire Leadership Style and Employees' Turnover Intention

Laissez faire is a French phrase which means "let it be" and it is also known as the "hands off style" (Nwokocha & Iheriohanma, 2015). According to Gill (2014) it means leaving subordinates to complete tasks and jobs in the way they choose without adherence to any strict policies or procedures. Bass (2008) describes the laissez faire leadership style as one in which the leader has no belief in their own ability to supervise. He further stated that the leader has no clear set goals towards how they may work, do not help the group in making decisions and so leave too much responsibility with their subordinates.

According to Puni, Ofei and Okoe (2014), the laissez-faire leader avoids controlling his employees and so only relies on the few available employees who are loyal to get a task

done. A laissez faire leader does not believe in employee development as they believe that employees can take care of themselves (Puni et al, 2014). This leadership style cannot be said to be operational in the banking sector which requires that both the leader and subordinates have an input in the decision making process and completion of tasks to ensure the success of the organization.

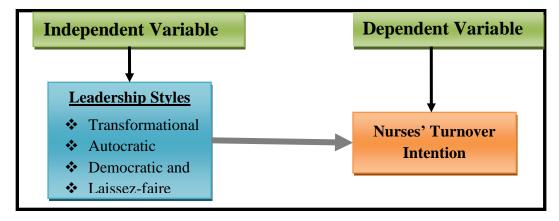## 2.2.3. Democratic Leadership Style and Employees' Turnover Intention

The democratic leadership style is also referred to as the participative leadership style. The focus of this leadership style is on performance and people (Puni et al.,, 2014). It encourages employees to participate in the decision making process of the organization (Nwokocha & Iheriohanma, 2015). Daft (1999) describes the democratic leader as one who delegates authority to subordinates or employees, encourages contributions from employees and depends on the knowledge of the subordinates to complete tasks as well as on their respect for influence. According to Puni et al (2014) decision making in a democratic system is not centralized and high performance is recognized and rewarded. Nwokocha and Iheriohanma (2015) on the other hand suggest that there is potential for poor decisions to be made by the subordinates as a result of the leader depending on the contributions made by the employees or subordinates. This can be said to have a negative impact on the organisation and can also instigate turnover intention in employees. The democratic leadership sounds good in theory but it is often bogged down in its slow decision making process and the results which could seem workable would always require a lot of time and effort (Nwokocha & Iheriohanma, 2015).

2.3. Conceptual Framework

The findings of this study will provide some new insights into how transformational, autocratic, democratic and laissez-faire leadership styles can help to understand the factors that influence the nurses' turnover intention and then act on those influencers to suppress the Turnover Intention. This study focused on the rapidly growing public health facilities in Addis Ababa, Ethiopia, where nurses get opportunities to switch between hospitals frequently thus increasing turnover. One potential contribution of this study is to enhance the factors such as transformational, autocratic, democratic and laissez-faire leadership styles in the process of reducing nurses' turnover intention. The finding is expected to be useful to managers, human resource managers and hospitals. It was helpful to the managing

body of the health care facilities while framing strategies to develop a competent and committed workforce that will eradicate turnover intention of the nurses. Furthermore, results of this study will add to the body of knowledge concerned with the Leadership framework.

The literature has been used as foundation to develop a conceptual framework for this Study and operational map for leadership was drawn along: democratic style, transformational style, autocratic leadership style and laissez-faire leadership style as shown in Figure 2.1.

Source: The Researcher's Adapt Design from Literature Review (2019)

Figure 1: Conceptual Framework of the Study

CHAPTER 3: METHODOLOGY OF THE STUDY

Introduction

This chapter consists of the site selection and description of the study area, research design, the population of the study, and how data was collected. Further, it considered the reliability and validity of the research instrument used, how data was analyzed and the ethical considerations that were applied in the study.

3.1. Description of the study area

The study was conducted in Addis Ababa, the capital city of Ethiopia. Addis Ababa lies at an altitude of 2,300 meters above sea level .In Addis Ababa there are about 33 hospitals comprising about 20 private and 13 public hospitals; 6 hospitals are owned by Addis Ababa health bureau, 4 hospitals owned under ministry of health, 1 hospital owned by Addis Ababa University and 2 owned by other companies. In addition there are about 23 health center, 9 clinic, and 34 health posts. According to 2007 census estimated total population is 3,384,569 in an area of 540 square kilometer (CSA, 2007).

3.2. Research approach

The research design of the study was conducted by using both explanatory and descriptive research design. Therefore, research design in this study was encourage, informs and come up with a significant justification to investigate the relationship between leadership styles and nurses turn over intention in some selected public hospitals at Addis Ababa, Ethiopia.

The mixed approach was also help the research questions deal with issues that require both deep understanding as well as the need to find the fact on the study population and it was assist the research to get more information, effective and reliable data.

3.3. Types and Instruments of Data Collection

The study relies on quantitative data which were collected from various primary and secondary sources. Quantitative research is based on precise measurements using structured and validated data collection instruments (Johnson and Christensen, 2008).

Therefore, the study was bases on the data that were collects from both primary and secondary sources. Primary data was collect through structured questionnaires (closed ended) from selected sample of individuals from different department/units of the selected hospitals. On the other hand, the secondary sources of data obtained from related literature,

evaluation of similar studies, scholarly written article review journals, and books, training manuals and browsing of the internet.

3.4. Study population and Sample

3.4.1. Target Population

The target populations of the study was nurses working in 5 purposively selected public hospitals from a total of 13 public hospitals found in Addis Ababa.

By taking in to account the time and cost constraints (cost of data collection and analysis), the researcher was planned to select five public hospitals in Addis Ababa by using non-probability (purposive) sampling techniques. Accordingly, Black lion hospital, Yekatit 12 hospital, Zewditu hospital, Ras Desta hospital and Gandi hospital were selected purposively.

3.4.2. Sample Design

Depending on the organizational structure and hospital distribution, the combination of both probability (systematic sampling) and non-probability (purposive sampling) technique were used in this study. As Kothari (2004) pointed out, purposive or judgment sampling is used when items for the sample are selected deliberately by the researcher so that his/her choice concerning the items remains supreme. Purposive sampling method in this research helps the researcher to select the hospitals which was suitable for collecting the required data. On the other hand probability (systematic sampling) was applied to select the sample individuals from different department/units of the selected hospitals.

3.4.3. Sample Size

Determination of the proper sample size is crucial to any study; sample is one of the most important determinants of the accuracy of the research results. Therefore to determine the sample size of from those populations (i.e. 2000nurses) who were participated in the study, the researcher selected333 employees as a sample by using a formula developed by Cochran (1963) cited in Glenn (2013).

$$n = \frac{N}{1 + N(e^2)}$$

Where, N is sample population, n is sample size and "e" represents error margin. The researcher has set e=0.05, which means that the confidence level is 95%.

Therefore;

$$n = \frac{2000}{1 + 2000(0.05^2)}$$

$$n = \frac{2000}{1 + 2000(0.0025)}$$

$n = 333.33$ Which is approximately = <u>333</u>

Accordingly, the table below shows the proportionate sampling for each hospital based on the proportional to size allocation formula $\frac{ni*nf}{N}$; Where

ni= number of nurse in each selected hospital

nf = final sample of the study

N = total number of nurses in the selected hospitals

Table 3.1: proportionate sample distribution for each hospital

No.	List of Branches	Total No. of nurses	No. of sample size
1	Black lion	982	164
2	Yekatit 12	374	62
3	Zewditu hospital	302	50
4	Ras Desta	148	25
5	Gandi hospital	194	32
	Total	2000	333

As far as nurses' representation in the study population, systematic sampling technique was used to include in the sample study. Systematic sampling was applied; due to it is easy, convenient, and less costly sampling method. The researcher was applied the rule of thumb which says in deciding sampling interval divide the total population by the sample size that means Kth=N/n, where kth is the sampling ratio, N is the estimated population size and n is the sample size. For this study N=2000 and n=333, therefore, the skip interval was 2000/333= 6 approximately, which was considered as the random starting point and include in the sample study. The same procedure was applied for each other hospitals nurses.

Black Lion hospital =982/164 =5.98 ≈6, Yekatit 12 hospital =374/62=6.03 ≈6, Zewuditu hospital =302/50 =6.04`≈6, Ras Desta hospital = 148/25 =5.92 ≈6 and Gandi memorial hospital =194/32=6.06 ≈6.

Therefore the selection was every sixth unit in the population in each hospital from the nurse's roster.

3.5. Data Collection Instruments

The main tool for data collection was the questionnaire. A questionnaire is a formalized set of questions for obtaining information from respondents that translate the researcher's information needs into a set of specific questions that respondents are willing and able to answer. For the purpose of data collection, a closed-ended questionnaire was prepared by considering leadership style dimensions and nurses turnover intention.

The researcher was used Bass and Avolio's (2004) Multifactor Leadership Questionnaire (MLQ 5x Short) and three turnover intentions measurement scale using A five point Likert Scale ((1-StronglyAgree, 2-Agree, Neutral, 4-Disagree, 5- Strongly disagree)

Data Collection Procedure

A self-administered, structured questionnaire was used to gather data from nurses. The researcher was formally request permission from the selected hospital for the study. Then after getting permission, distribution and collection of questionnaires from the sampled population was conducted by the researcher as per the schedule and four enumerators by the distribution and collection of questionnaires to each selected hospitals were done. Selection of the enumerators was done by taking into account: a) the knowledge of the study area, b) the educational level and c) personal willingness to take part in the survey.

3.6. Data Processing and Analysis
3.5.1. Data Processing

After collecting data from primary sources it was appropriately checked. In addition to that in-house editing was conduct by the researcher to detect errors commit by respondents during completing the questionnaires. Then the edited data was coded and manually enter in to the computer.

3.5.2. Data Analysis

In the study both qualitative and quantitative methods of data analysis techniques were employed. Analysis of data in this research was done by using statistical tools like frequency, mean, standard deviation, correlation and multiple regressions. A descriptive analysis was also used for demographic factors such as gender, age, educational level, and for how long has been the nurses served in the hospitals.

In the study four hypotheses were analyzed using methods of statistical inference. Pearson Correlation analysis was conducted to test the existence of significant relationship between the leadership style dimensions and nurses turnover intention. Tables and figures were employed to present the data and statistical package for social science (SPSS) version 20 w to support the analysis.

3.6. Ethical Consideration

The respondents were receiving a letter of introduction about the study to notify them of the aim of the research study. They were given an opportunity to give their consent in order to freely participate in the survey. The respondents were assuring of confidentiality and anonymity. They were given the assurance that they would not face any consequences or risks as a result of participating in the survey. They had the certainty that the collected data were only to be used for educational research purposes only.

CHAPTER 4: DATA ANLYSIS ANDDISCUSSION

Introduction

This chapter was devoted to present and discusses the results of the study. The study aimed at analyzing the effect of leadership styles on nurses'' turnover intention in some selected public hospitals at Addis Ababa, Ethiopia. The chapter has two sections, the first section of the chapter presented findings about the demographics of study participants, and second section of this presented statistical analyzes used to answer the key Research questions and understand the results.

4.1. Response Rate

333 questionnaires were distributed to the sample populations, out of which 13 questionnaires were not returned and 5 questionnaires were discarded due to missing data. Therefore, 315 questionnaires were considered for study.

Table 4.1: Number of distributed, Number of collected and Response rate

No.	List of Hospitals	No. of distributed Questionnaires	No. of Returned/Valid Questionnaires	Response Rate in %
1	Black lion	164	153	93.3 %
2	Yekatit 12	62	59	95.2 %
3	Zewditu	50	48	96 %
4	Ras Desta	25	24	96 %
5	Gandi	32	31	96.9 %
	Total	**333**	**315**	**94.6 %**

SourceField survey April, 2019

4.2. Demographic Characteristics of the Respondents

Table 4.2: Frequency and %age of Respondents' Demographic Characteristics

No.	Demographic Factors (Variables)	Categories	No. of Respondents (Frequency)	Percentage (%)
1	**Sex**	1. Male	155	49.2%
		2. Female	160	50.8%
		Total	315	100%
2	**Age**	1. 25 and below years	49	15.7%
		2. 26-30 years	104	33.1%
		3. 31-40 years	71	22.5%
		4. 41- 50 years	55	17.4%
		5. 51 and above years	36	11.3%
		Total	315	100%
3	**Marital status**	1. Married	169	53.7%
		2. Single	135	42.8%
		3. Divorced	9	2.9%
		4. Widowed	2	0.6%
		Total	315	100%
4	**Level of Education**	Certificate	0	0%
		Diploma in Nursing	59	18.7%
		BScin Nursing	169	53.7%
		MScin Nursing and above	87	27.6%
		Total	315	100%
5	**Work experience**	1. 5 and below 5 years	96	30.5%
		2. 6-10 years	134	42.5%
		3. 11-15 years	62	19.7%
		4. 16 and above years	23	7.3%
		Total	315	100%

Source: Field survey April, 2019

4.2.1. Sex of the Respondents

The questionnaire surveys collected from the respondents are showing their gender information on the composition of the respondents in terms of sex. The reason that the researcher included this part is for example, to make sure that respondents are in appropriate mix in terms of gender.

Therefore, the result indicated in Figure 4.2.Show that, Out of the 315 respondents 155 (49.2%) were males and the remaining 160 (50.8%) were females. This explains that the number of female respondents were greater than male respondents who were participated in the study.

4.2.2. Age of the Respondents

According to the table 4.2, regarding age profile 49 (15.7%) of the respondents are at the age of 25 and below years and 104(33.1%) are between the age of 26-30 years and also 71 (22.5%) are between 31-40 years, 55(17.4%) are between the age of 41- 50 years while the rest of 36(11.3%) respondents are 51 and above years. This implies that high numbers of the respondents which means 104(33.1%) of the respondents are in the age range of 26-30 years and the lowest numbers of the respondents, 36(11.3%) are at the 51 and above years. This indicated that majority of the respondents are in the productive age groups.

4.2.3. Marital Status of the Respondents

The result shown in the above Table 4.2, regarding respondents marital status revealed that high numbers of the respondents around 169(53.7%) were married and the low numbers of the respondents 1(0.3%)were widowed. Whereas, 136(43.2%) and 9(2.6%) of the respondents were single and divorced respectively.

4.2.4. Educational Level of the Respondents

As indicated in Table 4.2, the result shows that there were no respondents with educational level of certificate. Furthermore,59(18.7%)of the respondents were diploma in nursing and the majority 169(53.7%)of the respondents were Bsc in Nursing while the rest 87(27.6%)of the respondents were Msc in Nursing and above. This show the selected hospitals for this study have qualified health professionals when it compared with other health care institutions in other area of the country.

4.2.5. Work experience of the Respondents

Table 4.2 illustrates the years of work experience of the respondents in their facilities. The results highlight that 96(30.5%) of the respondents had 5 and below 5 years of experience and the majority 134(42.5%) of the respondents had work experience between 6-10 years. Whereas, 62(19.7%) and 23(7.3%) of the respondents had 11-15 years and divorced 16 and above years' work experience respectively. The pattern here shows that, around the half of nurses' had 6-10 years of work experience.

4.3. Results of the Study

4.3.1. Descriptive Statistics for Leadership Styles and Nurses' Turnover intention

Table 4. 2. Descriptive Statistics on the Main Variables

Main variable	N	Mean	Std. Deviation
Autocratic leadership	315	3.4235	0.54042
Democratic leadership	315	2.7060	0.55044
Transformational leadership	315	2.6997	0.54653
Laissez-faire leadership	315	2.7079	0.57554
Nurses' Turnover Intention	315	2.7640	0.93018

Source: Field survey April, 2019

Note: a 1 = strongly disagree, 2 = disagree, 3 = disagree nor agree, 4 = agree, 5 = strongly agree The results of the study highlighted the descriptive statistics of the main variables of the study, i.e. leadership styles and nurses' turnover intention as indicated in Table 4.2.Theresults showed that most of the respondents generally agree on a scale of 1-5 that leaders in the public hospitals generally exhibit mixed leadership styles in different extents. Accordingly, leaders exhibit high level of autocratic leadership behavior (Mean = 3.4235, SD = 0.54042), and low level of transformational leadership behavior (Mean=2.6997, SD= 0.54653) and democratic leadership behavior (Mean=2.7060, SD= 0.55044), even though they perceived that their leaders tend to be slightly higher in democratic orientation than in transformational orientation. Hence, the statistical data depicted in the above Table 4.2, was further divided and frequency of each variable with five sub statements under every main variable were presented in following section.

4.3.2. Nurses' Perception towards Various Leadership Styles

4.3.2.1. Autocratic Leadership Styles

Table 4.3.Responses on Autocratic Leadership Style

Statements	Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	Frq	%	Frq	%	Frq	%	Frq	%	Frq	%
Retains the final decision making authority	21	6.7	67	21.3	25	8.0	124	39.3	78	24.7
Never give time to consider my suggestions	25	8.0	36	8.0	70	17.3	126	32.7	58	13.3
Whenever I make mistake my supervisor makes note on it and tells me strictly not to do again	23	7.3	44	14.0	59	18.7	135	42.7	54	17.3
I am not allowed to make decision that my supervisor did not approve first	27	8.7	66	20.8	44	14.1	110	34.9	68	21.5
Closely monitor me to ensure that I am performing correctly	33	10.5	75	23.7	72	22.7	68	21.6	67	21.5

Source: Field survey April, 2019

The above table 4.3, Shows that leaders are the one that have the final decision making authority for example, around 12439.3%) of the respondents clearly agreed that their leaders retain the final decisions making authority on different issues across their departments. In addition to this, 78(24.7%) of the respondents also strongly agreed that their leaders are the sole decision makers.

This shows that they are imposed decisions made by their leaders or managers even though nurses' are expected to implement the decision, while 67(21.3%) out of 315 participants on the other aspects disagreed that their leaders retain the final decisions making power in their departments and around 21(6.7%) of them strongly disagreed to the statement, while around 25(8%) of the respondents remained neutral to the statement. Therefore, this implies that majority of the nurses' agreed that leaders are the sole decision making bodies who hold absolute power over different administrative and strategic issues. This indicated that majority of the nurses' supported the opinion that leaders are the sole decision making bodies. Participation of nurses' in decision making is very crucial element for the successful implementation of the hospital objectives. This is because when nurses' are allowed to

attend decision making process they feel ownership of their projects and do their best to successfully accomplish the assigned task.

When nurses' were asked their opinion regarding whether their leaders spent time with them, 126(32.7%) of the respondents disagreed to the statement and said that their leaders never spent time with them. They also said their leaders never gave time to hear their ideas and take into consideration. Moreover, 58(13.3%) of them strongly agreed and said their leaders never consider their ideas, while around 25(8%) out of 315 respondents clearly disagreed to the statement and indicated that their leaders properly listen their suggestions and twelve respondents were expressed their strong agreement to the statement, whereas, 17.3% of the participants remained neutral. This shows that most of the nurses' voted against the statement and expressed that their leaders never devote time with them so that to share ideas and new insights.

Regarding the way leaders treat their nurses' when they do mistakes in their work. About 135(42.7%) of the respondents expressed their agreement to the statement and said that leaders deal inappropriately to correct their mistakes and strictly inform them not to do again. Furthermore, 54(17.3%) also agreed that they are strongly threatened for their mistakes by their leaders, while around 44(14%) of the respondents clearly disagreed the statement and said that they are not treated wrongly by their leaders for their work related mistakes and eleven respondents were also highly disagreed the statement, whereas, the remaining 59(18.7%) of the respondents show neutrality. Therefore, this shows that majority of the respondents 'agreed that their leaders treat them inappropriately to correct their mistakes.

Furthermore, nurses' responses in relation to their independence to take decisions without their leaders approval resulted that 110(34.9%) of the participants agreed to the statement and said that they are not allowed to take decisions pertaining to their work unless they receive go ahead from their leaders. Furthermore, 68(21.5%) of them strongly agreed and stated that they have never been allowed to do so, while 66(20.8%) of the participants disagreed to the statement and said that they have the chance to take work related decisions independently and thirteen participants were also highly disagreed to the statement and indicated that they could take decision independently. Whereas, the remaining 44(14.1%) of the participants, neutrality replied to the statement. Therefore, this implied that most of the

nurses' agreed that they have no opportunity to make decision without getting first the approval of leader.

However, when nurses' were asked if their leader closely monitor to ensure that they are performing well, 68(21.6%) of the respondents agreed to and believed that their leader obviously supervises closely in order to ensure their turnover intention. Moreover, 67(21.6%) of the respondents were also highly agreed that they are actually subjected to their leaders close supervision, while on the other side around 75(23.7%) of the participants disagreed to the statement by indicating that they were not subjected to close supervision of their leaders and eight participants strongly disagreed to the statement and said their leaders never supervise them closely to ensure that they are performing well and the rest 22.7% of the respondents remained neutral to the statement. Hence this shows that most of the participants support the opinion that leaders exert close supervision on their subordinates to ensure they are performing.

4.3.2.2. Democratic Leadership Styles
4.3.2.3. Table 4.4 Responses on Democratic Leadership Style

Statements	Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	Frq	%	Frq	%	Frq	%	Frq	%	Frq	%
Includes me in decision making but retains the final decision making authority	51	16.1	97	30.9	47	14.8	73	23.5	47	14.8
Seeks input from me for upcoming projects	42	13.3	117	37.3	65	20.7	55	17.3	36	11.3
Creates an environment where I take ownership ofmy projects	40	12.7	103	32.7	76	24.0	69	22.0	27	8.7
Allows me to set my own priorities in line with his guidance	67	21.3	135	42.7	29	9.3	55	17.3	29	9.3
When thereare difference in the expectations my supervisor work with me to resolve theproblem	61	19.3	136	43.3	29	9.3	61	19.3	28	8.7

Source: Field survey April, 2019

As indicated in the above Table 4.4, nurses' were asked whether their leaders include them in the decision making process, then, around 97(30.9%) of the participants disagreed to the statement and said that they were not allowed to involve in the final decision making

process. Furthermore, 51(16.1%) of the respondents were also highly disagreed to the statement and indicated that their leader did not allow them to involve in the final decision making process even if decisions are affecting their wok, however, on the contrary, 73(23.5%) of the respondents were clearly agreed to the statement and stated that their leaders include them in the final decision making process in their departments. Further, 47(14.8) of the respondents strongly disagreed to the statement and about 47 participants neither agree nor disagree to the statement. Hence, this indicates that the majority of the participants disagreed that their leader includes them in the final decision making process. This means that majority of the nurses' witnessed that their leaders take the final decision making authority even though they are consulted before deciding the issue under consideration.

Regarding input seeking from the nurses, 117(37.3%) of the respondents disagreed to the statement and said that their leaders do not seek input from them to have input in the upcoming projects. Moreover, 42(13.3%) of the respondents strongly disagreed to the statement and said that their leaders never seeks input from them, while 55(17.3%) of the respondents agreed and said that their leaders seek input from them for the upcoming projects and around 36(11.3%) of them expressed their strong agreement that their leaders seek input from them and the rest 65(20.7%) respondents were neutral to the statement. Therefore, the result shows that most of the participants disagree that their leaders seek input from them for the upcoming projects.

Nurses' were then asked whether their leaders create an environment that helps them to have a sense of ownership to ward ongoing projects. In this regard, 103(32.7%) of the participants disagreed that their leaders create favorite environment to have a sense of ownership regarding the mission and vision of the hospitals. In addition to this, 40(12.7%) of the respondents highly disagreed to the statement and said their leader never produce such encouraging environment for ensuring a sense of ownership, while on the other hand 69(22%) of the participants agreed and said that they their leaders were effective to create attractive work environment and that they have already developed a sense of ownership of their own projects and about 27(8.7%) of the respondents strongly agreed and stated that their leaders create an environment that leads them to develop ownership. Whereas, the rest 76(24.0%) of the respondents replied neither nor to the statement. This indicates that the majority of the respondents disagreed that their leaders promote favorite environment that

can establish a sense of ownership in the nurses' for effective implementation of the hospital objectives.

From the same Table 4.6, nurses' were asked whether their leader permit them to have their own priorities in line with the hospital work priorities, then, around 153(42.7%) of the participants clearly disagreed to the statement and said that their leader did not allow them to set their own priorities and act accordingly. Furthermore, 67(21.3) of them were also strongly agreed by stating that their leader never allow them to have their own priorities while implementing the assigned task in fulfilling their duties and responsibilities, while at least 55(17.3%) out of 315 participants approved that their leader let them to set their own priorities while performing their work and similarly other 29(9.3%) of the participants have shown their strong support that they are allowed to perform activities on the basis of their own priorities. whereas, the rest 29(9.3%) of the participants responded neutral to the statement. Therefore, this implies that most of the participants disagreed that their leaders allow them to set and work according to their own priorities in line with the priority of the leaders or managers.

Furthermore, nurses' response toward their leaders collaboration with them when there is difference in nurses' turnover intention expectations to resolve the problem resulted that 136(43.3%) of the respondents disagreed and stated that their leaders so far did not collaborate with them genuinely to resolve problems that result differences in their expectations. Moreover, 61(19.3%) of the participants were also strongly disagreed to the statement and argued that their leaders were not so in case where there is deviation from the nurses' turnover intention expectations, while on the other aspects 61(19.3%) out of 315 respondents agreed and said that the leader actively collaborate with them when there is difference in expectations to resolve the problem. Whereas, 28(8.7%) of the participants mostly agreed to the same statement and the rest of the participants 29(9.3%) remained neutral to the statement. Hence, this indicates that majority of the participants disagreed that their leaders are effectively cooperating with them to resolve the problem.

4.3.2.4. Nurses' Perception towards Transformational Leadership Styles

Table 4.5 Responses on Transformational Leadership Style

Statements	Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	Frq	%	Frq	%	Frq	%	Frq	%	Frq	%
Seeks differing perspective when solving problems	51	16.3	119	37.8	57	18.2	66	20.9	22	6.8
Specifies the importance of havinga strong sense of purpose	39	12.3	112	35.6	50	15.8	74	23.3	40	13.0
Spends time teaching and coaching	55	17.3	127	40.7	55	17.3	55	17.3	23	7.3
Considers the ethical and moral consequenceof decision	63	20.1	118	37.6	55	17.4	53	16.8	26	8.1
Articulates a compelling vision of the future	34	10.7	116	36.7	63	20.0	71	22.7	31	10.0

Source: Field survey April, 2019

As shown in the above Table 4.5, all statements are about assessing leadership behaviors in the selected public institutions as being transformational leaders or not. Therefore, the result on the first statement revealed that 119 (37.8%) of the respondents disagreed to the statement and stated that their leaders do not seek differing perspectives when resolving problems. Moreover, 51 (16.2%) of the respondents were also strongly disagreed and argued that their leaders never seek deferring perspectives while resolving problems, while on the contrary side 66 (20.9%) of the participants agreed that their leaders seek differing perspectives to resolve problems and 22 (6.8%)of the respondents strongly agreed that their leaders highly exhibit the above stated leadership quality. Whereas, the rest 57(18.2%) of the total participants were neutral to the statement. This implies that most of the participants disagreed that their leader seeks differing perspectives to solve problems. This means that seeking differing perspectives while solving problems is week or non-existent. By seeking differing perspectives while solving problems helps leader to attain to the best possible solution. This trait also helps leaders to take decision that is in favor both for the hospital and subordinates. This also helps leaders to create positive perception in the minds of the followers and lead them to immediately implement decisions.

Nurses' were also expressed their perception toward their leader's status in specifying the importance of having strong sense of purpose of their work. In this regard, 112 (35.6%) of the respondents disagreed and stated that their leaders or managers do not specify the

significance of having strong sense of purpose of the work, while 39(12.3%) of them were highly disagreed to the same question. Furthermore, 74(23.3%) of the participants agreed and stated that their leaders possess a sense of making their nurses' feel the importance of having strong sense of purpose of the work and 40(13%) of the respondents mostly agreed, while the rest of the participants remained neutral. This shows that most of the participants disagreed that their leaders clearly specify for their nurses' the importance of having strong sense of purpose to the work. This also shows that leaders lack one of the key leadership qualities that help nurses' to increase their turnover intention.

Concerning nurses' teaching and coaching, around 127(40.7%) of the respondents agreed that their leaders realty do not spent time for teaching and coaching their nurses'. Moreover, 55(17.3%) of the participants also strongly disagreed and said that their leaders never devote time for teaching and coaching of them, while 55(17.3%) of the participants on the other aspects agreed that their leaders spent time for teaching and coaching of them. Likewise, 23(7.3%) of the participants strongly disagreed and stated that their leaders are good in teaching and coaching of their nurses'. The rest 55(17.3%) of the respondents were neutrally responded to the same statement. This shows that majority of the respondents disagreed that their leaders invert time for teaching and coaching of their nurses'. This means that leaders are not helping their subordinates to acquire new skills and develop their strengths.

When it comes to ethical and moral consideration of decisions, the result exposed that 118(37.6%) of the participants expressed their disagreement and clearly stated that their leaders do not consider ethical and moral consequences of the decisions that may affect their daily work. Furthermore, 63(20.1%) of them were also strongly disagreed and said their leaders never do so. while 53(16.8%) of the respondents voted in favor of the statement and stated that their leaders really consider ethical and moral consequences of the decisions related to their work before it is implementation and 26(8.1) of the respondents were also highly agreed that their leaders actually view decisions from differing angles especially from ethical and moral point of view. Around 55(17.4%) of them responded neutral to the same statement. This indicates that majority of the participants disagreed and supported their leaders do not consider decisions from ethical and moral consequences before it is implementation. Considering the ethical and moral consequence of the decision is a very important behavior that effective leader exhibits. When a leader considers the ethical and moral consequences of the decision he is thinking the wellbeing of his

subordinates as well as customers. It also develops trust about him/her in the minds of the subordinates and result improved turnover intention.

Nurses were then considered whether their leaders articulate a compelling vision of the future. Therefore, almost 116(36.7%) of the respondents disagreed that their leaders articulate a compelling vision of the future. Moreover, 34(10.7%) of then strongly disagreed, while 71(22.7%) out of 315 participants agreed that their leader articulates compelling vision of the future. And 31(10%) of them were also highly agreed whereas the remaining 63(20%) of out of 315 participants responded neutral to the statement. This shows that majority of the participants disagreed that their leader articulates a compelling future vision. This means that the nurses working in the hospital were not clearly informed about the future image of their hospital. Describing a positive vision of the hospital is very important as it keeps nurses' highly motivated and makes them proud as they feel that they are working in a very successful hospital. This consequently leads to reduced nurses' turnover intention.

4.3.2.5. Transformational Leadership Styles

Table 4.6 Responses on Laissez faire Leadership Style

Statements	Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	Frq	%	Frq	%	Frq	%	Frq	%	Frq	%
Staff openly make decisions without any consultations	50	16.1	97	30.9	47	14.8	74	23.5	47	14.8
Staff are given opportunities to share ideas	42	13.3	117	37.3	65	20.7	55	17.3	36	11.3
Leaders take risk free decision	40	12.7	103	32.7	76	24.0	69	22.0	27	8.7
Staff are left to decide when they want to do work	67	21.3	135	42.7	29	9.3	55	17.3	29	9.3
Leaders provides an opportunity to exercise self-direction if I am committed to my objectives	61	19.3	136	43.3	29	9.3	61	19.3	28	8.7

Source: Field survey April, 2019

As indicated in the above Table 4.6, laissez faire is one of the leadership styles selected to measure its effects on the nurses' turnover intention. Therefore, data collected from the respondents on the way staff can openly make decisions without any consultations indicated that 97(30.9%) of the respondents responded that they were disagreed, 74(23.5% of the

respondents were agreed, 50(16.1%) of the respondents were strongly disagreed and 47(14.8%) of the respondents were strongly agreed. Whereas the remaining 47(14.8%) of the respondents were neither agree nor disagreed.

Regarding the responses on the opportunities given for the staff to share their ideas shows that 117(37.3%) of the respondents responded that they were agreed, 65(20.7%) of the respondents were neither agree nor disagreed, 55(17.3%) of the respondents were agreed and 42(13.3%) and 36(11.3%) of the respondents were strongly disagreed and strongly agreed respectively.

As the responses on the leaders taken risk free decision indicated that 103(32.3%) of the respondents responded that they were disagreed, 76(24.0%) of the respondents were neither agree nor disagreed, 69(22.0%) of the respondents were agreed and 40(12.7%) of the respondents were strongly disagreed. The rest 27(8.7%) of the respondents were strongly agreed.

Similarly, responses are given on if the staffs are left to decide when they want to do work. Therefore the argument from the respondents indicated that out of 315 total respondents 135(42.7%) of the respondents responded that they were disagreed, 67(21.3%) of the respondents were strongly disagreed 55(17.3%) of the respondents were agreed and 29(9.3%) of the respondents were given their responses as both neither agree nor disagreed and strongly agreed to the argument.

Finally, the statement which was provided to the respondents on the laissez faire leadership style were that whither leaders provides an opportunity to exercise self-direction if the nurses are committed to their objectives. Thus 136(43.3%) of the respondents were disagreed, 61(19.3%) of the respondents were strongly disagreed and also 61(19.3%) of the respondents were agreed and the rest 28(8.7%) of the respondents were strongly agreed on the statement.

4.3.3. Nurses' Perception towards Their Turnover intention

Table 4.7 Responses on Nurses' Turnover Intention

Statements	Strongly Disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree	
	Frq	%	Frq	%	Frq	%	Frq	%	Frq	%
I often seriously consider leaving my current job	36	11.4	137	43.6	21	6.7	76	24.2	45	14.1
I intend to quit my current job, provided that I have an opportunity (within a year)	26	8.1	163	51.7	4	1.3	86	27.5	36	11.4
I have started to look for other jobs	50	15.8	134	42.5	39	12.3	73	23.3	19	6.2

Source: Field survey April, 2019

Table 4.6 above shows a sort of fragmented responses from the respondents regarding how they rated their job turnover intentions. When nurses' were asked if they often seriously consider leaving their current job, around 36(11.4%) of the participants were strongly disagreed to the statement and stated that they do not want to stay at their current job. Furthermore, 137(43.6%) of the participants disagreed that they often seriously consider leaving their current job and around 76(24.2%) of them agreed to the statement, while 45(14.1%) of the participants strongly agreed to the same statement. This indicates that most of the nurses' in the selected public hospitals did not want to stay on their current job. This can be a reason for the under turnover intention of the nurses' across public hospitals during the particular annual turnover intention review meeting.

When it comes to the actual turnover intention, most of the nurses' were reluctant to agree that they were intend to quit their current job, provided that they have an opportunity. In this regard, most of the nurses' around 163(51.7%) of them disagreed to the statement indicating that most of the nurses' were intend to quit their current job. The demoralization behavior towards nurses' in performing their task may arise from the current poor motivational rewarding system established by the leaders of the selected hospitals or it is due to politics in the hospitals, poor team work supported by the adoption of poor leadership style on the side of leaders in the hospitals which was the common believe of the nurses'. Furthermore, 26(8.1%) of the respondents were strongly disagreed to the statement. However, 86(27.5%) of the participants agreed that they were intend to quit their current job. while 36(11.4%) of the participants have expressed their strong agreement to the statement. Hence, this implies

that most of the nurses' in the Addis Ababa public hospitals were intend to quit their current job.

Regarding the nurses starting to look for other jobs in the selected public hospitals, around 134(42.5%) of the participants disagreed to the statement and said that they were started to look for other jobs. Furthermore, 50(15.8%) of them were also strongly disagreed to the statement. Whereas, 73(23.3%) of them agreed that they were started to look for other jobs. While 19(6.2%) participants also strongly agreed that they were started to look for other jobs. However, the result shows that most of the nurses' disagreed and insisted that they were started to look for other jobs, which is an indication of high nurses' turnover intention in the studied public hospitals.

4.3.4. Commonly Practiced Leadership Style in the Selected Public Hospitals

Table 4.8 Commonly Practiced Leadership Styles

Leadership Styles	N	Mean	Remark
Autocratic leadership	315	3.4235	Most commonly used
Democratic leadership	315	2.7060	Commonly used
Transformational leadership	315	2.6997	Least commonly used
Laissez-faire leadership	315	2.7079	Commonly used

Source: Field survey April, 2019

As in can be seen from the above Table 4.7, Nurses' perception towards commonly practiced leadership style across their departments was rated as autocratic, democratic or transformational leadership style. Participants ranked the four mentioned leadership styles in order of their practices or preferences by the leaders of their respective public hospitals. With this regards, participants responses have been statistically summarized in Table 4.7, to get average score of each leadership style. Consequently, highest mean score of 3.4235 indicates that majority of the respondents working in the selected public institutions ranked first autocratic leadership and said that mostly practiced leadership style in their hospital is autocratic leadership followed by laissez-faire leadership with a score of 2.7079 and The lowest mean score of 2.6997 can be found for transformational leadership style making it the least practiced leadership style as compared to the other two styles.

4.3.5. The Relationship between Leadership Styles and Nurses' Turnover intention

To show the relationship between the variables and it is statistical significance the researcher applied Pearson's correlation coefficient technique. Pearson correlation coefficient is used to find the strength of association between two variables. It always yields a value between $-1 \leq r \leq 1$ inclusive. The value $r = 1$ means that there is a perfect positive correlation while $r = -1$ means that there is a perfect negative correlation. A value r near zero means no clear relationship exists between the two variables.

4.3.5.1. Correlation between Autocratic and Nurses' Turnover intention

The Pearson correlation was performed to assess the association between the autocratic leadership behavior and the effect it has on the nurses' turnover intention. In this regard, participants responses to five key questions or statements from the questionnaire considered very crucial to nurses' turnover intention described under the main variable of turnover intention were matched against responses to five key questions from the questionnaire under the main variable autocratic leadership style, which were considered to be directly related to this style the result revealed in Table 4.8.

Table 4.9 Correlation between Autocratic Leadership and Nurses' Turnover intention

		Autocratic Leadership	Nurses' Turnover Intention
Autocratic Leadership	Pearson Correlation	1	.049
	Sig. (2-tailed)		.381
	N	315	315
Nurses' Turnover Intention	Pearson Correlation	.049	1
	Sig. (2-tailed)	.381	
	N	315	315
Democratic Leadership	Pearson Correlation	1	0.212
	Sig. (2-tailed)		0.000
	N	315	315
Nurses' Turnover Intention	Pearson Correlation	0.212	1
	Sig. (2-tailed)	0.000	
	N	315	315
Transformational Leadership	Pearson Correlation	1	0.040
	Sig. (2-tailed)		0.478
	N	315	315
Nurses' Turnover Intention	Pearson Correlation	0.040	1
	Sig. (2-tailed)	0.478	
	N	315	315
Laissez faire Leadership	Pearson Correlation	1	0.045
	Sig. (2-tailed)		0.427
	N	315	315
Nurses' Turnover Intention	Pearson Correlation	0.045	1
	Sig. (2-tailed)	0.427	
	N	315	315

Source: Field survey April, 2019

As clearly indicated Table 4.9 above, the correlation between the autocratic leadership style and nurses' turnover intention produced a value of .049 which means there is a positive correlation between the two variables of independent variable (autocratic leadership style) with the dependent variable (nurses' turnover intention), but there relationship was weak. Because the value indicated that not that much significant level, may there was another hindering factors that led nurses' turnover intention or unsatisfied with their current job. In

addition to this, the researcher interacted with some of the respondents while they were filling the questionnaire and realized that most of them worried about their current leadership style of their leaders since they believe that they will face punishment from their leaders if they fail to behave the way their leaders instructed to act and perform. This calls for the leaders in the public hospitals to revise their leadership style and search for a better style that could improve the overall nurses' turnover intention in their respective hospital.

The responses to the five key questions or statements from the questionnaire which were considered to be very crucial to measure nurses' turnover intention were matched against responses to seven other key questions from the questionnaire which were considered to be directly related to democratic leadership then the result from the correlation of the two variable were shown in table 4.9.

The information presented in the above Table 4.9 indicated that the correlation between the democratic leadership and nurses' turnover intention produced value of .212** this implied that the democratic leadership style has significant positive relationship with nurses' turnover intention. Furthermore, the above result indicated that the aspects of democratic leadership was important for nurses' to stay on their current job and minimized their turnover intention, because these types of leaders are mainly focused on employee centered. They work through consultation and open discussion with their nurses before making decisions. Eventually, nurses' job satisfaction and their commitment to successfully implement the given role and responsibility was significantly enhanced.

As can be seen from the above Table 4.10, the correlations between transformational leadership style and nurses' turnover intention produced a value of 0.040 which implies that there are positive relationship between transformational leaders and nurses' turnover intention in the selected public hospitals. The result above indicated that the transformational leadership style has relatively significant and moderate for nurses in their work place, This means that there could be less influence on nurses' turnover intention if leaders exhibit important qualities of transformational leadership. These leaders go beyond self-interest and attempt to optimize development that helps the nurse to stable and satisfy in their current work.

The above table 4.9 showed that the correlation between the Laissez faire Leadership style with the nurses turnover intention .based on the result or the value indicated that 0.045, it implied that there is a positive relationship between the two variables but the value result

was not that much significant relatively comparing to other leadership style and hence close weak. So the nurses turnover intention increase as the leaders are exercising this way of leadership style and the nurses was unsatisfied in their workplace and preferred to another alternative job. This is because this leadership style has no commitment to maximize the public demand, does not keep the nurses interests and hence the nurses looking for another conducive work environment and leadership style that help them to deserve their job committed way.

4.4. Discussion and Interpretation

In this section the researcher discussed the findings of the study in line with the research objectives and relates these findings of the study to the existing knowledge and published results from other studies examined in the literature review.

4.4.1. Existing Various Leadership Styles in the Selected Public Hospitals

The different leadership styles or behaviors such as autocratic, democratic, transformational and laissez faire; leadership style has been identified their existence by the researcher through questionnaire completed by the nurses' of the selected Addis Ababa public Hospital. The result revealed that the leaders or managers of the public hospitals exhibit behaviors that could be categorized autocratic, democratic, laissez faire or transformational leadership style. This was evidenced by the majority of the nurses and argued that leaders behave authoritatively because many times leaders retain the decision authority, ignore nurses' well-being and emphasize much on the implementation of the given task meaning that they are more task oriented than people. Therefore, the availability of these behaviors evidenced that autocratic leadership style is among the widely nurses leadership styles in the Addis Ababa.

On the other hand good number of the participants witnessed that democratic leadership behavior is the existing leadership style. In support of their arguments they argued that their leaders empower and invite them in the decision making process. In this style leaders encourage their subordinates to forward important suggestions and new insights that can help leaders take successful decisions. Therefore this is a sign for the existence of democratic leadership style among others.

Furthermore, the existence of transformational leadership style in the Addis Ababa public hospitals was also supported by some of the nurses. In connection to this, some nurses

insisted that leader's display assort of transformational behavior including the act of helping nurses develop their strengths, teaching and coaching, considering the ethical and moral consequences of the decisions that may affect their nurses. In general, the result of the study clearly suggested that different leadership styles or behaviors mainly that of autocratic, democratic, transformational and laissez faire leadership are the recognized leadership styles for their existences and practices. However, the existence of all leadership styles does not matter what matters is the experience and skill of the leaders in the Addis Ababa public hospitals to prioritize different leadership styles and match their style on the basis of different situations and circumstances for reduced nurses' turnover intention.

4.4.2. The Effect of Leadership Styles on Nurses' Turnover Intention

The main purpose of this study was to identify the specific leadership behaviors exhibited by the leaders of studied public hospitals and to examine how these specific behaviors affect the nurses' turnover intention. Based on the gathered information and revealed results of the study it was observed that there is a significant relationship or link between leadership behavior and nurses' turnover intention. Therefore, study found that autocratic leadership style was exhibited by leaders, while majority of the respondents also agreed that this behavior positively affected nurses' turnover intention in the case of Addis Ababa public hospitals. This means that leaders in the selected public hospitals treat their subordinates authoritatively; these leaders were not considering the interest and welfare of their nurses.

On the other hand, the result of the study also exposed that democratic and leadership style positively impacted on nurses' turnover intention. This reason is that democratic leaders tend to exhibit greater involvement, commitment, and loyalty to their nurses more than authoritative leaders. Consequently, nurses who are motivated and allowed to participate in the decision-making process are likely to be more committed to those decisions implementation and probably better outcome is expected to achieve. In support of the above findings (Mullins, 2002 as cited in Celattia, 2011) stated that democratic leadership style is exhibited where the focus of power is more towards the group as a whole, and where there is greater interaction within the group the leader shares the leadership functions with members of the group where he or she takes part as a team member. The leader would characteristically lay the problem before the subordinates and invite discussion. In this respect the leader's role is to be a conference leader rather than that of decision taker. The leader allows the decision to emerge out of the process of the group discussion, instead of

imposing it on the group as a boss. Hence, this behavior is highly associated with nurses' motivation and commitment so that it enhances nurses as well as hospital turnover intention.

Furthermore, the result of the study revealed that transformational leadership style positively impacted nurses' turnover intention in the studied public hospitals. Most of the nurses' believe leaders encourage them to adopt the hospital vision as their own, through inspiration. They also helped to develop their strengths and ability to perform the assigned task effectively. Hence, the result shows that if leaders exhibit such important leadership qualities in fact nurses' turnover intention would increase positively.

The finding was also assessing the effects of laissez faire leadership on nurses' turnover intention. Therefore, laissez faire leadership have a positive effects on the nurses' turnover intention due to the reason that the laissez faire leadership style were better when it compared with autocratic leadership style to minimize the nurses' turnover intention.

As compared the effect of the four discussed leadership styles, democratic leadership style had shown highest positive relationship with nurses' turnover intention followed by laissez faire leadership style and transformational leadership style; and autocratic leadership styles was the least interns of minimizing nurses' turnover intention. With regard to the extent they impact on the turnover intention the result on the study suggested that democratic leadership style was up ahead of transformational and laissez faire style as having a more significant positive relationship with nurses' job turnover intention in the context of Addis Ababa public hospitals.

However, the result implied that the leadership style that is least effective in bringing about low turnover intention meaning autocratic leadership style was the one that was most commonly adopted by the hospital leaders in Addis Ababa public hospitals. This obviously has serious implications for the attainment of hospital goals and objectives in the Addis Ababa. This is perhaps the reason nurses' turnover intention across the Addis Ababa has remained high and unimproved over the years. There is therefore need to re-strategize current leadership style and adopt more effective leadership styles.

CHAPTER 5: CONCLUSION AND RECOMMENDATION

Introduction

The main purpose of this research was to examine the relationship between leadership styles and nurses' turnover intentions in the selected public hospitals in Addis Ababa. Data gathered through questionnaire from the respondents have been analyzed and discussed so far to show the relationship between leadership styles and nurses' turnover intention. The result of the study revealed that autocratic leadership style impacted negatively on nurses' turnover intention while democratic and transformational styles affected positively on the turnover intention. Hence this chapter is about to draw notable conclusions and recommendations on the basis of the result analysis and discussions of the study presented in the previous chapter.

5.1. Conclusions

The result of the study concludes that different leadership styles practiced in the Addis Ababa public hospitals impacted nurses' turnover intention both positively as well as negatively. In connection to this autocratic leadership style is realized to effect negatively on the expected nurses' turnover intention in the context of Addis Ababa public hospitals. This is because, majority of the participants argued that their leaders are not creating conducive work environment due to lack of nurses' empowerment, centralized decision making, power abuse, in effective nurses' reward system, unilateral communication and mainly task focused behavior of the most leaders. As a result of this leadership style majority of the nurses' are not meeting work standards in general.

The study was also concluded that nurses' motivation, participation in decision making process, grow and development, instilling vision and mission of the hospital, team work and effective problem solving mechanisms are not well considered. Public leaders do not yet realized that they have great responsibility to establish attractive and encouraging work environment by exercising democratic or transformational leadership qualities as an instrument to enhance nurses' level of motivation and commitment to perform even beyond target objectives. In other words nurses' who are not empowered and motivated to participate in the decision-making process are likely to be less committed to those decisions implementation and probably lower outcome turnover intention is expected to achieve.

It was also concluded that leaders of the public hospitals mainly prefer to adopt autocratic leadership style more than democratic or transformational leadership styles. Many of them believe that this is best way to deal nurses' since threat and strict commend imposed on the nurses' is the means to ensure that subordinates are performing on the basis of leaders individual interest without setting their own priorities in line with the hospital objectives. This inclination of the leaders to ward autocratic leadership style undermined the opportunities and positive impact of other leadership styles on the nurses' expected job turnover intention.

There is no leadership experience and sufficient skills on the part of leaders to identify and select appropriate leadership style based on different situations and factors that may regulate the styleof the leaders for improved nurses' turnover intention. Public hospitals lack targeted leadership development and best practice mechanisms aligned with the hospital visional. These problems negatively affected by leadership effectiveness for successfully implementation of the hospitals objectives. .

5.2. Recommendations

Effective Leaders are the only comparative advantage for any hospital to win the fierce competition of the globalized world. Therefore, the following points are considered to help public hospitals and their leaders to ensure effective leadership style so that to minimize nurses' turnover intention. They are:

The result of the study suggested that the leaders of the public hospitals should have a clear strategy to identify various leadership styles that are needed to apply different circumstances in order to be effective in dealing with different situations so that to lead nurses' to ward successful implementation of the individual as well as hospitals objectives.

The result also suggested that hospital leaders or managers should reduce the extent of exercising autocratic leadership style to deal their subordinates unless situations demanded to do so. Because, this leadership style undermines nurses inherent quality and skills of implementing the assigned task successfully.

The result of the study also suggested that the leaders of the public hospitals should pay more attention to develop efficient team work and express warm concern and trust to co-workers through democratic or transformational leadership behaviors. This is because these leadership styles can play a role in enhancing nurses' turnover intention. Both

transformational and democratic leadership styles has been found to have a significant and positive relationship with nurses' turnover intention, hence, leaders should attempt to maintain these leadership styles within their hospitals as motivated nurses are most desirable.

To ensure the hospitals survival and turnover intention, nurses of the public hospitals should be motivated to go beyond ordinary expectations by appealing to their higher order needs and moral values. This requires transformational leadership style.

From practical point of view leaders should prefer their leadership style on situational basis because different situations and environment demand specific and appropriate style from the leaders to be effective and role model to their followers. Situational leaders are always successful in dealing complex and difficult situations more than those that depend mostly on one leadership style.

There should competence based framework for nurse's reward, motivation and development efforts. This has a positive contribution toward expectednurses' turnover intention, because if nurses are rewarded in relation to the work volume that they have been successfully implemented every one of them recognize that leaders are equally treating among nurses', then they this will create health work competition across departments. Consequently, nurses' turnover intention was enhanced.

Effective hospital team and individual turnover intention measurement tool should be established to help nurses get immediate feedback from their actual work accomplishments in line with the hospital objectives.

Future researches in the current study area should focus on other hospitals that are operating in the particularly private owned hospitals. Because of this may demonstrate different results due to difference in their environments. The dissimilarity between private and government owned hospital may impact differently on leadership style and there may be some important variables missing which have positive impact on nurses' turnover intention. So, while conducting a future research these aspects should be kept in mind by doing so this can give more valuable results.

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5.3. Appendixes

Appendix I: Questioner for the respondents

<div align="center">

St. Merry University

School of Post Graduate Studies

Department of MBA in general management

Thesis for Master's Program

</div>

Consent Form

Dear Respondents: -Dear respondent, my name is Ruth Meareg. I am studying Masters of art in general managementat St. Merry University. Now I'm going to conduct my study on the "Effects of leadership styles on nurses' turnover intention in some selected public hospitals at Addis Ababa, Ethiopia". Dear respondent, I would like to express my deep appreciation for your generous time, honest and prompt responses.

Objective: -This questionnaire is designed to collect data about the "Effects of leadership styles on nurses' turnover intention in some selected public hospitals at Addis Ababa, Ethiopia". The information that you offer me with this questionnaire was used as a primary data in my study which I am conducting as a partial fulfillment of the requirements for the Masters of art in general management. Therefore, this research is to be evaluated in terms of its contribution to our understanding of effects of leadership styles on nurses' turnover intention General Instructions

➢ No need of writing your name.
➢ In all cases where answer options are available please tick (√) in the appropriate box.

Confidentiality:-I want to assure you that this research is only for academic purpose authorized by the St. Merry University. No other person will have to access this collected data.

If you have any queries concerning the questionnaire, please contact me:

<div align="center">

Name: Ruth Meareg
Phone Number: +251 913730707
Email: ruthmaereg.rm@gmail.com
Addis Ababa, Ethiopia

</div>

SECTION I: Demographic Profile

1. Sex
    a) Male [ ]
    b) Female [ ]

2. Which of the following age groups do you belong to?
    a) 25 and below years [ ]
    b) 26-30 years [ ]
    c) 31-40 years [ ]
    d) 41- 50 years [ ]
    e) 51 and above years [ ]

3. Marital status:
    a) Married [ ]
    b) Single [ ]
    c) Divorced [ ]
    d) Widowed [ ]

4. Level of Education
    a) Certificate [ ]
    b) Diploma in Nursing[ ]
    c) BSN (Bachelors of Science in Nursing)[ ]
    d) MSN (Masters of science in nursing) and above [ ]

5. Work experience:
    a) 5 and below 5 years [ ]
    b) 6-10 years [ ]
    c) 11-15 years [ ]
    d) 16 and above years [ ]

SECTION II: Leadership Style related Questionnaires for nurses

Directions: Think about how often your leader/ immediate supervisor engages in the described behavior. For each item, select the number that best represents the behavior that explain your manager

Please indicate with a tick (√) in the appropriate box the extent to which you agree with the following statements concerning the leadership style adopted by your hospital.

1 = strongly disagree 2 = Disagree 3 = neitherdisagree noragree, 4 = Agree 5 = strongly agree

Statement	1	2	3	4	5
Retainsthefinaldecisionmakingauthority					
Includes me in decision making, but retains the final decision making authority					
Never give time to consider my suggestions					
Seeks input from me for the upcoming projects					
Tells me what to do and how to do it					
When things go wrong my supervisor ask me advice on how to stay on the schedule					
Whenever I make a mistake my supervisor makes a note on it and tells me strictly not to do it again					
creates an environment where I take ownership of my projects					
I am not allowed to make decisions that my supervisor did not approve first					
Articulates a compelling vision of the future future					
When things go wrong, my superior tells me that a procedure was incorrect and establish a new one					
Allows me to set my own priorities in line with his guidance					
closely monitor me to ensure I am performing correctly					
When there are differences in expectations my supervisor work with me to resolve them					
likes the power that his leadership position holds over me					
likes to use his leadership position to help me grow					
Provides directions or threats to get me achieve my objectives					
provides an opportunity to exercise self-direction if I am committed to my objectives					
Specifies the importance of having a strong sense of purpose					
solve organizational problems creatively and with ingenuity					
Seeks differing perspectives when solving problems					
Spends time teaching and coaching					

SECTION III: Nurses' Turnover Intention

Please indicate your level of agreement about quitting your current job. Encircle your choice from the given points.

1 = strongly disagree 2 = Disagree 3 = neitherdisagree noragree, 4 = Agree 5 = strongly agree

No.	Statement	1	2	3	4	5
1	I often seriously consider leaving my current job					
2	I intend to quit my current job, provided that I have an opportunity (within a year)					
3	I have started to look for other jobs					