RELATIONSHIP BETWEEN ORGANIZATIONAL LEADERSHIP STYLES AND JOB SATISFACTION AMONG THE PRACTICING NURSES IN KENYATTA NATIONAL HOSPITAL, NAIROBI-KENYA

DOMINIC ANGWEYE AGOI
C50/83545/2015

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DEPARTMENT OF PSYCHOLOGY

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2019
DECLARATION

I declare that this academic research project is my original work and has not been submitted to any other university or examining body for any degree award.

Student:

Dominic Angweye Agoi

Registration No: C50/83545/2015

C50/83545/2015

Signed ______________ Date __________________

This academic research project has been submitted with my approval as the University supervisor.

Signed ______________ Date __________________

Dr. Pamela Musira Lunjalu
DEDICATION

I dedicate this academic research project to my late parents Mr. and Mrs. Agoi, my loving wife Linet Ananda, my beloved daughter Blessings Ebosso Angweye, my adorable son Amicus Garrison Idaki Angweye and my precious little daughter Favour Kamonya Angweye who have always encouraged me to pursue my academic dreams. Words cannot express how much their guidance and love has meant to me throughout my life.

God bless you.
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Glory to God
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ABSTRACT

Job satisfaction is developed based on three key main approaches namely; dispositional, work characteristics, as well as social information processing (firm characteristics). The level of job satisfaction among subordinate members might be influenced by the behavior of leaders and/or leadership style. This study focused on the relationship between organizational leadership styles and job satisfaction among the practicing nurses in Kenyatta National hospital. The study applied a descriptive and cross-sectional study design. The study targeted all the 2000 (nurses) employees working with Kenyatta National Hospital from whom a sample of 200 medical practitioners (specialized as nurses) from KNH were identified through use of stratified sampling and purposive sampling methods. Data was collected through structured and unstructured questionnaire. Data was analyzed through use of descriptive and inferential statistics. Whereby, descriptive statistics was used to estimate the magnitude of the variables while inferential statistics included Pearson correlation coefficient which was used to determine the association between organizational leadership style, performance and job satisfaction. The study established that job satisfaction of nurses working in KNH is mostly influenced by five aspects of transformational leadership style which included Idealized influence (Charisma Attribute), idealized influence (Charisma Behavior), inspirational motivation, individualized consideration and intellectual stimulation (creative). Performance of nurses was also found to moderate the affect between organizational leadership style and job satisfaction positively. On contrary, inspirational motivation as well as individual consideration insignificantly influenced job satisfaction of nurses at KNH. The study therefore, recommended that the health organizations should address some of the glaring issues such as inadequate facilities, limited career enhancement, career developments and progression plans, lack of courses/trainings facilitated by organizations to enhance skills of employees. It was also advised that overall leadership style in Kenyan hospitals should undergo an overhaul scrutiny for the better service delivery. The study suggested a further study or a similar research to be done in other health institutions both public and private to establish whether the findings will be analogous. Further studies should be conducted with added or different measurement variables other than organizational leadership style and performance to establish their relationship on job satisfaction.
CHAPTER ONE
INTRODUCTION

1.0 Introduction

Chapter one provides the study’s background, statement of the problem, objectives of the study, research question, hypothesis of the study, justification of the study, significance of the study, the study’s scope, limitation of the study, the delimitation of the study, definition of the term and the abbreviations.

1.1 Background of the Study

Leadership in nursing profession has been a big concern and a major problem worldwide in that it has affected the nurse’s service delivery and their attitude towards job satisfaction. According to, (Steve M. et al., 2005), “people tend to evaluate their work experiences in terms of liking or disliking their jobs and develop feelings of satisfaction or dissatisfaction regarding their jobs, as well as the organization in which they work”. They further states that “there are many influences that affect how favorably an individual appraises his/her job”. (Gilson, L, et al., 2004) describes job satisfaction as a tool which is developed based on three main approaches namely, dispositional (work characteristics); work characteristics, as well as social information processing (firm characteristics). He further argues that the level of job satisfaction among subordinate members might be influenced by the behavior of leaders and/or leadership styles. Additionally, it was established that opinions from an employee’s immediate supervisor had much more impact on him/her as compared to the general procedures or policies of a given company, hence job satisfaction tends to relate well with organizational commitment (Yang F.H., et al., 2008).

Public safety, quality service delivery, and compassionate care have been affected by such unprofessional conduct which more often than not, had subsequently become the subjects of media headlines, this based on the Malawian press, and there have been many publications on
nurses having negative perception, negligence at their work place as well as wanting malpractice levels. Moreover, other researches carried out within the country of Malawi indicated that nurses had negative attitude which is sometimes experienced through nudeness and admonishment of patients within Mzuzu Central Hospital nursing care unit in Malawi. (Patricia W. et al., 2004)

According to the Kenyatta National Hospital Annual report (2015), the facility has a population of more than 2,000 nurses and the number of staff keeps on increasing as the hospital transforms in terms of innovation in medical research and nursing practice. Kenyatta National Hospital houses a school of nursing which also participates in national health policy planning in matters to do with public health and medical services. Kenyatta National Hospital focuses on efficiency and effectiveness towards referral systems and equipment and accepts referral cases for patients who require special treatment based on the referrals from different health facilities in and out of Kenya. The purpose is to bring out the concept aimed at provision of affordable and quality healthcare. Kenyatta National Hospital also has the doctor plaza facility which enables the specialist doctors to do private practice within easy reach of the hospital facility. This project enables the hospital to earn revenue and helps keep many doctors within the hospital.

As stated earlier the hospital has a population of more than 6,000 staff and more than 2,000 of these staff are registered nurses representing approximately 34% of the staff capacity. The nurses are widely spread or attached to each unit in the facility. These units include; radiology, cardiology, neonatal unit, critical care unit among others. The staffs are headed by the hospital Chief Executive Officer (CEO), who is the head manager. The head of the nursing unit or structure is the Director Nursing services who is a trained registered nurse with an experience not less than three years of practice and must be a holder of Master degree in nursing, he/she directs her orders to the chief nurse. Then chief nurse (CN) gets reports from other supervisors at the
unit level, recommends, supports the team at all levels to enhance ethical and professional practice in nursing while delivering services to the public in the facility. Organizational leadership styles are many and range from transactional, management by exception, transformational leadership styles among others as they were brought out in their studies (Locke E.A., et al 2001)

(Gichara R.W., et al., 2016) highlights many challenges associated with transformational leadership style. Such challenges range are experienced in the form of inaccessibility of vaccines for immunizable diseases like hepatitis and TB due to the stretched population of patients, inadequate medical supplies, staff shortage, poor mock drill performance, lack of power backup in events of power blackout, linear shortage, poor remuneration, incentive and low promotion rates among others. In appreciation of the above, the hospital nurses are fully employed on payroll and full time practicing basis-(PnP) permanent and pensionable. The aforementioned perceived challenges may influence nurses positively or negatively as they respond to the attribute towards job satisfaction as they render their service in Kenyatta National Hospital

1.2 Statement of the Problem of the Study

Leadership styles in the nursing profession have been a major concern worldwide that may affect service delivery by nurses’ attitude towards job satisfaction. The main objective of the study was to determine the relationship between organizational leadership styles and job satisfaction among the practicing nurses at Kenyatta National Hospital namely: transactional, transformational, and management by exception. However this study focused on transformational leadership style and how it relates to job satisfaction among nurses at KNH as evidenced in various studies on nursing which fail to provide evidences which could prove that
organizational leadership styles or management of medical facilities influence work satisfaction of nurses and their retention within work place (Locke, et al., 2001).

Even though many studies have been carried out on the various aspects of the nursing profession, very little is known about the level of satisfaction among the nurses in relation to the facilities and other aspects that contribute to job satisfaction among nurses in their work environment, hence the need to focus on transformational leadership style as practiced in KNH.

This study further sought to fill the gap on the relationship between transformational leadership style and job satisfaction whereby its determinants were identified. Findings of the study revealed that necessary action is needed especially to increase the level of nurses’ satisfaction and consequently to improve and enhance the quality of service offered to the patients and the general public.

1.3 Purpose of the Study

The purpose of the study was to assess the relationship between organizational leadership style and job satisfaction among the practicing nurses at Kenyatta National Hospital, Nairobi-Kenya.

1.4 Main Objective of the Study

The main objective of the study was to determine the relationship between organizational leadership styles and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi-Kenya.

1.4.1 Specific Objectives

The study was guided by the following specific objectives:

i. To establish how transformational leadership style affects service delivery by the practicing nurses in Kenyatta National Hospital, Nairobi- Kenya.
ii. To determine the moderating influence of performance of nurses on the relationship between transformational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya.

iii. To establish the joint effect of transformational leadership style and the performance of nurses on job satisfaction among the practicing nurses at Kenyatta National Hospital, Nairobi Kenya.

1.5 Research Questions

The study was guided by the main research question;

What is the relationship between organizational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi-Kenya?

1.5.1 Specific questions were:

i. How does transformational leadership style affect service delivery by the practicing nurses in Kenyatta National Hospital, Nairobi- Kenya?

ii. Does performance of nurses significantly moderate the relationship between transformational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya?

iii. How does transformational leadership style and the performance of nurses jointly affect job satisfaction among the practicing nurses at Kenyatta National Hospital, Nairobi Kenya?
1.6 Research Hypotheses

The study’s hypotheses are:

**H0**

There is a significant relationship between the transformational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya.

**H1**

There is no significant relationship between the transformational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya.

**H0**

Performance of nurses significantly moderates the effect of organizational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya.

**H1**

Performance of nurses does not significantly moderates the effect of organizational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya.

**H0**

The joint effect of organizational leadership style and performance of nurses significantly influences job satisfaction among the practicing nurses at Kenyatta National Hospital, Nairobi Kenya.

**H1**

The joint effect of organizational leadership style and performance of nurses has got no significant influence on job satisfaction among the practicing nurses at Kenyatta National Hospital, Nairobi Kenya.
1.7 Justification of the study

This study addressed the relationship between Transformational leadership style and job satisfaction among nurse in KNH. Nurses at Kenyatta National Hospital were found to be facing various challenges including understaffing, lack of proper equipment, poor working conditions and low salaries/allowances, lack of land or poor communication channels, unmitigated risk and health hazardous working conditions. These factors are widely viewed to negatively impact on their personal interest in nursing career as a profession (Annual Report, 2015).

Therefore findings of this study will benefit the administrators in Kenyatta National Hospital by highlighting the relationship between the application of appropriate leadership practices and job satisfaction among its nursing staff.

Knowledge and insights gained from this study are expected to guide in the formulation of policies and procedures that will contribute to job satisfaction among nurses at Kenyatta National Hospital. KNH management too will find the study findings useful in designing intervention strategies that are geared towards employment and retention of nurses not only in KNH but other health related facilities countrywide.

Additionally, the study on the relationship between organizational leadership style (transformational leadership style) and job satisfaction in the facility will help to fill the gap of the nurses attaining the attributes of job satisfaction. Finally, it is hoped that the applied research methods as articulated in this project will help the institutions with its management to resolve the underlying challenges that negatively affect the nursing profession and practice.
1.8 Significance of the Study

The study established the relationship between organizational leadership style (transformational leadership style) and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya.

The study intents to help understand how leadership is fostered by the immediate supervisor who is the chief nurse to her team of over 2000 qualified nurses in attaining the attribute of job satisfaction while delivering to the public needs and expectations-in that all nurses who are in leadership position they applied transformational leadership style as based on its factors as a leadership style in organizational leadership, which enable their subjects to have a positive change, adaptation and liking of their work while dispensing their services as to the many clients who seek nursing care and services in any facility where the patients visits for medication and treatment (House R.J., et al 1997).

This research findings will help the medical practitioners and training organizations to enhance and make an input in proper nursing unit heads for people oriented managerial leadership skills and on the other hand implement effective policies that are hoped to help the hospital settings and organizational structures that would motivate, attract and enhance nursing practice to a level of making it a calling achieved through professionalism and practice towards job satisfaction.

Further, it is hoped that the research findings will be of use to various medical institutions in the field of nursing, hence enhance professionalism in provision of human health and in the general scope of public health, sanitary and primary health service care and practices.

Lastly, the study filled the gap in the area of research that have not been done on the aspects and attributes of organizational leadership and job satisfaction in the field of nursing, care giving and
the general public health sector as contributed by its understanding in the broader area of industrial organizational psychology.

1.9 Scope of the Study

The researcher confined the study to the topic of study on the relationship between organizational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya. The study narrowed down to transformational leadership style basing on its aspects of organizational leadership style. Experience was a determining factor considered for one to be on permanent terms of service in addition to employment regulations and terms and conditions of nursing practice. The term of three years of service by the nurses referred to a productive age in personal development and self-awareness as adhered to through self-identity and confidence. According to (Locke E.A, et al., 2006), in their studies in Industrial and Organizational psychology explains that the attributes of career development are largely influenced through intuition, experience and age among many other motivating factors with the specific organization where an individual serves.

1.10 Limitations of the study

The study was carried out to a specific primary health care professional (nursing), so the findings may be limited to the study area and may not be generalized to the area of performance in medical practice. It was limited to organizational leadership style and specifically transformational leadership which is not considered as the perceived practice in medical and health service provision.

The narrow aspect of transformational leadership style may not have reflected the holistic aspects of hospital settings and their perception on the reasons for job satisfaction. This is because there are other factors that motivate practitioners to perform and deliver services as
expected as studies have revealed that medical services are in most cases determined by the patient’s satisfaction and more so the patients’ family and caretakers’ expectations. However in depth findings on Transformational leadership as applied at KNH can still be generalized to other medical care facilities regardless of the different organizational leadership styles practiced by the management.

1.11 Delimitation of the study

Although the research main objective was to study the relationship between organizational leadership style area and job satisfaction among the practicing nurses in Kenyatta National Hospital, the researcher in cooperated all the practitioners service delivery towards the patients and family members’ expectations so as to address inclusivity factor hence, the need look into other aspects of job satisfaction within the organizational setup at Kenyatta National Hospital.
1.12 Operational definition of terms.

**Extrinsic** - The extrinsic components which are external job related variables that would include; salary, supervision and working condition.

**Performance** – this refers to the sum of value expected from employees input within a given duration of time on a particular work assigned.

**Job satisfaction** – This is used to refer to contentment levels or the extent agreement experienced by nurses within their work place whose measurement are done by use of job diagnostic survey.

**Nursing**-It a set of independent and mutual care of people from various age groups, families, community, health of sick, disabled or even dying people.

**Intrinsic** - The intrinsic components of job satisfaction which is dependent as personal perception and internal feeling and includes factors such as recognition advancement and responsibility.

**Organizational leadership style**– It is the aspect of management of staffs that typically provides directions, inspirations, objectives, operational over sight and other administrative services to a business or an institution.

**Leadership style** – this is a relationship between work setting empowerment and outcomes of organizations.

**Transformational leadership style**-It is all about initiating change in organizations, groups, oneself and others through influencing empowering followers.
### 1.13 Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>CBA</td>
<td>Collective Bargaining Agreement</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CN</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>ERC</td>
<td>Ethical and Research Committee</td>
</tr>
<tr>
<td>GPs</td>
<td>General Practitioners</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resources</td>
</tr>
<tr>
<td>KNH</td>
<td>Kenyatta National Hospital</td>
</tr>
<tr>
<td>NACOSTI</td>
<td>National Commission for Science and Technology and Innovation</td>
</tr>
<tr>
<td>NCK</td>
<td>Nursing Council of Kenya</td>
</tr>
<tr>
<td>PnP</td>
<td>Permanent and Pensionable</td>
</tr>
<tr>
<td>QWL</td>
<td>Quality Work Life</td>
</tr>
<tr>
<td>REBKNH</td>
<td>Research and Ethics Board of Kenyatta National Hospital</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurses</td>
</tr>
<tr>
<td>SGB</td>
<td>Security of Government Building</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Science</td>
</tr>
<tr>
<td>UoN</td>
<td>University of Nairobi</td>
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<tr>
<td>VIP</td>
<td>Very Important Person</td>
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<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter presents the literature review; the organizational leadership style practiced in Kenyatta National Hospital, organizational leadership style for practicing nurses-transformational leadership style, job satisfaction by the practicing nurses in KNH and the attributes of job performance. Lastly, the section dealt with the summary of the content, theoretical framework and conceptual framework.

2.1 Organizational Leadership

According to (Aditya, 1997) many studies on leadership indicated that there exists noteworthy effect on culture and size as organizational factors. The findings are corroborated by Rowley who also provides evidence that management style influences nurse job satisfaction and retention of nurses. The researcher bases the study on the influences of the leader’s aspect on career development of employee’s competence (knowing- knowing-how, knowing whom) on the employment, organization and assessment as the role of job satisfaction in the general overview studies (Rowley, et al., 2001).

2.1.1. Transformational Leadership style

According to, (Ilies R., et al., 2005), transformational leader is describe as being a person of vision, creativity and inspiration who leads the change. Transformational leadership styles function better than the other types (transactional and laissez-faire) in terms of employees staying in their job as well as job satisfaction (Dahlen, 2002; Brerggren & Severinsson, 2003; Fletcher, 2001; Bass & Avolio, 1990; Northouse, 2001; Dvir et al., 2002; Waldman et al., 2001), transformational leadership patterns reduce work pressures and raise employees’ morale.
resulting in promoting their job satisfaction. A study conducted by, (Medley and La Rochelle, 1995) suggested that the type of leadership plays an important role in job satisfaction particularly the transformational type which affected job satisfaction the most. While transactional leadership results in expected outcomes, transformational leadership results in performance that goes well beyond what is expected, (Guzzo, R.A., et al., 1996) found that individuals who exhibited transformational leadership were perceived to be more effective leaders with better work outcomes than were individuals who exhibited only transactional leadership. These findings were true for higher and lower level leaders as well as for leaders in public and private settings. Transformational leadership moves followers to accomplish more than expected. They become motivated to transcend their own self-interests for the good of the group or organization (Bass & Avolio, 1990; Northouse, 2001; Shamir, 1995).

Some researchers (Iaffaldano, M.T & Muchinsky, PM., 1984; Smith & Peterson, 1988) believe that there are certain traits that a leader should have to produce job satisfaction among employees, such as solidity and clarity of vision. So followers have to share their organization’s vision in an attempt to realize effective transformational leadership and their chief concern should be the realization of organizational goals rather than their own personal interests (Hater&Bass, 1988; Archbold, 2004). Studies conducted by (Durndum, et al., 2002; Fuller, et. al., 1996) showed that an employee’s performance is a corollary of working under leaderships possessing transformational properties. In addition, having a good relationship with employees plays an important role in achieving positive results on the part of the employees.

The subordinates’ satisfaction with their supervision in organizations has been found to be related to the leadership behavior used by managers (Shim, et. al., 2002; Yousef, 2000; Loke, 2001; Ugboro & Obeng, 2000; Masi, 2000; Luthans& Avolio, 2003; Dvir, et. al., 2002;
Dumdum, et. al., 2002; Walumbwa, et. al., 2004). It also reduces their work stress and raises their morale. Pakman (2001) found that transformational leadership is positively related to the employees’ job satisfaction while transactional and laissez-faire leadership is negatively related to job satisfaction. Some studies (Avolio & Bass, 1988; Bass, et. al., 1987; Conger & Kanungo, 1988; House, et. al., 1991; Roberts, 1985) have revealed that there is a positive relationship between transformational leadership and job satisfaction. (Lowe, et. al.1996) performed 33 independent empirical studies using the Multifactor Leadership Questionnaire (MLQ) to study the relationships between leadership styles and leadership effectiveness. They concluded that there was a strong positive correlation between all the components of transformational leadership and subordinate satisfaction with supervision. It was expected to find that registered nurses satisfaction with supervision is positively related to transformational leadership practiced by Kenyatta National Hospitals. Consequently, (House, 1997) “acknowledged the significant influence of organizational factors, such as size and culture, on leadership”. Despite the foregoing discussion, various studies on nursing tend not to provide enough evidences on influence of management style on job satisfaction of nurses and their retention,(Erickson,2007). In KNH, the chief nurse emphasizes on the aspect of collective responsibility whereby an incident that occurs in a unit is to be tackled by all present nurses on duty at that particular hour of service delivery which is patient centered adhering to procedure, practice and ethical consideration. A study identified and determined the relationship between organizational leadership style and job satisfactions by integrating three leadership styles which includes; management by exception, transformational and transactional. Transformational and transactional leaderships are considered the positive styles, as incorporated in KNH by the practicing nurses. Transformation and transactional area “associated with the subordinates”, job
satisfaction and work performance, and with higher rating of leadership effectiveness and performance”

In her studies, (Mary, 2005) stated that management by exception is a considered negative style of leadership. The perceived organizational aspect of the hospital is attributed in fostering by management on the aspect of collective responsibility, much is expected by the CEO of the institution from the chief nurse as he/she practices her leadership skills, basing on the above, for one to be a chief nurse, the selection criteria is he/she must have the practical skills, training and the know-how with experience as a practicing nurse for better leadership in the nursing department in KNH.On the other hand, leadership style in the nursing profession has been a major worldwide problem that may affect service delivery by nurses and their attribute towards their job satisfaction. Even though many studies have been carried out on the various aspects of the nursing profession very little is known about the level of satisfaction among the nurses in relation to leadership styles at Kenyatta National Hospital, therefore this study is aimed at evaluating the level, and the best predictor of job satisfaction among the nurses in their practices as the major health care givers at the Kenyatta National Hospital referral hospital.

In this study the researcher has demonstrated that transformational leadership style is a participatory leader’s attribute. In view of practices transformational leaders are assumed to be transformational leader whose leadership style has roots in ancient Greece and was defined as Greek love and philosophy. In the positive philosophy literature, authenticity is therefore described as owning one’s personal experience; or instance thought, emotions, needs wants preference or beliefs.(Hunt,2009), asserts that people are either completely an untainted manor in an authentic. The study concentrated on how to develop leader and follower levels of authenticity, which will result in both organizational and growth personal growth. Through reflection, organizational
leaders (chief nurse) can attain degree of clarity with regards to their core values, identity, emotions and motives or goals. This behavior consequently, for the nurses’ job satisfaction (Marcus, et al., 1996), noting of working and service delivery self-concept include, self-views, provision of a supporting need to adhere to self-awareness. According to, (Howell, A.K.et al., 2005), the self-view is in the individual perceptions standing on the attributes made salient by a given context. Basing on the above the study has paved the way to understand to what extent organizational leadership style (transformational leadership) affected the aspect the of job satisfaction regarding nurses in KNH, thus drawing the transformational leadership literature that is primary concerned with the capabilities required to enact change successfully.

Therefore, the most important challenge, however, is creating effective leadership capable to lead the organization under this changeable turbulent environment into success, continuity and excellence. This can be achieved by improving performance through an effective type of leadership - transformational leadership. A large number of studies have been conducted over the last two decades on transformational leadership (Bass, 1998). These studies showed that there was a relationship between the behaviors of transformational leadership and production on both the individual and organizational levels. This paved the way to a study which aimed at identifying the effect of transformational leadership on job satisfaction regarding nurses in the Kenyatta National Hospital.

An individual nurse in KNH is motivated by the outcome of his/her patient during service delivery and care as perceived by the process of improvement and eventually healing, on the other hand if the patient dies, it sometimes demotivates the nurse and the team in the medical and healthcare service delivery. This is much influenced by the patient himself/herself and the patient’s family expectations as based on the aspect of self-view towards performance and satisfaction. This
supports,(Kermis’s 2003) assertion that described the received leadership by the chief nurse in the hospital setting self-awareness; leader as mentioned above, is an individual’s reflected to be upholding transformational leadership style. Transformational leaders are undergoing what Csikszentmihalyi calls “Flow” which is a subjective experience of full involvement with life. Transformational leader must be aware and with experience of the practice and performance of his or her follower. In addition to self-awareness of value and identity, transformational leaders are also emotionally self-aware, (Fleisher, C.N. et al., 2014), argued that individuals “with higher levels of emotional intelligence are aware of their emotions and understand the influence of such emotion on their cognitive process and decision making capabilities”. It is therefore concluded that awareness, of one’s emotion may be a key predictor of effective leadership. (Ilies, et al., 2005), propose that “transforming leaders possess higher levels of emotional intelligence that heighten their self and other emotional awareness, thus enhancing their abilities to display individualized consideration to their followers”. The above argument reflects the true situation at KNH whereby, the chief nurse does the ward rounds, practitioners’ checks; change over briefs and patient checks at regular and random facilitation. Also, during the hour change and breaks, the CN gets reports from each and every ward for facilitation and management. According to, (Bass and Avolio, 1994) transformational leadership is defined as the one which helps increasing employees’ concern and deepening their level of perception as well as their acceptance of the groups’ vision and aims. It also broadens their minds to see beyond than their own interests and think of their organization’s interests. This can be achieved through the leader’s charismatic effect and his meeting of the individuals’ emotional needs and fostering their creativity. (Yule, 1998) described transformational leadership as the process of greatly affecting and changing the individuals’ attitudes, behaviors and beliefs, and commitment of the individuals to the
organizational tasks, aims and strategies. The following is a synopsis of the description of these transformational behaviors provided by, (Avolio, etal. 1991).

2.1.1.1. **Idealized Influence Attributes (Charisma Attributes)**

This is an important factor in transformational leadership. That indicates that the employee’s outlook at the leader in terms of power of his influence, self-confidence, his trust in others, his consistency and ideals which individuals make an effort to imitate. Thus, the leaders have become a target of admiration, respect, sense of responsibility, confidence, growing optimism and the talk of the followers, (Avolio & Bass, 2002; Bass & Avolio, 1994). Accordingly, followers have shown a high level of confidence in their leader (Jung & Avolio, 2000). This is perceived by the nurses as the CN does her rounds and checks, in turn it influences serves delivery in one way or another.

2.1.1.2. **Idealized Influence Behaviors (Charisma Behaviors)**

This includes the leaders’ values, beliefs, moral considerations, moral behavior and selfless acts. Establishing a common vision is an integral part of idealism. A transformational leader plays a role in helping others consider the future (Jung & Avolio, 2000). This happens when inspiration is produced through conformity of personal values with the group’s interests (Avolio & Bass, 2002; Jung & Avolio, 2000). Transformational leadership implies being tolerant and risk-sharing with followers, this is as practiced by re CN in KNH.

2.1.1.3. **Inspirational Motivation**

A leader sets an example for his followers. The leader communicates vision, encourages hard work and expresses important goals simply (Bass, 1994). Transformational leaders motivate others through purposeful tasks that tend to be challenging (Avolio & Bass, 2002). Team spirit is excited by arousing enthusiasm and optimism (Bass, 1998). Transformational leaders try to
build relations with their followers via interactive contact which serves as a cultural link between them. This leads to a change in the values of both parties towards a common ground. The leader creates crystal clear vision of the future in his followers through realization of expectations and demonstrating commitment as to goals and common vision. This dimension is measured by the leaders’ ability, confidence in his values and vision to bring about. This aspect is dealt on in an inclusive way in KNH by appointing leaders basing on their experience and academic qualifications in their area of practices.

2.1.1.4. Individualized Considerations

The leader provides constant reactions and combines individuals’ needs with the organizational function. He or She shows personal interest in followers’ requirements of growth and achievement (Avolio & Bass, 2002). In such occasions, a leader acts as a referee and supervisor in his/her organization during hid sphere of influence. Helps develop his or her follower's abilities towards high levels of potentialities. A leader in most cases should consider individual differences between his followers in terms of their requirements and desires. The leader plays a double role through effective contact with them (Avolio & Bass, 2002; Bass, 1998). A leader can develop his/her followers’ abilities by delegating tasks and secretly watching those being implemented so that he can ensure the amount of support and supervision needed. In addition, the positive effect of individualized consideration and transformational behaviors lies in empowering followers (Behling & McFillen, 1996). Consequently, this can be measured by the leader’s interest in the followers’ needs for development and growth, and his being careful to train and guide the leaders (Bass, 1994).
2.1.1.5. **Intellectual Stimulation (Creative)**

Transformational leadership stimulates individuals to be able to be creative and excellent by introducing ideas and early solutions to problems (Avolio & Bass, 2002). However, it highlights rationality and new approaches for followers to follow. It also re-evaluates old beliefs and values and looks at difficulties as problems that need to be solved and seeks logical solutions to these problems. Transformational leadership does not criticize followers in public for their mistakes. Rather, it provides them with challenging tasks and encourages them to solve problems the way the like.

According to the Kenyatta National Hospital Annual Report (2015/2016), the operational structures of the referral facility, perceiving that leadership style is the manner in which leaders are able to express specific leadership styles and as it is being demonstrated in Kenyatta National Hospital. The researcher will present transformational leadership style, it’s summed up and inclusively adhered to by the chief nurse in his/her managerial skills. Therefore, according to Bass, B.M, et. al., (1998), “transformational and transactional leadership styles are considered the positive style of leadership. The transformational leader has a vision for what the organization can be and shares that vision with others”. In this case the nurses perceived their leader to be transformational as she develops stimulates and inspires them to exceed their own self-interests for a higher purpose. In transactional leadership as expressed by unit in-charges, the nurse perceived their leader expressing their relationship based on a series of exchanges or interactions between leader and the nurses and him or her.

**Job Satisfaction**

Job satisfaction is defined as the person’s assessment of his own work and the context and content of the work (McShane, 2004; Mosadeghrad, 2003). Job satisfaction can be compared to a
multidimensional structure including the employee’s feelings towards a diverse group of intrinsic and extrinsic components. It includes certain aspects of satisfaction relating to pay, promotion, working conditions, supervision, organizational practices, and relationships with work colleagues (Misener, et al., 1996). Several factors affecting job satisfaction including salaries, fringe benefits, achievement, self-independence, recognition, communication, working conditions, the importance of work, colleagues, organizational climate, mutual personal contacts, working for a well-reputed agency, supervision and working within a team (Lu, Barr ball, Zhang & While, 2012).

There are other factors responsible for the falling of job satisfaction related to working with non-skilled and non-trained employees, grinding work related to documentation and routine tasks, tensions, role ambiguity and job conflict (Navaie-Waliser, et al., 2004; Koustelios, et al., 2003; De Loach, 2003; Ilies & Judg, 2003; Gigantesco, et al., 2003; Chu, et. al., 2003; McNeese-Smith, 1999; Thyer, 2003). Among the factors that determine job satisfaction is leadership, which is considered an important indicator and plays a central role in affecting job satisfaction. Leadership is an administrative job primarily directed towards people and social interaction. It is also the process of influencing people to achieve the organizational goals (Skansi, 2000). Many of the studies conducted in different countries showed a positive mutual relationship between leadership and job satisfaction (Seo, et al., 2004; Vance & Larson, 2002; Chiok, 2001; Dunham-Taylor, 2000; Stordeur, et al., 2000; Benson & Linton, 2005; Mosadeghrad, 2003).

According to (Patricia, et.al. 2004), “nurse’s work at the frontlines of most healthcare systems and their contributions are recognized as essential in delivering effective patient care. Providing quality nursing care is therefore an important consideration when discussing patient care standards. Nurses who are satisfied with their work and with the conditions under which care is provided are more
likely to provide quality care that satisfies the patient. Literature has shown that job dissatisfaction leads nurses to have negative attitudes towards their work, which negatively affects the quality of care they provide—causing stress.” (Nicholas G. et al. (2006) defined nurse’s job satisfaction as “the degree to which nurses like or enjoy the work they do. Job satisfaction is important in healthcare organizations because it is an indicator of the physical and psychological states of employees”. Attitudes are evaluated through dispositional; tendencies of likes or dislikes, or art of one acting favorably or unfavorably towards individuals or objects.

According to (Tracy, 2011) “job satisfaction is the level of contention a person feels regarding his or her job. This feeling is mainly based on an individual’s perception of satisfaction, this is whereby an individual nurse has the interest to serve and practice as a nurse.” On the other hand, individual’s ability can influence job satisfaction in completion of assigned duties, communication levels in a given firm, as well as the way employees are treated by the companies’ management. It can therefore be concluded that job satisfaction as an individual nurse’s positive response towards various aspects of his or her practice. This indeed helps to improvement of work performances, whose determination is based on the digression between expectations of employees, job outcomes and actual offer within the job.

In view of (Herzberg et al., 1968), the perception of work satisfaction, is argued that it has two categories; one being effective work satisfaction and the second is cognitive work satisfaction. In this context leadership was described as ability of influencing, motivating and enabling nurses in contribution toward the efficiency and success of a give health institution of work. This is as practiced by the chief nurses in KNH as his/her responsibility to incorporate, identify and encourage all other practicing nurses to integrate, share and advance in their desire to practice, to acquire and maintain etiquette, professional and ethical consideration through training locally and
overseas for advancement and acquisition of modern techniques, knowledge and skills in the field of medical science and healthcare provision. According to (Berndt D.et al., 2003), the quality of supervisory and leader behavior affects nurses’ outcomes, such as nurses’ job satisfaction, as they are affected by their work during service delivery which maybe a resultant from work burn out as a stressor. This is countered by the leadership of KNH through the created space of harmonious co-existence among the practicing nurses by their supervisors in the applied skill of effective leadership and communication rapport.

In addition, (Holten C.et al., 1968), argued that satisfaction in workplace is experienced production and achievement of targets given by management of given organizations. Practicing nurses in Kenyatta National Hospital ensure satisfaction in place of work by increasing effectiveness and efficiency at workplace. This may affect the nurses directly or indirectly leading to sometimes demoralization of them survives delivered, in that the nurses, are forced by circumstances or the management to serve more than ten hours which is not the adhered or stated regulation and agreement of workmanship as in a normal circumstance, a nurse is required to serve not more than six hours per day (WHO). To counter the above shortcoming, KNH has provided an organizational structure and model that provides the nurses with a formula for getting an overtime incentive and allowance (KNH Annual Report, 2015/2016).

According to(Gilmour,S.et al.,2016) Ontario Ministry Health task forces on the tradition “mentoring, motivating, coaching and evaluating roles played by the nurse manager” and unit coordinators were significantly reduced or became non-existent, this is as evaluated on the evidence brief of strengthening care for people with chronic disease in Ontario by the health care giver. On the other hand, due to the existence of a number of healthcare, organization and structure change, it called for the researcher to recognize leadership styles as a factor that controls service
delivery hence contributing to optimum nurses, patients and organizational outcomes as seen in Kenyatta National Hospital (KNH Annual report, 2014/2015).

A study by (Fleisher, et al., 2014) on “effects of employees’ career competencies development on the organizations” revealed that a dominant leadership style of managers was participative then scores of employees oriented to dimension of leadership style in first line, middle and senior managers were 52, 54 and 54 (from 75 credit respectively). The correlation between leadership behaviors and employees was significant ($p < 0.001$) towards job satisfaction. The relationship between organizational leadership style and employee’s attitudes towards work performance was also perceived to be critical aspect in any organization or institution. Understanding these two aspects to help the management foster a good working environment for the employees; hence, according to, (Gilmour, 2016), Alma-Ata“the declaration by the World Health Organization emphasized the importance of primary health care”. This is based on the influence and impact of such a leader in the hospital settings, and the leadership approach to the service and practicing members.

On the other hand there are other studies correlating to the stated study for instance the study by (Hawthorne, 1994), which credited the outcome of the studies on the same making other researchers aware of the effects of employee attitudes on performance, as perceived in the nursing department of Cardiovascular unit and adhered to by the importance of nursing practice among the practicing nurses in the medical and healthcare providers of KNH. Shortly after the Hawthorne studies, researchers began taking a critical look at the notion that a “happy worker is a productive worker.”, so the study noted that in KNH the management through the CN tries to ensures that the nurses welfare are taken care of at their level best,(KNH Annual report, 2016/2017)
2.2. Theoretical Framework

The theoretical framework guiding this study is the transformational leadership theory first developed by (Cascio, W.et al., 1978) and later expanded by, (Bass, et al., 2003) to provide a useful model for effective nursing leadership in modern health care setting as shown in Figure 2.1 below. This framework proposed three specific relationships which is adhered to by the hospital administrators, the chief nurse and (head of units or supervisors). The manager who is the chief nurse leadership style will affect the outcome as measured by the staff satisfaction (as it impacts on the subject nurse) the patients’ satisfaction and unit turnover.

Figure 2.1. Relationship between Organizational Leadership style, Span of Control, and Aspect of Job Satisfaction

Transformational span of control has an effect on the outcomes (the service delivered by the nurses). The “manager’s span of control has a moderating effect on the relationship between leadership” styles and overcomes as influenced by the expectations by the clients (patients). As it integrate the three theories it identifies that transformational leadership is as an approach based
on the leaders (Chief Nurse) way of interacting and working with the subordinates (a general nursing staff) to identify needed change. Guided by the vision of the organization and inspired by its statement to motivating the nurses towards the set and admired change within the organizational set up. Above all professionalism and the shared values of high ethical standards and the attributes of personality basing on the components of leadership as they influence their work abilities input towards the attributes of job satisfaction. The integration of these theories helps in understanding the concept of job satisfaction enabling them, allow freedom of choice, flexibility among other values that enables them serve through their leaders (chief nurse) in motivating and positively enhancing development.

From the theoretical framework it is concluded that transformational, span and field contingency leadership style influences nurses job satisfaction as it involves idealized influence, inspiration, motivation, individualized consideration and intellectual stimulation as they benefit from the decreased turnover. According to, (Doran, D, et al., 2014) define transformational leadership as the approach where a leader works with subordinates to identity needed change. The leader creates a vision to guide the change through inspiration, and executing the change in tandem with the members of group.

According to (Gus key, 2003) Span of control leadership theory is defined as the aspect where direct supervision is by the manager. This includes all fulltime, part time and periderm who regularly work on the unit in the department. On the other hand, contingency leadership theory explains the effectiveness of the leader which “depends upon the situation based on numerous factors such as the nature of task, leader’s personality and make-up of the group being led” hence assumed to be the preferred style. In his studies , (James, 2014) stated that professionalism and
the shared values, high ethical standards attributes of personality basing on the components of leaders influence their work abilities and input towards job satisfactions. The integration of these theories helps in understanding the concept of job satisfaction by allowing freedom of choice, and reason among other values that enables the nurses serve through the leaders in motivating and positively enhancing aspects of career and personal development. Finally, the research studies done by,( Amy, et al., 2009) on the effect of Span control on leadership and performance help to explain that larger units affecting the results but Span control emphasizes and confirms that small units gives good results on command and leadership. This is as drawn from the study during the period of facts finding in KNH. This theoretical framework concluded that transformational, span control and Fielder’s Contingency leadership style influences nurses’ job satisfactions as it involve; idealized influences, inspiration motivation, individualized consideration and intellectual stimulation as they benefits us from the well structure of leadership which is interactive and participatory as all leaders at all levels of their services are ready to take up responsibility for better service delivery to the general public.

2.4 Conceptual Framework

The study variables are conceptualized through the framework presented in Figure 2.2. The model illustrates the relationship between independent variables which in this case are organization leadership style which was operationalized through various styles of leadership including transformational style; idealized influence (attribute), idealized influence (behavior), inspirational motivation, intellectual stimulation and individual consideration. Other aspects which was considered in the study included; descriptions, organizational structure, organizational operations and nurse ranks. Performance which was used as a control variable was measured through number of patients attended to and number of tasks accomplished by nurses in their line of duty.
On other hand, job satisfaction was the dependent variable of the study and this was proxies by either intrinsic or extrinsic aspects. Through these conceptual frame works it was learnt that structurally empowered nurse is best equipped to protect the patients’ rights, enabling the organization to improve the skills of its works in this case the new knowledge on science of nursing and practice. As an empowered nurse is involved, committed, and responsive and that influence change in the hospital he or she serves. This is according to (Wagner, etal., 2010). In their studies they also revealed that leadership style is the main aspect that enhances the access to opportunities, information that exits formal and informal on the intrinsic job satisfaction and job satisfaction with the supervisors, examining that it helps the individual employee to be at a better place in an organizational set up.

**Figure 2.2 Conceptual Framework**

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<tr>
<th>INDEPENDENT VARIABLES</th>
<th>DEPENDENT VARIABLE</th>
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<tr>
<td><strong>Organizational Leadership Style (Transformational)</strong></td>
<td><strong>Job Satisfaction</strong></td>
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<tr>
<td>- Idealized influence (attribute)</td>
<td>- Extrinsic</td>
</tr>
<tr>
<td>- Idealized influence (behavior)</td>
<td>- Intrinsic</td>
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<td>- Inspirational motivation</td>
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<td>- Intellectual stimulation</td>
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<tr>
<th>Performance</th>
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<td>- Number of patients</td>
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<td>- Number of tasks accomplished</td>
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<td>- Patients/family needs</td>
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**CONFOUNDING VARIABLE**

In addition, a study done by (Goldberg, etal., 2006) states that, access to opportunity may lead to the growth and development of an individual involved, this may involve movement within the organization as well as the opportunity to increase knowledge and skills through performance.
Transformational, span control and contingencies leadership theories applied in the organizational structure empowerment in the hospital settings for the practicing nurses. This is according to Magnet model as studied by (Shelley, 2010). Kenyatta National Hospital adhere to by the chief nurse and her team of management, for effective performance and service delivery which is patient centered as fostered by the patient him/herself, the practitioners’ hope and the patient’s family expectations’ as they interplay among other practitioners within the facility for service delivery and efficiency.

According to the above conceptual framework the possible relationship between the variables organization leadership and job satisfaction is based on the relationship to the nurse trust, performance, job satisfaction, engagement and quality of care to the patients. Hence, Magnet model (2016) states that structurally empowered nurse is best equipped to protect patient right. This is as it’s practiced in Kenyatta National Hospital and found that the nurses are concerned with improvement of the patient’s condition through ethical means and medical procedures.

In addition, the organization focuses not just on improving its own performance but also on contributing new knowledge to the science of nursing whereby, the facility has a mode of capacity building and staff career enhancement and development. An empowered nurse is involved in new knowledge, science and technology that influences change in hospital as they are fostered by trainings and seminars on the modern technology and improvement in medical and health science practice-in service trainings. The benefits are realized through their motto that inspires them to have high spirit and morals for service delivery for better humanity, therefore they eventually help in the end results thus leading to job satisfaction and better services to the patients.
2.5 Summary

In summary, basing on the above literature review discussions the study is aimed at bringing out the relationship of between organizational leadership styles, and performance (service delivery) as variables that do interplay in the establishment of the practicing nurses in Kenyatta National hospital towards the attribute of job satisfaction. To understand this, the study makes comparisons across countries in another type of analysis that should be conducted with caution. For example, some studies carried out in Malawi have reported that negative attitude among nurses is sometimes manifested by nudeness and scolding of patients; Mzuzu Central Hospital in Malawi (2004). Its findings can be incorporated to give an insight over the medical practitioner’s leadership’s style and management skills in the hospital set up for better results based on the patients and family member’s expectations.

A medical practitioner welfare and betterment of the working conditions should be put in place to foster motivation based on humanitarian grounds- to eradicate or avoid health hazards and risks in the hospital set up (Ryan, et al, 1999). This is a global and universal health care and treatment requirement as scoped by World Health organization’s procedures and regulations.

According to (Edward, et al., 2004), in his argument geared towards the urge of new order and modernity in the area of practice (staff’s management) in organizational set up for improvement and betterment of the workers, working conditions and their welfare. For improvement and enhancement of the medical practitioner’s welfare as the study puts across the importance of a nurse in a holistic way in the field of medical and health services, a nurse is seen to be an inter player for sector’s service delivery. To conclude all these aspects of leadership management and job satisfaction among practicing nurses, the study calls for new knowledge in its perception and
Pre-assumed study of medical and health service delivery in corporation of human resource management and industrial and organizational psychology model and skills.
CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction
This chapter outlines the methodology of research used in collecting, analyzing and presenting the data. They included; the research design, research methods, target population, research sample size, sampling procedure, research instruments, reliability and validity of the study, data collection procedure, data analysis, ethical considerations.

3.1 Area of the Study
The research was conducted at the Kenyatta National Hospital, located in Nairobi County of Kenya

3.2 Research Design
Definition by (William, et al., 2006), states that research is the “overall strategy that a researcher chooses to integrate the different components of the study in a coherent and logical way which constitutes the blueprint for the collection, measurement and analysis of the data.” A descriptive study design was employed to explore the relationship between organizational leadership style (transformational leadership style) and job satisfaction among practicing nurses in Kenyatta National Hospital, Nairobi Kenya. The instruments for data collection were questionnaire and observational checklist. Descriptive survey study approach was used to collect data, which is preferred because it assures description of the situation in totality without bias in data collection (Kothari, 2008).

3.3 Target population
A population can be referred to as the entire set of relevant units of analysis or data. It can as well be referred to as the aggregate of all cases that conform to the same designated set of
specifications, (Isidor Chein, “An introduction to sampling, in Claire Selltiz, et al., Research Methods in social relations, 4th ed (New York: Holt, Rinehart and Winton, 1981), p. 419. A population may be either finite or infinite. A finite population contains a countable number of sampling units, for example, all registered voters in a particular constituency in a given election year. An infinite population, on the other hand, consists of an endless number of sampling units, such as an unlimited number of stars in the sky”. The study targeted a population of 2000 nurses, registered by the Nursing Council of Kenya (NCK), as practitioners; with at least qualification of a Diploma in Nursing and above. This constitute of approximately a total of 800 males and 1,200 females nurses. This comprised of the Director nursing services, deputy director nursing services, chief nurse, assistant chief nurses and the unit supervisors who makes up the leadership in KNH directorate of nursing. The above population was used because it gave an in-depth understanding in the attributes of organizational leadership style— (transformational leadership style) on job satisfaction among the practicing nurses in Kenyatta National Hospital.

3.4 Research Sample Size

According to (Leanne, et al., 2012) research is “sample size as the minimum number of participants required to identify a statistically significant difference if a difference truly exists”. The sample size constituted of (200) participants who form 10 percent of the study population at KNH. Yamane, (1967) provides a simplified formula to calculate sample sizes. Formula was used to calculate the sample size. A 95% confidence level and P = 0.5 are;

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

n = Represents the sample size

N = Donates the population size
\[ e = \text{level of precision} \]

\[ n = \frac{N}{1 + N \sigma^2} \]

\[ = \frac{1000}{1 + 1000 (0.05)^2} \]

\[ = 200 \]

This sample size was useful on assessing the service delivery of the nurses on practice in determining and filling the gap on job satisfaction.

### 3.5 Sampling Procedure

This research employed a descriptive and cross section study using stratified sampling procedure and purposive sampling to explore the relationship between organizational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya. The researcher purposively selected the data from specific members of the nursing staffs; which include chief nurse, assistant chief nurse, and heads of the 16 units with specified nurses from each unit. The sample size was total of 200 medical practitioners (specialized as nurses) from the primary health care. Cross sectional study was used to consider all factors (exposure, outcome and the confounder), which help in data analysis and measure making it possible for description of the results and generation of the hypothesis. Whereby, the main outcome measure obtained from a cross –sectional study was the prevalence:

\[ \text{Prevalence} = \frac{\text{number of cases in a defined population at one point in time}}{\text{number of person in a defined population at the same point in time}} \]
The cross-sectional research findings helped remove assumptions and replace them with actual data on the specific variables (transformational leadership style = independent variable) (performance = confounding variable) and (Job satisfaction = dependent variable) studied during the period accounted for in the said study-relationship between organizational leadership style (transformational leadership style) and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya.

3.6 Research Instruments

According to the Legal Information institute (1992) Cornell Law School, research instruments are; tests, questionnaire, inventories, interview schedules or by use of other means of gathering data.

The researcher employed the use of survey techniques through a structured and unstructured Questionnaire and an Observational Checklist, they were administered to the respondents. The rationale for using questionnaires was to ask the respondents the same set of questions that provided an efficient way of collecting responses from a large sample prior to analysis. The questionnaire was divided into three sections; for the nurse’s demographic details or history, hospital setting attribute and leadership attribute. The Observational Checklist gave the researcher a chance to visit and see what happens in the facility as the nurses serve.

3.7 Reliability and Validity

(Orodho, 2014) describes “validity as the degree to which an empirical or several measure of a concept accurately represents the concept”. To test the reliability and validity of the study a same questionnaire was used in pilot study conducted at Moi Teaching and Referral Hospital in Eldoret–Uasin Gishu County, Kenya. A total of 20 nurses participated in the study from all established units of the referral facility. Through the management of the hospital, the principal
researcher presented a similar questionnaire and visited the facility to determine the reliability of the empirical measurement by the retest methods in which the same test was used for the same target population. Both the findings and the participants in the pilot study were not used in the main study. The filled copies of questionnaire from the participants/respondents were checked for competence and consistency. They were restructured to avoid anomalies, ambiguities and inconsistencies that were realized. To determine the degree to which the test attributed towards job satisfaction does attract similar results and how it related to the response from the same sample on the pilot testing exercise, whereby a confident of reliability was obtained. A pre-test was done to include the pilot study, to give a coefficient of stability. The reliability of the test (instruments) was estimated by examining the consistency of the respondents between the tests. The researcher edited and classified the data by describing and explaining through descriptive methods, bars, graphs and tables.

3.8 Data Collection Procedure

According to (Ailey, et al., 2014), defines data collection procedure as the process of gathering and measuring information on targeted variables in an established systematic fashion, which then enables one to answer relevant questions and evaluate outcomes. The data was collected from a sample of 200 nurses who were invited to participate voluntarily by approval letter through ERC & KNH-UoN and NACOSTI attached to the survey Questionnaire. The purpose of the study was explained and the nurses were allowed to decline if they did not want to participate. The instrument and the survey questions were assembled in packets and distributed by the chief nurse (CN) to each individual nurse who met the study criteria. The filling of questionnaires was completed within two weeks of submission to various units in KNH. Written guidelines were noted on the questionnaire to ensure that each nurse receives the same directions and
information. After filling the questionnaire, the respondents deposited the sheets in a sealed envelope in a provided box (private collection box in the chief nurse office), this guaranteed them anonymity. Again, the information provided by the participants was completely anonymous and no names or identifying numbers was collected on any of the instruments. This was done in observation of the principles and ethical consideration for research writing.

3.9 Data Analysis Procedure

(Vance, 2011) defines “data analysis as the process of inspecting, cleansing, transforming and modeling data with the goal of discovering useful information, suggesting conclusions and supporting decision making”. The data collected was analyzed using SPSS analysis version 23 to quantify the relationship between descriptive norms and the intention of the study and this was the organizational leadership (transformational leadership style) and the aspects of nurse’s attributes to job satisfaction. They were derived from the practice and motive to work in Kenyatta National Hospital, and at length in a hospital setting attending to patients.

In addition, Pearson-product Moment Correlation Coefficient was used to determine the correlation between the independent and dependent variables (Transformational leadership style and Job satisfaction). The researcher determined the data characteristics, enabling him explain the relationship between the two variables; performance and job satisfaction as perceived by transformational leadership style. The data collected was checked for completeness, then coded and fed into a personal computer. The analyzed data was represented quantitatively using descriptive techniques which included; tables, graphs and percentages to represent the attribute of job satisfaction among the practicing nurses in Kenyatta National Hospital Nairobi Kenya. Finally, a score for the data on the nurses’ job satisfaction was then analyzed to establish the
findings of the relationship between the dependent variable, confounding and independent variable for the study. This was done through use of a regression model as indicated below.

\[(JS= \alpha_0 + \beta_1TLS + \beta_2P + e_i)\]

JS = Job Satisfaction which is the dependent variable

TLS = Transformational leadership style (Independent variable),

P = Performance (Confounding variable),

\[\alpha_0 = \text{Constant}\]

\[e_i = \text{Error Term}\]

\[\beta_1, \beta_2 = \text{Regression coefficients}\]

3.10 Ethical Consideration

Ethical consideration is a cornerstone for conducting an effective and meaningful research; this helped to ensure that no one was harmed as a result of the activities. Due to the normally sensitive relationship between the researcher, or the team of researchers, and the respondents or interviewees, reasonable care was considered to safeguard the subjects interests by putting in all ethical consideration to build confidence during the field work study that were based on the appropriate ethical requirement and measures.

Permission from the department of Psychology University of Nairobi was obtained for the researcher to conduct the study. The researcher sought out a permit from the Ministry of Education Science and Technology-Department of Higher Education Science and Technology, through National Commission for Science and Technology and Innovation (NACOSTI). Authority was also obtained from Kenyatta National Hospital-Research and Ethics Board Committee of Kenyatta National Hospital and University of Nairobi (ERC&KNH-UoN)
and permission from the pilot area of study, by the ERC MTRH which is a requirement for carrying out the study in such institutions.

Participants were carefully informed about the objective and procedures of the study through a cover letter and in a statement to protect human subjects. These included, the purpose and data collection method, assurance of subjects’ anonymity, privacy and confidentiality of the respondents was considered. This was based on the ethical principles and consideration, adhering to the study topic, “relationship between organizational leadership style and job satisfaction among the practicing nurses in KNH, Nairobi Kenya”. The study used the collected data purely for academic purposes avoiding its manipulation during analysis and presentation stages.
CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

In this section, the study presents data analysis, findings using frequency distribution tables and interpretation of the findings. The study’s goal was achieved through analysis of the primary data gathered based on concepts under study, especially those pertaining the research objectives and the conceptual framework out of which the Questionnaire and Observational Checklist were derived were analyzed and discussed in details herein. It comprises of the following sub-sections: response rate, demographic information, nursing setting and management, nurses practice and service delivery, managerial/leadership style for the nursing department, leadership practice and service delivery, as well as inferential results which comprised of correlation analysis as presented in methodology chapter.

4.2 Response Rate

The findings on response rate were given in Table 4.1 as shown below:

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency (n)</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responded</td>
<td>190</td>
<td>95.0</td>
</tr>
<tr>
<td>Not responded</td>
<td>10</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

The purpose of the study was to collect primary data from two hundred (200) registered nurses who work in the 16 Units of Nursing in the Department of Nursing at KNH. Nonetheless, out of the expectation, one hundred and ninety (190) of them were able to respond and return the research questionnaire. For that reason, it translated to an overwhelming response rate of 95 percent. This could therefore imply that, the remaining 5 percent of the target respondents either
did not answer or did not return their questionnaires for inclusion or the questionnaires return were found to have some anomalies. Another most likely reason which might led to a response rate less than 100 percent would be due to the busy schedules at work station and the shortest time given to respond to questionnaire. However, the overwhelming response rate reported by this study was considered excellent for analysis as advocated by, (Mugenda and Mugenda, 2012) that a response rate ranging from 70 percent and above is excellent for analysis.

4.3 Demographic Information

The respondents’ personal information was examined based on their age brackets, gender/sex, marital status, highest educational achievement, ranks/occupation, monthly income level, religion as well as performance rating.

4.3.1 Age of the Respondents

One of the items addressed under demographic information was to determine the respondents’ age as indicated in Table 4.2, as shown below:-

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-29(years)</td>
<td>45</td>
<td>23.6</td>
</tr>
<tr>
<td>30-33(years)</td>
<td>40</td>
<td>21.1</td>
</tr>
<tr>
<td>38-41(years)</td>
<td>40</td>
<td>21.1</td>
</tr>
<tr>
<td>34-37(years)</td>
<td>22</td>
<td>11.6</td>
</tr>
<tr>
<td>42-45(years)</td>
<td>20</td>
<td>10.5</td>
</tr>
<tr>
<td>22-25(years)</td>
<td>15</td>
<td>7.9</td>
</tr>
<tr>
<td>Above 46 years</td>
<td>8</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>190</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

This was categorized in various reasonable age brackets which ranged from between 22 and over 46 years which was arranged in a descending order on the basis of frequency and percentage.
measures. It can be deduced that most of the nurses who responded to study questionnaire were in the age bracket of between 26 and 29 years with a representation of 23.6%. This was followed by the nurses in the age group ranging from 30 – 33 years and that of 38 – 41 years with each having a representation of 21.1%. Those who fell in the age brackets of between 34 – 37 years are represented by 11.6%. In addition, about twenty (20) of the respondents (10.5%) were found to belong in the age set of between 42 and 45 years. The age group of 22 – 25 years gave a representation of 7.9%. Ultimately, about 4.2 percent of the respondents existed in the age bracket of 46 years and above. These results indicates that the nurses employed at Kenyatta National Hospital are of different age brackets and thus implies that it is good representation.

4.3.2 Gender of Respondents

The research required the respondents to indicate their gender and the results are as provided in Figure 4.1.

Figure 4.1. Gender of Respondents

It can be construed that most of the respondents who filled and returned their questionnaires for analysis were female represented by 53.4 %. On the other hand, their male counterparts had a representation of 46.6%. This could therefore indicate that employees of KNH are comprised of
mixed genders. This could imply that KNH observe the rule of gender balance at the time of recruitment and selection as advocated in the Kenyan Constitution.

### 4.3.3 Marital Status

The researcher as well sought to ascertain the marital status of the nurses working at KNH and the findings are as illustrated in Table 4.3, below:

#### Table 4.3: Distribution of Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>103</td>
<td>54.8</td>
</tr>
<tr>
<td>Not Married</td>
<td>69</td>
<td>36.7</td>
</tr>
<tr>
<td>Widow</td>
<td>10</td>
<td>5.3</td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>6</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>188</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The results show that majority (54.8%) of nurses working at KNH were married. Those who were not married were found to be 36.7%. 5.3% of the respondents were found to have lost their partners while those who were either divorced or separated had a representation of 3.2%.

### 4.3.4 Highest Education Achievements of Nurses

On the question requiring the respondents to state their highest education achievements, the study provided the results as shown in Table 4.4, below:-
Table 4.4: Highest Level of Education

<table>
<thead>
<tr>
<th>Educational Level</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>98</td>
<td>51.6</td>
</tr>
<tr>
<td>Diploma</td>
<td>60</td>
<td>31.6</td>
</tr>
<tr>
<td>Masters</td>
<td>31</td>
<td>16.3</td>
</tr>
<tr>
<td>Doctoral</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>190</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From the findings given, it can be seen that majority of the respondents with a representation of 51.6% had attained bachelors’ degree as their highest educational achievement. About 31.6 percent of the respondents had diplomas as their highest educational achievement. Approximately 16.3% had acquired masters’ degree while only one (1) respondent was found to have attained doctoral degree. The results imply that the Nurses working at KNH had achieved prerequisite education levels to enable the handle their respective duties efficiently.

4.3.5 Ranking of the Nurses

In addition, the research sought to establish the various ranks held by different respondents who participated in this survey. The findings were captured by use of frequency and percentages as shown in Table 4.5, below:-
Table 4.5: Ranking of Nurses

<table>
<thead>
<tr>
<th>Ranks</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>62</td>
<td>32.6</td>
</tr>
<tr>
<td>Porter/Trainee</td>
<td>53</td>
<td>27.9</td>
</tr>
<tr>
<td>Specialized Nurse</td>
<td>31</td>
<td>16.3</td>
</tr>
<tr>
<td>In charge Nurse</td>
<td>30</td>
<td>15.8</td>
</tr>
<tr>
<td>Head of Unit</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>Chief Nurse</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>Assistant Chief Nurse</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>190</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The findings show that majority (32.6%) of the respondents were registered nurses, followed by porters/trainees who had a representation of 27.9%. Specialized nurses had a representation of 16.3%. 15.8% of the respondents were found to be in rank of in charge nurse. Those who fitted in the rank of head unit and chief nurse were each represented by 2.6% while assistant chief nurse were only four (4) with a representation of 2.2 % of the response rate. This shows that nurses who participated in the research survey resided from various ranks within KNH.

4.3.6 Monthly Income for Nurses

To ascertain the monthly income earned by nurses who work at KNH, the researcher as well resolved to categorize the monthly income into various groups which included less than Ksh. 50,000, less than Ksh. 80,000, and more than Ksh. 100,000 as shown in Table 4.6, below:-
Table 4.6: Monthly Income

<table>
<thead>
<tr>
<th>Duration in Years</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 80,000</td>
<td>104</td>
<td>57.1</td>
</tr>
<tr>
<td>Less than 50,000</td>
<td>42</td>
<td>23.1</td>
</tr>
<tr>
<td>More than 100,000</td>
<td>36</td>
<td>19.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>182</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The findings revealed that most (57.1%) of the nurses who participated in this study earned a monthly income of more than Ksh. 50,000 but less than Ksh. 80,000. Those who were found to have a monthly income of less than Ksh. 50,000 had a representation of 23.1 percent. In addition, 19.8 percent of nurses were found to earn a monthly income of more than Ksh. 100,000.

4.3.7 Religion for Nurses

Religion in which nurses belonged to was also an aspect of concerned under demographic data as displayed in Table 4.7.

Table 4.7: Religion for Nurses

<table>
<thead>
<tr>
<th>Duration in Years</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>114</td>
<td>60.3</td>
</tr>
<tr>
<td>Catholic</td>
<td>49</td>
<td>25.9</td>
</tr>
<tr>
<td>Muslim</td>
<td>16</td>
<td>8.5</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>10</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>189</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

It can be deduced that majority of the respondents (60.3%) were protestants. Approximately 25.9% of the respondents were found to belong to Catholic Church. Muslim nurses were also
found to work at KNH with a representation of 8.5%. 5.3% of the nurses were found to belong to other religious denomination like Hinduism.

4.4 Relationship between Transformational Leadership Style and Job Satisfaction

The sub-section of nursing setting and management was observed in terms of nurses’ performance adequacy facilities, provision of isolation facilities, transformational leadership style within KNH, enhancement courses to improve skills of nurses, number of patients in various units, rating the immediate supervisors/managers of nurses.

4.4.1 Rating of the Nurses in Terms of Performance

In different aspect, the study sought the respondents’ opinion on how they rate themselves based on attributes of job performance and the results of the findings are as indicated in Table 4.8, below:

<table>
<thead>
<tr>
<th>Table 4.8: Rating of the Nurses on their Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration in Years</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Satisfied</td>
</tr>
<tr>
<td>Very Satisfied</td>
</tr>
<tr>
<td>Not really Satisfied</td>
</tr>
<tr>
<td>Extremely Satisfied</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Majority (60.8%) of nurses who work at KNH are satisfied with their job performance. Approximately 19% of nurses were found to be very satisfied with the way they perform at their workplace. However, about 16.4% of respondents were not really satisfied with performance at their place of work, while 3.8% of nurses were found to be extremely satisfied with the attribution of work performance.
4.4.2 Adequate Facilities at KNH

The study sought to know whether Kenyatta National Hospital had adequate facilities to fit their respective employees and clients. The findings are as given in Table 4.9, below:

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>100</td>
<td>52.9</td>
</tr>
<tr>
<td>Yes</td>
<td>89</td>
<td>47.1</td>
</tr>
<tr>
<td>Total</td>
<td>189</td>
<td>100</td>
</tr>
</tbody>
</table>

More than a half (52.9%) of the respondents was of the view that facilities found within KNH were inadequate. On contrary, about 47.1% of the nurses who responded to the questionnaire of this study felt that KNH had enough facilities to enhance its operations. This shows that KNH has limited places, amenities, or pieces of equipment available to enable the institution perform its operations efficiently.

4.4.3 Provision of Isolation Facilities at KNH

On the aspect as to whether KNH provided isolation facilities the outputs provided in Table 4.10, below:

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>106</td>
<td>57.3</td>
</tr>
<tr>
<td>Yes</td>
<td>79</td>
<td>42.7</td>
</tr>
<tr>
<td>Total</td>
<td>185</td>
<td>100</td>
</tr>
</tbody>
</table>

The study found out that (57.3%) of nurses indicated that the hospital did not provide isolation facilities in their respective places of work. Nevertheless, the remaining 42.7% of them seem to agree that KNH provided isolation facilities.
4.4.4 Transformational Leadership Style at KNH

The respondents were further asked to state some of the transformational leadership style plans that help in nurses’ career development and the findings are illustrated in Table 4.11. It can be understood that 30% of the respondents disclosed that they are encouraged by the attributed idealized influence which is offered through transformational leadership style. The second aspect observed at KNH in the execution of transformational leadership style is behavioral idealized influence which described behaviors that encouraged staff to think highly. An estimate of 20% of nurses were to be stimulated intellectually by transformational leadership style. Inspirational motivation at 18.9% brought about by transformational leadership style as a factor of influence in KNH. Ultimately, approximately 8.4% of the respondents indicated that transformational leadership skills observed individual consideration.

Table 4.11: Transformational Leadership

<table>
<thead>
<tr>
<th>Transformational leadership</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idealized influence (Attribute)</td>
<td>57</td>
<td>30.0</td>
</tr>
<tr>
<td>Idealized influence (Behavior)</td>
<td>43</td>
<td>22.6</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>38</td>
<td>20.0</td>
</tr>
<tr>
<td>Inspirational motivation</td>
<td>36</td>
<td>18.9</td>
</tr>
<tr>
<td>Individual consideration</td>
<td>16</td>
<td>8.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>190</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

4.4.5 KNH Facilitating Skills Enhancement Courses

The study established that KNH had facilitated the nurses with courses that enhanced their skills and the distribution responses is as shown in Table 4.12. The findings show that majority of respondents represented by 64.8 % acknowledge that there existed courses which are facilitated
by the hospital to enhance their skills. About 35.2% of the respondents felt otherwise. Some of the skills of nurses at KNH acquired through trainings included theatre nurse, technological skills, qualitative and quantitative skills, psychiatry, problem solving, physical endurance, nursing skills, critical thinking skills, leadership styles, communication skills, as well as interpersonal skills.

**Table 4.12: Skills Enhancement Courses**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>114</td>
<td>64.8</td>
</tr>
<tr>
<td>No</td>
<td>62</td>
<td>35.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>176</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**4.4.6 The Unit with Higher Number of Patients at KNH**

Furthermore, the research resolved to determine the unit that received more patients as compared to others and the upshots are as displayed in Table 4.13.

**Table 4.13: Most Occupied Unit**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Unit</td>
<td>82</td>
<td>47.4</td>
</tr>
<tr>
<td>Emergency Unit</td>
<td>43</td>
<td>24.9</td>
</tr>
<tr>
<td>Critical Unit</td>
<td>25</td>
<td>14.5</td>
</tr>
<tr>
<td>Surgery Unit</td>
<td>20</td>
<td>11.6</td>
</tr>
<tr>
<td>Radiotherapy Unit</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>173</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

It was also established that majority (47.4%) of the respondents cited general unit as the one that is occupied with most patients. About 24.9% of the respondents felt that emergency unit received most patients, 14.5% of them mentioned critical unit, 11.6% of the respondents argued
that surgery unit recorded a higher number of patients, while a few with a representation of 1.6 percent quoted radiotherapy unit. The results reveal that nurses had divided responses on the aspect of the unit that received many patients. Most probably they were responding based on the record available only in their respective units without comparing with others.

4.4.7 Nurses’ Immediate Supervisors

Nurses at Kenyatta National Hospital were as well required to state the immediate supervisor under areas which they operate from. The outcomes of this question are as provided in Table 4.14.

<table>
<thead>
<tr>
<th>Immediate Supervisor</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse at the same level</td>
<td>88</td>
<td>47.3</td>
</tr>
<tr>
<td>Specialized Nurse</td>
<td>44</td>
<td>23.7</td>
</tr>
<tr>
<td>Immediate Chief Nurse</td>
<td>29</td>
<td>15.6</td>
</tr>
<tr>
<td>Nurse on Call</td>
<td>25</td>
<td>13.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>186</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

It can be figured out that majority of nurses with a representation of 47.3 % indicated that they were being supervised by registered nurses at the same level. Approximately 44 nurses with a representation of 23.7 % stated that they were being supervised by specialized nurses. Those who were being supervised by immediate chief nurses had a representation of 15.6%, while 13.4 % of the respondents tend to work under nurses on call.
4.4.8 Rating of Manager/Supervisors at Unit Level

Table 4.15 contains the results of rate immediate managers/supervisors of nurses at Kenyatta National Hospital.

Table 4.15: Manager/Supervisor Rating

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>60</td>
<td>33.0</td>
</tr>
<tr>
<td>Extremely Satisfied</td>
<td>49</td>
<td>26.9</td>
</tr>
<tr>
<td>Not really Satisfied</td>
<td>38</td>
<td>20.9</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>30</td>
<td>16.5</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>5</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>182</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The study revealed that 33.8% of the respondents were found to be satisfied with the managerial/supervisory skills of their leaders. 26.9% were extremely satisfied and 16.5% were very satisfied. On contrary, 20.9% respondents stated that they were not really satisfied who were supported by another 2.7% who tend not to be satisfied with their managers/supervisors at unit levels.

4.5 Leadership Style on the Outcomes of Job Satisfaction

The study also included a sub-section on managerial/leadership style for the nursing department within KNH. This was comprised of aspects like quality of leadership style, Leadership trainings/skills, and the impact of leadership training/skills on job satisfaction, facilitation of courses enhancing leadership scope, involvement and most challenging unit, as well as number of nurses impacted by leadership abilities.
4.5.1 Whether KNH has Well Leadership style

The question of whether Kenyatta National Hospital had a well leadership structure, the responses are as shown in Table 4.16. The results have indication that more than a half of the respondents with a representation of 53.7 percent admitted that KNH’s leadership style is good as compared to 46.3 percent of the respondents who felt that the leadership style at KNH was not good enough.

Table 4.16: KNH Having a Well Leadership style

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>102</td>
<td>53.7</td>
</tr>
<tr>
<td>No</td>
<td>88</td>
<td>46.3</td>
</tr>
<tr>
<td>Total</td>
<td>190</td>
<td>100</td>
</tr>
</tbody>
</table>

4.5.2 Provision of Adequate Leadership Skills

The research questioned the respondents to indicate whether KNH provided adequate leadership trainings and managerial skills. Based on the end results displayed in Table 4.17, the responded had almost equally divided views where about 51.1 percent of the respondents opined that Leaders and managers of KNH were not being trained on leadership skills. On other hand, 48.9 percent of them confirmed presence of trainings on leadership skills.

Table 4.17: Leadership Style

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>93</td>
<td>51.1</td>
</tr>
<tr>
<td>Yes</td>
<td>89</td>
<td>48.9</td>
</tr>
<tr>
<td>Total</td>
<td>182</td>
<td>100</td>
</tr>
</tbody>
</table>
4.5.3 Indicators of Transformational Leadership style

In addition, there was need to find out how transformational leadership style practiced at KNH impacted job satisfaction of nurses and the findings are as indicated in Table 4.18.

Table 4.18: Indicators of Transformational Leadership Style

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhancing employee morale</td>
<td>50</td>
<td>37.8</td>
</tr>
<tr>
<td>Increased employee productivity</td>
<td>42</td>
<td>31.3</td>
</tr>
<tr>
<td>Enhance employee skills</td>
<td>14</td>
<td>10.5</td>
</tr>
<tr>
<td>Favorably</td>
<td>13</td>
<td>9.8</td>
</tr>
<tr>
<td>Team work</td>
<td>11</td>
<td>8.3</td>
</tr>
<tr>
<td>Mentorship</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td>More client satisfaction</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>100</td>
</tr>
</tbody>
</table>

The research found out that leadership styles experienced at KNH had impacted job satisfaction of nurses in various ways including: enhancement of employee morale (37.8%), increased employee productivity (31.3%), enhancement of employees’ skills (10.5%), favorably (9.8%), team work (8.3%), mentorship (1.5%), as well as more client satisfaction (0.8%)

4.5.4 KNH Facilitating Courses to Enhance Leadership Scope

Moreover, the study saw it wise to establish if KNH was facilitating courses that enhanced employees’ leadership scope as shown in Table 4.19.
Table 4.19: Facilitation of Courses Enhancing Leadership Scope

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>99</td>
<td>57.8</td>
</tr>
<tr>
<td>Yes</td>
<td>73</td>
<td>42.2</td>
</tr>
<tr>
<td>Total</td>
<td>182</td>
<td>100</td>
</tr>
</tbody>
</table>

It was discovered that KNH had not put in more efforts in facilitation of courses that would enhance leadership scope since 57.8% of the respondents declined presence of the same. However, 42.2% of the respondents acknowledged that in some units, they were being facilitated.

4.5.5 Most Involving and Challenging Unit on Staff Organization

In ascertaining the most involving and challenging unit within KNH, the findings are indicated in Table 4.20. It can be deduced that 31.6 percent of the respondents stated that radiotherapy was the most challenging unit within the premise. About 24.1 percent cited general unit, 16 percent of them felt that emergency unit was the most challenging one, 15 percent settled on critical unit, those who felt that the unit of surgery was the most challenging had a representation of 13.4 percent.

Table 4.20: Involving and Challenging Unit

<table>
<thead>
<tr>
<th>Unit</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiotherapy</td>
<td>59</td>
<td>31.6</td>
</tr>
<tr>
<td>General Unit</td>
<td>45</td>
<td>24.1</td>
</tr>
<tr>
<td>Emergency Unit</td>
<td>30</td>
<td>16.0</td>
</tr>
<tr>
<td>Critical Unit</td>
<td>28</td>
<td>15.0</td>
</tr>
<tr>
<td>Surgery Unit</td>
<td>25</td>
<td>13.4</td>
</tr>
<tr>
<td>Total</td>
<td>182</td>
<td>100</td>
</tr>
</tbody>
</table>
4.5.6 Number of Nurses Impacted Transformational Leadership Style of Managers at KNH

Leaders/managers of Kenyatta National Hospital were asked to indicate the number of nurses who were being impacted by their transformational leadership style and the findings are as presented in Table 4.21.

<table>
<thead>
<tr>
<th>Number of Nurses</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 Nurses</td>
<td>56</td>
<td>32.6</td>
</tr>
<tr>
<td>2,000 Nurses</td>
<td>35</td>
<td>20.5</td>
</tr>
<tr>
<td>100 Nurses</td>
<td>34</td>
<td>19.9</td>
</tr>
<tr>
<td>10 Nurses</td>
<td>30</td>
<td>17.6</td>
</tr>
<tr>
<td>200 Nurses</td>
<td>16</td>
<td>9.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>171</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Approximately 32.6% of the respondents stated that each one of them was able to impact around 50 nurses. An estimate of 20.5% of the respondents acknowledged to have impacted about 2,000 nurses. Those who were found to impact 100 nurses had a representation of 19.9%. Furthermore, 17.6% of the respondents could only impact 10 nurses, while 9.4% of them were impacting 200 nurses.

4.5.7 Challenges Experienced by Leadership towards the Nurses at KNH

The leadership and management of KNH was required to highlight some of the key challenges they encounter in their place of work as leaders and the responses are as provided in Table 4.22.
Table 4.2: Leadership Challenges.

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate facilities</td>
<td>108</td>
<td>60.9</td>
</tr>
<tr>
<td>Less co-operation</td>
<td>28</td>
<td>16.1</td>
</tr>
<tr>
<td>Long working hours</td>
<td>12</td>
<td>6.9</td>
</tr>
<tr>
<td>Low salary</td>
<td>12</td>
<td>6.9</td>
</tr>
<tr>
<td>Work distress</td>
<td>7</td>
<td>4.0</td>
</tr>
<tr>
<td>Inadequate staff</td>
<td>4</td>
<td>2.3</td>
</tr>
<tr>
<td>No compensation</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Natural attrition</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Not meeting deadlines</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Personal Issues</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>174</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

It can be seen that overwhelming majority (60.9%) of the respondents felt that KNH did not have enough facilities to help in improvement of performance and enhancement of job satisfaction. Those who experienced challenge of non-co-operative workers had a representation of 16.1%. To add on that, challenges of long working hours and low salary each had a representation of 6.9%. Other challenges encountered by leadership and management of KNH included: work distress, 4.0%, inadequate staff 2.3%, no compensation 1.1%, natural attrition 0.6%, not meeting deadlines 0.6%, and personal issues 0.6%. On contrary, 28.1% of the respondents indicated that they had not experienced any challenges on their call of duty.
4.5.8 Whether Transformational Leadership Style Enhances Job Satisfaction

The study also resolved to determine whether leadership style practiced in KNH was enhancing job satisfaction.

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>86</td>
<td>55.1</td>
</tr>
<tr>
<td>Yes</td>
<td>70</td>
<td>44.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>156</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

As shown in Table 4.23, it is clear that more than a half of the respondents (55.1%) confessed that the transformational leadership style practiced at KNH led to job satisfaction. On contrary, an estimate of 44.9% of the respondents felt otherwise.

4.5.9 Factors Motivating Leaders at KNH

On the aspect of factors motivating leaders and managers of KNH, the results are as shown in Table 4.24.
Table 4.24: Factors Motivating Leaders

<table>
<thead>
<tr>
<th>Motivating Factors</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No motivation</td>
<td>69</td>
<td>44.2</td>
</tr>
<tr>
<td>Career</td>
<td>28</td>
<td>18.0</td>
</tr>
<tr>
<td>Care for patients</td>
<td>21</td>
<td>13.5</td>
</tr>
<tr>
<td>Obtaining new skills</td>
<td>7</td>
<td>4.5</td>
</tr>
<tr>
<td>Salary</td>
<td>7</td>
<td>4.5</td>
</tr>
<tr>
<td>Passion to work</td>
<td>6</td>
<td>3.8</td>
</tr>
<tr>
<td>Customer satisfaction</td>
<td>4</td>
<td>2.6</td>
</tr>
<tr>
<td>Management support</td>
<td>4</td>
<td>2.6</td>
</tr>
<tr>
<td>Rewards</td>
<td>4</td>
<td>2.6</td>
</tr>
<tr>
<td>Good working environment</td>
<td>3</td>
<td>1.9</td>
</tr>
<tr>
<td>Experience</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>Job security</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>Nursing retreats</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>Total</td>
<td><strong>156</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

It can be deduced that almost half (44.2%) of the respondents revealed that they were not motivated at all. Those who found career as a motivating factor had a representation of 18 percent. Care for patient motivated around 13.5% of the respondents. Obtaining new skills and salary each was found to motivate 4.5% of the respondents. Additionally, the respondents cited passion to work, customer satisfaction, management support, rewards, good working environment, experience, job security, as well as nursing retreats as motivating factors existing within working environment of KNH.

4.5.10 Preferable Leadership Style at KNH

The question on preference of leadership style within KNH was posed and the findings are as seen in Table 4.25.
Table 4.25: Preferred Leadership style

<table>
<thead>
<tr>
<th>Leadership Style</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational leadership</td>
<td>85</td>
<td>56.7</td>
</tr>
<tr>
<td>Management– By Exceptional</td>
<td>37</td>
<td>24.7</td>
</tr>
<tr>
<td>Democratic leadership</td>
<td>17</td>
<td>11.3</td>
</tr>
<tr>
<td>Teamwork leadership</td>
<td>7</td>
<td>4.7</td>
</tr>
<tr>
<td>Lassie’s –Faire leadership</td>
<td>4</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>156</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

More than a half (56.7%) of those who participated in this survey preferred transformational leaderships compared to other styles of leadership styles practiced at KNH. Approximately, 24.7% of the respondents preferred management by – exceptional leadership style, 11.3 advocated for democratic leadership style, 4.7% supported team work leadership style and those who preferred bureaucracy and transformational leadership styles each had a representation of 2.6%.

4.5.11 Factors Hindering Attributes of Job Satisfaction

The respondents were further asked to list some of the factors that were found to hinder attributes of job satisfaction and the results are as given in Table 4.26.
Table 4.26: Factors that Hinder Attributes of Job Satisfaction

<table>
<thead>
<tr>
<th>Hindrance Factors</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absenteeism</td>
<td>36</td>
<td>25.5</td>
</tr>
<tr>
<td>Inadequate resources</td>
<td>22</td>
<td>15.5</td>
</tr>
<tr>
<td>Work overload</td>
<td>11</td>
<td>7.7</td>
</tr>
<tr>
<td>Staff shortage</td>
<td>4</td>
<td>2.8</td>
</tr>
<tr>
<td>Poor communication skills</td>
<td>3</td>
<td>2.1</td>
</tr>
<tr>
<td>No compensation</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Job security</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Lack of motivation</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Less co-operation</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Low salary</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Personal issues</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Stubborn patients</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>84</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Majority (25.5%) of the respondents felt that absenteeism was a hindrance to job satisfaction at KNH, about 15.5% of them cited inadequate resources as a hindrance factor, 7.7% stated work load, and 2.8% of the respondents pointed out staff shortage as a key factor hindering job satisfaction at KNH. Other factors found to hinder the attribute of job satisfaction were poor communication skills, lack of compensation, job security, lack of motivation, less co-operation, low salary, personal issues, as well as the aspect of stubborn patients.

4.6 Influence of Performance on Job Satisfaction

The issue of nurses’ performance and service delivery comprised of sub-sections like nurses work experience, challenges facing nurses, hospital leadership and customer satisfaction, service motivating factors, factors hindering job satisfaction, decision to quit or remain at place of work as well as that of leadership influencing service delivery.
4.6.1 Nurses’ Work Experience

To ascertain the working experience of nurses at KNH, the researcher as well resolved to group the period into various reasonable sizes ranging from 3 years to more than 26 years as shown in Table 4.27.

Table 4.27: Work Experience

<table>
<thead>
<tr>
<th>Experience in Years</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-6(years)</td>
<td>49</td>
<td>30.1</td>
</tr>
<tr>
<td>11-14(years)</td>
<td>39</td>
<td>23.9</td>
</tr>
<tr>
<td>15-18(years)</td>
<td>32</td>
<td>19.6</td>
</tr>
<tr>
<td>7-10(years)</td>
<td>24</td>
<td>14.7</td>
</tr>
<tr>
<td>19-22(years)</td>
<td>12</td>
<td>7.4</td>
</tr>
<tr>
<td>23-26(years)</td>
<td>5</td>
<td>3.1</td>
</tr>
<tr>
<td>More than 26 years</td>
<td>2</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>163</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The findings indicate that almost 30.1% of the respondents were found to have worked as nurses for a period of between 3 – 6 years. Those who have been employed as nurses for duration of 11 – 14 years had a representation of 23.9%. Furthermore, the research findings revealed that 19.6% of the respondents had served in their dockets for a period ranging from 15 - 18 years. Those who had been employed as nurses for a period of between 7 – 10 years reported a representation of 14.7%. Nurses who had served for a period ranging from 19 -22 years were represented by 7.4%. Those who were found to have served for a duration ranging from 23 – 36 years and above 26 years had representations of 3.1% and 1.2% respectively. This could be an implication that
most of the nurses had served long enough and therefore were in position to understand the
operations undertaken in their line of duty.

4.6.2 Challenges Facing Nurses at KNH

On the question that required respondents to state whether they were faced with challenges, the
responses are as shown in Table 4.28.

<table>
<thead>
<tr>
<th>Table 4.28: Challenges in Work Place</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrimination</td>
<td>21</td>
<td>17.6</td>
</tr>
<tr>
<td>Work Distress</td>
<td>13</td>
<td>10.9</td>
</tr>
<tr>
<td>Less staff members</td>
<td>12</td>
<td>10.2</td>
</tr>
<tr>
<td>Long working hours</td>
<td>7</td>
<td>5.9</td>
</tr>
<tr>
<td>Poor compensation</td>
<td>7</td>
<td>5.9</td>
</tr>
<tr>
<td>Insufficient facilities</td>
<td>4</td>
<td>3.4</td>
</tr>
<tr>
<td>Feeling Undervalued</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>Internal conflicts</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Pressure at workplace.</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Technological Evolution</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

It was discovered that 17.6 % of the nurses who participated in this research said they faced
challenge of being discriminated by fellow workers. Those who were faced by a challenge of
work distress are represented by 10.9 %. Another challenge cited by 10.2% of the respondents to
affect nurses at workplace was lack of enough staff members. The challenges of long working
hours and that of poor compensation each had a representation of 5.9%. It was also disclosed that
3.4% of the respondents were experiencing challenge of insufficient facilities. 2.5% of the nurses
under investigation said that they felt undervalued. The challenges of internal conflicts, pressure
at workplace, and technological evolution each had a representation of 0.8%. It can therefore be concluded that major challenges being experienced by nurses working at KNH included discrimination, work distress, and less staff members.

4.6.3 KNH Leadership Enabling Customer Service Satisfaction

On the question requiring respondents to indicate whether leadership enabled them enhance satisfaction of customer service at KNH, the responses are as indicated in Table 4.18.

<table>
<thead>
<tr>
<th>Table 4.29: KNH Leadership on Customer Service Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The findings of research suggest that more than a half (60%) of the participants acknowledged that the leadership style practiced at KNH contribute to customer service satisfactorily. On other hand, about 40 percent of them thought otherwise.

4.6.4 Factors Motivating Nurses at KNH

The respondents listed some of the motivating factors in their service as pointed up in Table 4.30. On estimate, 26% of the nurses were motivated when customers they served were satisfied. Those who were motivated by skilled development accounted for 19.2%. Rewards and salary were each found to motivate 11.0% of nurses respectively. Moreover, 9. % of respondents stated that they were being motivated by compensation they receive from KNH. The other motivations depicted from the findings were: good working environment, team building, diverse opportunities, obedient staff members, new technology, paid leave, passion, as well as provision of services.
Table 4.30: Factors Motivating Career of Nurses

<table>
<thead>
<tr>
<th>Motivating Factors</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Satisfaction</td>
<td>19</td>
<td>26.0</td>
</tr>
<tr>
<td>Skill Development</td>
<td>14</td>
<td>19.2</td>
</tr>
<tr>
<td>Rewards</td>
<td>8</td>
<td>11.0</td>
</tr>
<tr>
<td>Salary</td>
<td>8</td>
<td>11.0</td>
</tr>
<tr>
<td>Compensation</td>
<td>7</td>
<td>9.6</td>
</tr>
<tr>
<td>Good working Environment</td>
<td>4</td>
<td>5.5</td>
</tr>
<tr>
<td>Team Building</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>Many Opportunities</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Nursing Job</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>Obedient Staff</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>New Technology</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Paid Leave</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Passion</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Providing Services</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4.6.5 Factors Hindering Job Satisfaction of Nurses at KNH

On different aspect, the study sought to establish the hindrance factors affecting job satisfaction as depicted in Table 4.31.
<table>
<thead>
<tr>
<th>Hindering Factors</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inexperienced Nurses</td>
<td>57</td>
<td>36.5</td>
</tr>
<tr>
<td>Health Hazards</td>
<td>26</td>
<td>16.7</td>
</tr>
<tr>
<td>None</td>
<td>24</td>
<td>16.0</td>
</tr>
<tr>
<td>Work Overload</td>
<td>11</td>
<td>7.1</td>
</tr>
<tr>
<td>Poor Salary</td>
<td>10</td>
<td>6.4</td>
</tr>
<tr>
<td>Less Management Attention</td>
<td>9</td>
<td>5.8</td>
</tr>
<tr>
<td>Scarce Resources</td>
<td>8</td>
<td>5.1</td>
</tr>
<tr>
<td>Personal Issues</td>
<td>3</td>
<td>1.9</td>
</tr>
<tr>
<td>Salary Delay</td>
<td>3</td>
<td>1.9</td>
</tr>
<tr>
<td>Stubborn Clients</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td>Wrong Placement</td>
<td>2</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>113</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

It can be construed that 36.5% of respondents felt that job satisfaction was being hindered by inexperienced nurses. The second factor which was found to hinder job satisfaction was health hazard. Work overload, poor salary, less management attention, scarce resources, personal issues, salary delay, stubborn clients, and wrong placement were other factors highlighted by the nurses to hinder job satisfaction.

**4.6.6 Intention to Quit or Remaining**

The research sought to ascertain whether the employees could quit their current workplace given a chance. The output is as given in Figure 4.2.
Findings depicted in the chart show that over a half of the respondents (58%) would remain in their current job even if they were given a chance to quit. On the opposite, 42.0% of nurses who responded to the study questionnaire reinstated that they would quit from their current position given a chance of doing so. This could imply that working environment at KNH is conducive for most workers. There was a requirement which sought respondents’ opinion on whether leadership style practiced at KNH influenced service delivery of nurses. The findings are highlighted in Table 4.32

Table 4.32: Leadership and Service Delivery

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37</td>
<td>74.0</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>26.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
The findings were interpreted to indicate an overwhelming majority (74%) of the respondents were of the view that the leadership experienced at KNH was of great value towards service delivery of nurses employed at the hospital. Dissimilarly, 26% of the nurses investigated felt that the leadership had no influence on service delivery.

4.7 Correlation Results

A Pearson correlation analysis was carried out to determine the strength and direction of the association between the study variables. The findings of the study on correlation are as given in Table 4.33. To establish whether the correlation statistics between the study variables were significant, the study relied on the \( p \) – values where a recommended \( \alpha \) or alpha of 0.05. Where the \( p \) –value is <0.05 indicate significance and when it is >0.05 indicate insignificant correlation (Kendall & Gibbons, 1990; Krijnen, 2004).

4.7.1 Correlation Between Transformational leadership Style and Job Satisfaction

Table 4.33 has correlation results on transformational leadership style and job satisfaction. From the findings given in Table 4.33, it can be deduced that most of the independent variables have a positive association towards the dependent variable. The findings show that a unit increase in transformational leadership style in terms of attribute idealized influence is associated with, 0.261 increase in chances of enhancing job satisfaction among nurses working at KNH since it provided a significant \( p \) – value of 0.000.
Table 4.33: Correlation between Transformational leadership Style and Job Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Job Satisfaction</th>
<th>Idealized influence (Attribute)</th>
<th>Idealized influence (behavior)</th>
<th>Intellectual stimulation</th>
<th>Inspirational motivation</th>
<th>Individual consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>Pearson Correlation: 1</td>
<td>0.261**</td>
<td>0.196**</td>
<td>0.413**</td>
<td>-0.096</td>
<td>0.094</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.000</td>
<td>0.008</td>
<td>0.000</td>
<td>0.198</td>
<td>0.206</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>182</td>
<td>182</td>
<td>182</td>
<td>181</td>
<td>182</td>
</tr>
<tr>
<td>Idealized influence</td>
<td>Pearson Correlation: 0.261**</td>
<td>1</td>
<td>0.042</td>
<td>0.188**</td>
<td>0.000</td>
<td>-0.009</td>
</tr>
<tr>
<td>(Attribute)</td>
<td>Sig. (2-tailed)</td>
<td>0.000</td>
<td>0.561</td>
<td>0.009</td>
<td>0.998</td>
<td>0.902</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>182</td>
<td>190</td>
<td>190</td>
<td>190</td>
<td>190</td>
</tr>
<tr>
<td>Idealized influence</td>
<td>Pearson Correlation: 0.196**</td>
<td>0.042</td>
<td>1</td>
<td>0.144*</td>
<td>0.017</td>
<td>-0.031</td>
</tr>
<tr>
<td>(behavior)</td>
<td>Sig. (2-tailed)</td>
<td>0.008</td>
<td>0.561</td>
<td>0.047</td>
<td>0.818</td>
<td>0.666</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>182</td>
<td>190</td>
<td>190</td>
<td>190</td>
<td>190</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>Pearson Correlation: 0.413**</td>
<td>0.188**</td>
<td>0.144*</td>
<td>1</td>
<td>-0.028</td>
<td>0.053</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.000</td>
<td>0.009</td>
<td>0.047</td>
<td>0.705</td>
<td>0.465</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>182</td>
<td>190</td>
<td>190</td>
<td>190</td>
<td>190</td>
</tr>
<tr>
<td>Inspirational motivation</td>
<td>Pearson Correlation: -0.096</td>
<td>0.000</td>
<td>0.017</td>
<td>-0.028</td>
<td>1</td>
<td>-0.170*</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.198</td>
<td>0.998</td>
<td>0.818</td>
<td>0.705</td>
<td>0.019</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>181</td>
<td>189</td>
<td>189</td>
<td>189</td>
<td>189</td>
</tr>
<tr>
<td>Individual consideration</td>
<td>Pearson Correlation: 0.094</td>
<td>-0.009</td>
<td>-0.031</td>
<td>0.053</td>
<td>-0.170*</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>0.206</td>
<td>0.902</td>
<td>0.666</td>
<td>0.465</td>
<td>0.019</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>182</td>
<td>190</td>
<td>190</td>
<td>190</td>
<td>190</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).
In other words, idealized influence attribute can enhance chances of nurses being satisfied by their current workplace by 26.1%. Furthermore, the results show that idealized influence (behavior) significantly correlates with job satisfaction given a coefficient value of 0.196 supported with a strong \( p \) – value of 0.008. The findings on association of intellectual stimulation and job satisfaction was also significant as it provided a coefficient value of 0.413 and a \( p \) – value of 0.000. On contrary, inspirational motivation and individual consideration were found not to have a significant relationship since gave coefficient values of -0.096 (\( p \) – value = 0.198) and 0.094 (\( p \) – value = 0.206) respectively. The two variables were found to be insignificant because their \( p \) – values are past the recommended cut-off value of 0.05.

4.7.2 Correlation Between Job Satisfaction, Transformational Leadership Style and Nurses’ Performance

From the findings given in Table 4.34, it can be deduced that all the independent variables have a positive association towards the dependent variable. The findings show that a unit increase in improvement of transformational leadership style practiced is associated with 0.357 increase in chances of enhancing job satisfaction among nurses working at KNH since it provided a \( p \) – value of 0.000. In other words, good leadership style can enhance chances of employees being satisfied in their current workplace by 35.7%. Furthermore, the results show that performance of nurses significantly correlates with job satisfaction given a coefficient value of 0.298 supported with a \( p \) – value of 0.001.
Table 4.34: Correlation Between Job Satisfaction, Transformational leadership Style and Nurses’ Performance

<table>
<thead>
<tr>
<th></th>
<th>Job Satisfaction</th>
<th>Transformational leadership Style</th>
<th>Nurses’ Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Job Satisfaction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>.357**</td>
<td>.298**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>149</td>
<td>120</td>
<td>131</td>
</tr>
<tr>
<td><strong>Transformational leadership Style</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.357**</td>
<td>1</td>
<td>.373**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>120</td>
<td>133</td>
<td>123</td>
</tr>
<tr>
<td><strong>Nurses’ Performance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.298**</td>
<td>.373**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.001</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>131</td>
<td>123</td>
<td>150</td>
</tr>
</tbody>
</table>

Correlation is significant at the 0.01 level (2-tailed).

### 4.8 Regression Findings

The study further estimated the relationship between independent variables which in this case were Idealized influence (Attribute), idealized influence (behavior), intellectual stimulation, inspirational motivation as well as individual consideration and dependent variable proxied by job satisfaction. This was done through use of a regression model. The findings in the model summary illustrated in Table 4.34 gave an R of 0.483 and an R squared of 0.233. This can be interpreted to mean that all the independent variables under study can explain 23.3% of job satisfaction. Therefore, this could indicate that there are other factors besides those under investigation which can help in improvement of the model.
Table 4.35: Model Summary

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.483&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0.233</td>
<td>0.211</td>
<td>0.580</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Idealized influence (Attribute), Idealized influence (behavior), Intellectual stimulation, Inspirational motivation, Individual consideration

The findings of ANOVA in Table 4.35 below provided a regression sum square of 17.888 with a mean square of 3.578. The model also gave a residual sum square of 58.841 accompanied with a mean 0.336. Furthermore, the findings provided an $F$-test value of 10.640 with a strong $p$-value of 0.000. This shows that the study can reject the null hypothesis that Idealized influence (Attribute), idealized influence (behavior), intellectual stimulation, inspirational motivation as well as individual consideration do not significantly affect job satisfaction.

Table 4.36: ANOVA

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>17.888</td>
<td>5</td>
<td>3.578</td>
<td>10.640</td>
<td>.000&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Residual</td>
<td>58.841</td>
<td>175</td>
<td>.336</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>76.729</td>
<td>180</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: Job Satisfaction

b. Predictors: (Constant), Idealized influence (Attribute), Idealized influence (behavior), Intellectual stimulation, Inspirational motivation, Individual consideration.

On the aspect of estimating the significance values for each independent variable, the results are as given in Table 4.36 below. The model revealed that Idealized influence (Attribute) affects job satisfaction significantly as support with a beta coefficient value of 0.078, $t$ value of 2.253 and a
strong \( p \) – value of 0.025. Idealized influenced by their behavior is also found to influence job satisfaction significantly with a coefficient value of 0.048 and a strong \( p \) – value < 0.05. Another construct found to have a significant influence on job satisfaction of nurses at KNH is intellectual stimulation. This is so because the variable provided a regression coefficient of 0.308 and \( p \) – value of 0.000.

**Table 4.37: Regression Coefficient**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>( t )</th>
<th>( \text{Sig.} )</th>
<th>95.0% Confidence Interval for B</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>1.104</td>
<td>0.178</td>
<td>6.221</td>
<td>0.000</td>
<td>0.754 – 1.455</td>
</tr>
<tr>
<td>Idealized influence (Attribute)</td>
<td>0.078</td>
<td>0.035</td>
<td>0.154</td>
<td>2.253</td>
<td>0.025 – 0.146</td>
</tr>
<tr>
<td>Idealized influence (behavior)</td>
<td>0.048</td>
<td>0.024</td>
<td>0.136</td>
<td>2.013</td>
<td>0.046 – 0.094</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>0.308</td>
<td>0.058</td>
<td>0.365</td>
<td>5.327</td>
<td>0.194 – 0.423</td>
</tr>
<tr>
<td>Inspirational motivation</td>
<td>-0.049</td>
<td>0.054</td>
<td>-0.060</td>
<td>-0.895</td>
<td>-0.156 – 0.058</td>
</tr>
<tr>
<td>Individual consideration</td>
<td>0.019</td>
<td>0.018</td>
<td>0.072</td>
<td>1.081</td>
<td>0.281 – 0.016</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Job Satisfaction
On contrary, inspirational motivation as well as individual consideration influenced job satisfaction of nurses working at KNH insignificantly having provided coefficient values of -0.049 (p – value of 0.372) and 0.019 (p – value of 0.281) respectively. This is an indication that job satisfaction of nurses working at KNH is mostly influenced by three aspects of transformational leadership style namely, Idealized influence (Attribute), idealized influence (behavior) as well as intellectual stimulation.

4.9 Discussion of the Key Findings

This sub-section contains discussion of the key study findings based on the study’s objectives which were: to establish the relationship between transformational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi- Kenya and to determine the moderating influence of performance on the relationship between transformational leadership style on the outcomes of job satisfaction among the nurses practicing in Kenyatta National Hospital

4.9.1 Relationship between Transformational Leadership Style and Job Satisfaction

The study findings revealed that transformational leadership style correlates well with job satisfaction among employees. This leadership style was found to influence job satisfaction among nurses practicing at Kenyatta National Hospital positively with focus on Idealized influence (Attribute), idealized influence (behavior) as well as intellectual stimulation. These results are in line with (Holten, et. al., 1968) who found out that there exists a positive correlation between leadership behaviors and job satisfaction employees. (Savikko, 2012) found out that organizational that provides individuals with opportunities to improve and advance their skills for capacity building, enhancing proper training and teamwork, they tend to be satisfied. Ragin (1997) found out that leadership style helps organizations to ascertain and evaluate
individual’s background and suitability for him or her becoming a nurse. In addition, a study by, (Fleisher, et al., 2014) revealed that a dominant leadership style of managers was participative then scores of employees oriented to dimension of leadership style in first line, middle and senior managers.

4.9.2 Influence of Transformational Leadership Style, Performance and Job Satisfaction

Moreover, the results indicated that both transformational leadership style and performance among nurses, influence job satisfaction of nurses working at KNH. The research found out that transformational leadership styles experienced at KNH had impacted job satisfaction of nurses majorly through workers being encouraged towards idealized influence, behavioral idealized influence as well as nurses being stimulated intellectually. These results concur with that of, (George, et al., 2000) who found out that individuals with higher levels of emotional intelligence are aware of their emotions and understand the influence of such emotion on their cognitive process and decision making capabilities. This supports, (Kermis’s, 2003) assertion that self-awareness, including self-knowledge an important determinant of psychological well-being.

However, the study established that the major challenge being encountered by leadership and management of KNH was that the institution did not have enough facilities to help in improvement of performance and enhancement of job satisfaction. Some of the main factors found to motivate leaders and managers of KNH were career and care for patients. Furthermore, the results have indicated that more than a half of the respondents admitted that KNH’s leadership style was good. The respondents had almost equally divided views on the aspect of leaders and managers of KNH being trained on leadership skills or not. Radiotherapy was the most challenging unit within the KNH. Approximately a third of the respondents stated that each one of them was able to impact around 50 nurses in their leadership style.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter consists of a summary of the study findings, conclusion based on the findings provided in chapter four, and recommendations of the study and suggestion for the further studies were highlighted. The study has attempted to establish all the possible reasons that relates organizational leadership style to job satisfaction among the practicing nurses in Kenyatta National Hospital in Nairobi-Kenya.

5.2 Summary of the Findings

The main objective of this research sought to establish the relationship between organizational leadership style and job satisfactions among the practicing nurses in Kenyatta National Hospital.

5.2.1 General Information

The research registered a remarkable response rate of 95 percent from which majority were found to be men as compared to their female counterparts. Most of the nurses who responded to study questionnaire were in the age bracket ranging from 26 – 29 years. The results show that majority of nurses working at KNH were found to be in marriage relationships. The established that majority of the respondents had attained bachelors’ degree as their highest educational achievement.

The findings also show that majority of the respondents were registered nurses, and this was followed by rank of porters/trainees. On average, most of the nurses who participated in this study were found to earn a monthly income of more than Ksh. 50,000 but less than Ksh. 80,000. A large number of nurses were found to belong to protestant churches. It was revealed that majority of nurses who work at KNH are satisfied with their job performance. The perception
that the organization also focus on competitive salaries may also contribute to employees’ job satisfaction.

5.2.2 Relationship between Organizational Leadership Style and Job Satisfaction

Based on the study findings, it was revealed that majority of nurses who work at KNH are satisfied with their job performance. More than a half of the nurses under investigation felt that facilities found within KNH were inadequate. The study found out that most of the nurses indicated that the hospital did not provide isolation facilities in their respective places of work. It was construed that majority of the respondents disclosed that they were encouraged by the attribute idealized influence realized through transformational leadership style. Furthermore, another aspect observed at KNH in the execution of transformational leadership style was behavioral idealized influence which described behaviors that encouraged staff to think highly.

The findings show that majority of respondents acknowledged that there existed courses which are facilitated by the hospital to enhance their skills. The study also established that majority of the respondents cited general unit as being the most occupied with patients. It was figured out that majority of nurses indicated that they were being supervised by registered nurses at the same level. The study revealed that majority of the respondents were found to be satisfied with the managerial/supervisory skills of their leaders.

The findings of the study indicated that more than a half of the respondents admitted that KNH’s leadership style is good. The responded had almost equally divided views on training of leaders and managers of KNH as about half of the respondents stated that their leaders undergo trainings on leadership skills while the rest felt otherwise. The research found out that leadership styles experienced at KNH had impacted job satisfaction of nurses through enhancement of employees’ morale and increment of employees’ productivity. It was discovered that KNH had not put in
more efforts in facilitation of courses that would enhance leadership scope. Majority of the respondents stated that radiotherapy and general unit were the most challenging units within the premise.

Overwhelming majority of nurses who participated in this research felt that KNH did not have enough facilities to help in improvement of performance and enhancement of job satisfaction. More than a half of the respondents confessed that the transformational leadership style practiced at KNH led to job satisfaction. On the other hand, almost half of the respondents revealed that they did not feel motivated at all. It was established that nurses preferred transformational leadership style as compared to other styles of leadership practiced at KNH. Majority of the respondents felt that absenteeism and inadequate resources were major hindrance to job satisfaction at KNH.

5.2.3 Relationship between Performance and Transformational Leadership Style

The study established that most of the nurses who participated in this research said they faced challenge of being discriminated by fellow workers, work distress, and lack of enough staff members. The findings of research suggest that more than a half of the participants acknowledged that the leadership style practiced at KNH contribute to customer service satisfactorily. The nurses working at KNH were found to be motivated when customers they served were satisfied and through development of their skills. Majority of the respondents felt that job satisfaction was being hindered by inexperienced nurses and health hazard. Findings further depicted that over a half of the respondents would remain in their current job even if they were given a chance to quit. Ultimately, overwhelming majority of the respondents were of the view that the leadership experienced at KNH was of great value towards service delivery of nurses employed at the hospital.
5.2.4 Inferential Statistics

5.2.4.1 Correlation between Transformational leadership Style and Job Satisfaction

The findings on test of association between variables revealed that most of the independent variables were positively associated to the dependent variable. It was established that a unit increase in transformational leadership style in terms of idealized influence (Attribute) was associated with, 0.261 increase in chances of enhancing job satisfaction among nurses working at KNH since it provided a significant p – value of 0.000. Furthermore, the results showed that idealized influence (behavior) significantly correlates with job satisfaction given a coefficient value of 0.196 supported with a strong p – value of 0.008.

The findings on association of intellectual stimulation and job satisfaction was also significant as it provided a coefficient value of 0.413 and a p – value of 0.000. On contrary, inspirational motivation and individual consideration were found not to have a significant relationship since they gave coefficient values of -0.096 (p – value = 0.198) and 0.094 (p – value = 0.206) respectively. The two variables were found to be insignificant because their p – values were above the recommended cut-off value of 0.05.

5.2.4.2 Correlation between Transformational leadership Style, Nurses’ Performance and Job Satisfaction

The findings show that both organizational leadership style and performance are strongly associated with enhancement of job satisfaction. Where a unit increase in improvement of transformational leadership style practiced is associated with 0.357 increase in chances of enhancing job satisfaction among nurses working at KNH since it provided a p – value of 0.000. In other words, good leadership style can enhance chances of employees being satisfied in their current workplace by 35.7%. Furthermore, the results show that performance of nurses
significantly correlates with job satisfaction given a coefficient value of 0.298 supported with a p-value of 0.001.

5.2.4.3 Regression Findings

The findings in the model summary indicated that all the independent variables under study were found to explain 23.3% of job satisfaction. This was interpreted to mean that there are other factors besides those under investigation which can help in improvement of the model beside those used. The model further provided F-statistics value of 10.640 \((p = 0.000)\). This had implication that the study rejected the null hypothesis that Idealized influence (Attribute), idealized influence (behavior), intellectual stimulation, inspirational motivation as well as individual consideration jointly, do not significantly effect on job satisfaction.

On the aspect of estimating the significance values for each independent variable, the model revealed that Idealized influence (Attribute) affects job satisfaction significantly as support with a beta coefficient value of 0.078, t value of 2.253 and a strong p-value of 0.025. Idealized influenced by their behavior was also found to influence job satisfaction significantly with a coefficient value of 0.048 and a strong p-value < 0.05. Another construct found to have a significant influence on job satisfaction of nurses at KNH is intellectual stimulation. This was supported by a regression coefficient of 0.308 and p-value of 0.000.

On contrary, inspirational motivation as well as individual consideration insignificantly influenced job satisfaction of nurses working at KNH since they provided coefficient values of -0.049 (p-value of 0.372) and 0.019 (p-value of 0.281). This is an indication that job satisfaction of nurses working at KNH is mostly influenced by three aspects of transformational leadership style namely, Idealized influence (Attribute), idealized influence (behavior) as well as intellectual stimulation.
5.3 Conclusion

Based on the major findings highlighted by this study, it can be concluded that there exist a significant and positive relationship between the attributes of organizational leadership style such as Idealized influence (Attribute), idealized influenced (behavior) and intellectual stimulation on job satisfaction of practicing nurses in Kenya.

Similarly, it can be argued that the confounding variable (performance) strongly influenced job satisfaction among nurses. This means that organizational leadership style found within the leaders of KNH, together with performance of the institution are key pillars for its future image and sustainability.

Job satisfaction has been linked to proper, applicable, workable and viable leadership styles. The influence of leaders/managers has a vital role to play towards employees’ job satisfaction. This process affects both the attitudes and actions of workers in any given organization. Institutions can propose various leadership styles that work well with their employees to benefit and help achieve their business goals. However, several leadership styles are found on basis similar principles and go hand in hand with personal traits that enable them act effectively or not. Leaders’ effectiveness is realized well when he/she practices flexibility, acts as a guide his/her junior, as well as giving junior employees chance of becoming innovative and creative in their line of duty.

The promotion of management of organization’s personnel is paramount to the attribute of job satisfaction and this would lead to achievement of increased number of job satisfaction among the practicing nurses. Specifically, when the values, norms, beliefs, assumptions as well as characteristics, organizational culture are observed, are likely to result into higher chances of
enhancing job satisfaction among workers. The aspect of training employees, motivating rewards, socialization as well as regulations within the institution, can be put in practice.

5.4 Recommendations for Policy and Practice

Organizational leadership style was found to be an issue of importance as far as employees’ job satisfaction is concern.

There is need for organizations to address the glaring issues such as inadequate facilities, limited career enhancement and developments plans, lack of courses/trainings facilitated by organizations to enhance skills of employees and the communication gap between the managerial staff fostered in breakage in communication channels and gadgets, bureaucracy and hindrance in decision making.

In addition, the health institutions should emphasize on addressing key challenges experienced among employees like discrimination, work distress, and less staff members. Good working conditions can enable workers execute their duties easily in an effective manner.

Another implication is that nurse managers should stay abreast of the current trends and factors that contribute to job satisfaction. Issues related to organizational support such as unfair working conditions, salary inequality, lack of employee support should be addressed promptly and justly.

Organizational leadership style was found to relate to job satisfaction positively. This research recommends that the overall leadership in hospitals in Kenya should undergo an overhaul scrutiny for better service delivery. This process should seek the opinions of all the stakeholders in the health sector to determine a better way of governing employees in order to retain and attract more potential ones.
The researcher recommends leaders/management in health sector should adopt best practices in managing their employees in order to transform itself into an effective and efficient service and avoid the issue of labor management aspects.

5.5 Suggestions for Further Study

The focus of this study was to establish relationship between organizational leadership style and job satisfactions among the practicing nurses in Kenyatta National Hospital.

There is need for a similar study to be done in other health institutions both public and private to establish whether the findings will be similar.

Again, future research should replicate this study or conduct a similar one on nurses in a cute setting, to determine how job satisfaction is viewed by nurses in other setting compared to the nurses in the current study.

Further study should be conducted with nurses regarding their job and satisfaction without including the construct of organizational leadership style. This can be done by requesting employees to address questions regarding their employers as opposed to themselves or in addition to themselves, since this may produce totally different outcomes.
REFERENCES


APPENDICES

Appendix I

Letter of Transmittal.

Dominic Angweye Agoi
P.O.Box 44417-00100.
Nairobi.

Dear Sir/Madam,

I am a Masters of Psychology student pursuing Masters of Psychology in Industrial and Organizational Psychology at the University of Nairobi, Main Campus, undertaking a research on the relationship between organizational leadership style and job satisfactions among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya. A case study Nurse in Kenyatta National Hospital as part of the course requirement.

I have identified your facility/department/office/unit/ward as a key source of data to facilitate this study and hereby request for your assistance and cooperation. I assure you of anonymity and confidentiality of your organization and individuals who will fill in the Questionnaires as a source of information.

Thanking you in advance

Yours faithfully

Dominic Angweye Agoi
Appendix II

UNIVERSITY OF NAIROBI

COLLEGE OF HUMANITIES AND SOCIAL SCIENCES DEPARTMENT OF

PSYCHOLOGY MASTERS OF PSYCHOLOGY

INDUSTRIAL AND ORGANIZATIONAL PSYCHOLOGY

(GENERAL NURSING STAFFS)

A QUESTIONNAIRE FOR THE NURSING STAFFS ON THE RELATIONSHIP BETWEEN ORGANIZATIONAL LEADERSHIP STYLE AND JOB SATISFACTION AMONG THE PRACTICING NURSES IN KENYATTA NATIONAL HOSPITAL, NAIROBI KENYA.

This questionnaire is designed to carry out a study on the relationship between organizational leadership style and job satisfaction among nurses in Kenyatta National Hospital, Nairobi Kenya. It is only a research work done on academic purposes. The answers you give to the questions here will in no way influence how we are going to treat you as an individual nurse. The findings of this research will help us to understand the influence of leadership on job satisfaction by director nursing services, deputy director nursing services, Chief Nurse, assistant chief nurses and the unit supervisors to their fellow (nurses). We implore you to give in honest answer to each question as possible. You may choose not to respond to any of the questions you are not comfortable with. We guarantee you confidentiality.
PART 1

CASE NOTES NO: ...........

DEMOGRAPHIC DATA

1. Age:
   a) 22-25 yrs.  
   b) 26-29 yrs.  
   c) 30-33 yrs.  
   d) 34-37 yrs.  
   e) 38-41 yrs.  
   f) 42-45 yrs.  

2. Sex: Male      Female

3. Marital status:
   a) Married               b) Not married
   c) Widow                 d) Divorced/Separated

4. Level of Education
   a) Diploma               b) Undergraduate
   c) Masters               d) PhD
5. Profession/Occupation:
   a) Porter/Trainee
   b) Registered Nurse
   c) In charge Nurse
   d) Specialized Nurse

6. Level of Income per month:
   a) Less than Kshs. 50,000.00/month
   b) Less than Kshs. 80,000.00/month
   c) More than Kshs. 100,000.00/month

7. Religion:
   a) Protestant
   b) Catholic
   c) Moslem
   d) Others (specify)

8. If you are to rate yourself on job how can you rate yourself basing the attributes of job performance?
   a) Extremely satisfied
   b) Very satisfied
   c) Satisfied
   d) Not really satisfied
   e) Not satisfied
KENYATTA NATIONAL HOSPITAL NURSING SETTING AND MANAGEMENT

9. Do the Hospital have enough facilities? Yes □ No □

If No make a recommendation.

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10. Does the hospital provide isolation facilities? Yes □ No □

If No make a recommendation

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11. What are the hospitals managerial organizational leadership style plan for the nursing staffs on service, courses or training for enhancement and career development?

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12. Does the Hospital have facilitated courses for skill s enhancements?

Yes □ No □

If yes state the skills.

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13. Which unit is the most occupied by patients?
   a) General unit
   b) Surgery unit
   c) Radiotherapy unit
   d) Emergency Unit
   e) Critical unit
   f) Other units (specify)

14. Who is your immediate supervisor?
   a) Registered Nurse at the same level
   b) Specialized nurse
   c) Immediate chief nurse
   d) Nurse on call

15. How can you rate your manager/supervisor at the Unit level?
   a) Extremely satisfied
   b) Very satisfied
   c) Satisfied
   d) Not really satisfied
   e) Not satisfied
16. How long have you served in the hospital (experience)?

a) 3 – 6 Years
b) 7 – 10 Years
c) 11 – 14 Years
d) 15 – 18 Years
e) 19 – 22 Years
f) 23 – 26 Years
g) More than 26 Years

17. What are the challenges faced by you in your work station

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18. Does the Hospital leadership enable you to have customer service satisfactory? State how

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19. List the factors that motivate you to serve as a nurse?

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……………………………………………………………………………………………………

20. What are the factors that hinder you from attaining job satisfaction?

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……………………………………………………………………………………………………
21. How can you rate your immediate manager as a nurse in Kenyatta National Hospital basing on applied skills?
   a) Extremely satisfied □
   b) Very satisfied □
   c) Satisfied □
   d) Not really satisfied □
   e) Not satisfied □

22. If given the chance, to quit serving in Kenyatta National Hospital, Can you quit? Give the reason
   ………………………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………………………

23. Does the leadership of Kenyatta National Hospital influence your service delivery as a nurse?
   State how.
   ………………………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………………………

THANK YOU
A QUESTIONNAIRE ON THE RELATIONSHIP BETWEEN ORGANIZATIONAL LEADERSHIP STYLE AND JOB SATISFACTION AMONG THE PRACTICING NURSES IN KENYATTA NATIONAL HOSPITAL, NAIROBI KENYA

This questionnaire is designed to carry out a study on the managerial/chief nurse/supervisors on the relationship between organizational leadership style and job satisfaction among nurses in Kenyatta National Hospital, Nairobi Kenya. It is only a research work done on academic purposes. The answers you give to the questions here will in no way influence how we are going to treat you as an individual nurse. The findings of this research will help us to understand the influence of leadership on job satisfaction by the director nursing services, deputy director nursing services, Chief Nurse, assistant chief nurses and the unit supervisors to their fellow (nurses). We implore you to give in honest answer to each question as possible. You may choose not to respond to any of the questions you are not comfortable with. We guarantee you confidentiality.
PART 1
CASE NOTES NO: ...........

DEMOGRAPHIC DATA

1. Age:
   a) 30-33 yrs.   
   b) 34-37 yrs.   
   c) 38-41 yrs.  
   d) 42-45 yrs.   
   e) 46 - Above.

2. Sex: Male      Female

3. Marital status:
   a) Married       b) Not married
   c) Widow        d) Divorced/Separated

4. Level of Education
   a) Diploma       b) Degree
   c) Masters      d) PhD

5. Profession/Occupation:
   a) In charge Nurse       b) Head of unit
   c) Assistant Chief Nurse d) Chief Nurse

6. Level of Income per month:
a) Less than Kshs. 80,000.00/month
b) Less than Kshs. 100,000.00/month
c) More than Kshs. 150,000.00/month

7. Religion:
   a) Protestant
   b) Catholic
   c) Moslem
   d) Others (specify)

8. How can you rate your leadership skills based on job satisfaction and performance?
   a) Extremely satisfied
   b) Very satisfied
   c) Satisfied
   d) Not really satisfied
   e) Not satisfied

KENYATTA NATIONAL HOSPITAL MANAGERIAL/LEADERSHIP STYLE FOR
THE NURSING DEPARTMENT

9. Do the hospital have a well leadership style?
   Yes
   No
If No make a recommendation.

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10. Does the Hospital provide adequate leadership trainings and managerial skills?
Yes [ ] No [ ]
If No make a recommendation

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11. How does your leadership style and skills impact on the nursing staff towards job satisfaction and performance?

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12. Does the Hospital facilitate courses that enhance your leadership scope?
Yes [ ] No [ ]
If yes state which skills?

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13. Which unit is the most involving and challenging on staffs’ organization?

a) General unit [ ]
b) Surgery unit [ ]
c) Radiotherapy unit [ ]
d) Emergency Unit [ ]
e) Critical unit [ ]
14. How many nurses are directly impacted by your leadership ability?

a) 2000 Nurses
b) 200 Nurses
c) 100 Nurses
d) 50 Nurses
e) 10 Nurses

15. How can you rate your managerial/leadership at the Unit level?

a) Extremely satisfied
b) Very satisfied
c) Satisfied
d) Not really satisfied
e) Not satisfied

LEADERSHIP PRACTICE AND SERVICE DELIVERY IN KENYATTA NATIONAL HOSPITAL

16. How long have you served in the hospital?

a) 3 – 6 years
b) 7 – 1 years
c) 11 – 14 Years
d) 15 – 18 years)
e) 19 – 24 Years

17. What are the leadership challenges faced by you in your position and capacity in the work station?

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18. Does the Hospital organizational leadership style enable you to have customer service satisfactory?

State how

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19. List the factors that motivate you to serve in your capacity as a leader in the nursing department?

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20. Which leadership style do you prefer as practicing nurse leader?

State and explain why?

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21. What are the factors that hinder you from attaining your attributes to job satisfaction in Kenyatta National Hospital as a leader in nursing department?

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22. How can you rate yourself as a leader in the department of nursing in Kenyatta National Hospital basing on the attributes of job satisfaction?

a) Extremely satisfied
b) Very satisfied
c) Satisfied
d) Not really satisfied
e) Not satisfied
23. If given the chance, to quit serving in Kenyatta National Hospital, can you quit?

  Yes [ ]
  No [ ]

Give the reason

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24. Does the leadership of Kenyatta National Hospital influence your service delivery as a nurse?

State how.

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THANK YOU.
This observation check list is designed to carry out a study on the relationship between organizational leadership style and job satisfaction among the practicing nurses in Kenyatta National Hospital, Nairobi Kenya. It is only a research work done on academic purposes. The observations made here will add value to the outcome of the study. The findings of this research will help us to understand the influence of leadership on job satisfaction by the chief nurse, unit supervisors to their followers (nurses).

Nurses Evaluation Checklist

Employee

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Unit

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Specialty
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Supervision
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Date of evaluation
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Evaluation Criteria 1 to 5 rating

(5 = best)

Comments
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Other Items for Consideration

Accomplishments

Strengths

Weaknesses

Problems to be addressed

Follow up actions to be taken

Support

Perceived management

Other issues covered in nursing service delivery

THANK YOU
Location of Kenyatta National Hospital

Source: (Government of Kenya Printers, 2017)