UNIVERSITY OF THE WESTERN CAPE

Faculty of Community and Health Sciences

RESEARCH REPORT

TITLE: The Influence that Managers' Leadership Style has on the Job Satisfaction of Healthcare Workers in Public Healthcare Sector in Mpumalanga Province

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TYPE OF THESIS: Mini-thesis

DEGREE: Master in Public Health

DEPARTMENT/SCHOOL: School of Public Health, University of the Western Cape

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DATE: 03 October 2022

KEYWORDS:
Job Satisfaction
Leadership
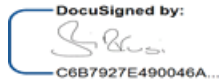Leadership Style
Staff Turnover
Healthcare Workers

- Above all I want to acknowledge God Almighty for the unfailing Love, Health and Protection during COVID-19 PANDEMIC. The years starting from 2019 – 2022 were the most difficult times for the human race, but by God's Grace this project was completed against all odds.

Thanks,

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Richard Vusi Mbuli

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ABSTRACT

Employee turnover is one big challenge in many organizations, particularly in the public health sector of South Africa. There is an increase competition between public and private sectors on the available scares human resources, particularly nurses and medical practitioners. Consequently, it becomes vital for the public health sector to develop a turnaround strategy aimed at addressing the high turnover of healthcare workers in the sector. Among many contributing factors job dissatisfaction is seen as the main contributor public healthcare facilities. It became imperative for the researcher to explore the source of the healthcare workers' job dissatisfaction within the Department of Health in Mpumalanga Province, and the role that leadership styles play to influence job satisfaction in this sector.

The study is qualitative in nature, and used explorative research design to explore the studied phenomenon. The researcher purposefully selected 12 nurses from one of the District Hospitals to participate in the study. Ethical and clearance approval to conduct the study were obtained from the Biomedical Research Council (BMREC) of the University of Western Cape. Permission to conduct the study in the hospital was granted by the Chief Executive Officer (CEO).

All the individual participants completed a participant information sheet and were informed about their voluntary participation before the interviews process to collect started. The researcher was granted written permission by all participants to audio-record the interviews. All the participants were informed about confidentiality, anonymity and how the recorded data was going to be managed and used for the purpose of this study. Respondents were granted greater levels of privacy and anonymity through the use of randomised response technique (RRT) called the unmatched count technique. They were not required to disclose any personal information for participating in the study, and written informed consent given by all participants.

Data was collected through interviews, following unstructured interview guides. Data was analysed through the use of thematic content analysis. In analysing the interview transcripts, a number of themes emerged in each area of enquiry. In this study there was evidence that both employee and manager participants had positive experiences in their work environment linked with job satisfaction. While the evidence of good job satisfaction and a happy work environment

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is heartening, many managers and staff in this setting reported an experience which is predominantly negative, associated with feeling overwhelmed, anxiety and low morale. Interestingly, two of the participants who made specific comments related to good job satisfaction, also expressed dissatisfaction, contemplating resigning or a concern that if dissatisfaction was expressed to management, it would not be addressed.

Some healthcare workers expressed feeling, or observing others to be, overwhelmed and anxious about their everyday jobs. In the instances whereby job satisfaction was expressed by subordinate participants, it was attributed to positive experiences from their managers' leadership style in the hospital. Other reasons included fulfilling engagements with appreciative patients, ability to make a difference, being able to learn and feeling part of a team. Healthcare workers felt motivated when managers and clients (patients) recognise their efforts and hard work. Recognition even compensated for lack of monetary gain. A number of factors were described as contributing to poor job satisfaction in this context. Conflict at senior levels in the Department and institution, poor management practices related to planning, lack of appreciation, shortage of staff and resources and career stagnation. There is evidence of a correlation between job satisfaction and absenteeism. From a positive perspective, one participant explained that, because she was happy at work and enjoyed a rewarding relationship with her manager, she was reluctant to stay off work. The converse was also reported in this study, with poor job satisfaction resulting in absenteeism. All the four managers felt that they practiced a predominantly democratic leadership style. Managers, who self-identify with this leadership style, describe the impact of democratic leadership as positive on inter-personal relationships, cooperation, team-work, and job satisfaction.

Not only do they (managers) perceive a positive impact of the democratic style on the job satisfaction of their staff, they also experienced a positive impact of this style on their own job satisfaction. They indicated that being democratic helps to build their teams, which brings gratification and feeling good as they have assisted. They further get fulfilment because fellow managers and staff see them as their role model. Two participants viewed themselves as leaders that use different leadership style in different context. In the following extracts manager participants talked about how they sometimes turned to a more autocratic style, and the situations which prompt their actions. In their responses, some of the manager participants expressed an awareness of the negative impact of an autocratic leadership style, when used as a dominant style, and its potential to decrease job satisfaction and performance.

Research data suggests that some of the healthcare workers experience their managers to be using a democratic style, and that some expect this style to be institutionalized. In addition, some healthcare workers experienced some leaders in the facility as being predominantly autocratic. In their experience, autocratic leadership is seen in poor communication and is heavy-handed, instructive and resistant to information and feedback. According to research data some employee participants experience laissez faire leadership from their managers. In the following statements participants expressed their feelings and thoughts. In other cases, participants felt that some managers used a mixture of leadership styles. Some managers changed their leadership based on the situations that they were dealing with at a given time, and others experienced their managers using inconsistent and confusing styles of leadership.

In conclusion, there is evidence in the findings, that the style of leadership can impact job satisfaction, both positively and negatively. According to the following two participants, a more democratic style fosters feelings of satisfaction amongst healthcare workers and spirit of teamwork. According to the collected data and findings, there are some participants that experience their managers' leadership styles in negative ways. Data suggests that some healthcare workers in the facility feel that their managers' leadership styles are responsible for the lack of job satisfaction amongst the health facility staff. This study contributes positively on the development of intervention to curb job dissatisfaction and staff turn-over among healthcare workers in the Department of Health, Mpumalanga Province.
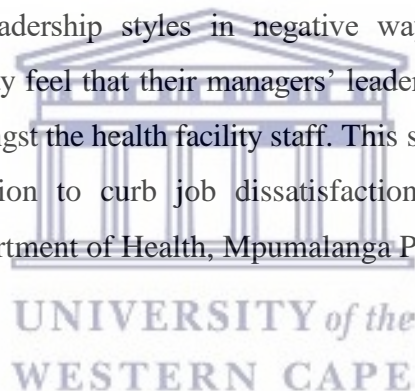
<div align="center">**CHAPTER ONE**</div>

1. Introduction and Background

1.1. Introduction

The way people think about job has changed. Organizations' success and existence is now depended on active employee engagement, employees' satisfaction with their job, and prioritizing workers' job satisfaction. In these days it is important for organizations to gain insight into their employees' attitudes, values and the type of leadership styles that are practiced within their environment. These factors are crucial because of how they impact turnover, absenteeism, productivity, and employees' wellbeing (Mncwango & Winnaar, 2009). Between 1996 and 1998 there were three most important legislations (Labour Relations Act, the Basic Conditions of Employment Act, and the Employment Equity Act) that were passed in South Africa to eradicate the disparities of the past and improve the state of country's workforce.

Many studies were conducted in South Africa to explore the impact of these pieces of legislations on the state of workers and the changing labour market conditions. However, there has been little empirical work done on healthcare workers' attitudes toward their managers' leadership styles and how those leadership styles influence their job satisfaction. In other sectors unlike the public sector, most South African workers appear more satisfied with their job content than the ability of their job to secure their material needs (Mncwango & Winnaar, 2009). A study that was conducted by Tshitangano (2013) on job satisfaction among public healthcare sector nurses in Limpopo Province revealed that a significant number of them were more dissatisfied with their jobs as compared to those that were satisfied. As a result, public healthcare organizations must focus on improving employee job satisfaction of her healthcare workers. The enhancement of healthcare workers' job satisfaction becomes important because of the role it plays in productivity and organizational objectives (Daher, Alshomaly & George, 2017).

The current study explores the influence that managers' leadership style has on job satisfaction of healthcare workers in the public healthcare sector of the Department of Health, Mpumalanga Province in South Africa. The compelling circumstances for the

study are the high rate high rate of staff turnover through resignations and medical boarding in the department (Annual Performance Plan 2017/18, 2011); wanting to find the possible cause, and providing solutions. Previous research on job satisfaction indicates significant role that job dissatisfaction plays to increase turnover (Lee, 1988). In another study, happy employees were reportedly loyal to their organizations, and shown commitment to their work, particularly when they felt that their managers shown interest in them (Obiekwe & Obibhunun, 2019).

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1.2. Background

The reality is that in Africa, South Africa is ranked amongst the top five countries with high number of medical doctors and nurses per 1 000 population. However, reports suggest that general shortage of public health workers, particularly nurses and medical doctors in the country is high (Rispel, Blaauw, Ditlopo & White, 2018). The distribution and management of healthcare workers are some of the problems that South Africa is battling to overcome (van Ryneveld, Schneider & Lehmann, 2020); and the quality of work-life for the healthcare workers is neglected (Senkubuge, Modisenyane & Bishaw, 2014). When organizations neglect their workers, they (employees) become dissatisfied with their jobs, and such an act increases staff turnover (Chaulagain & Khadka, 2012).

Staff turnover affects organizational productivity, and consequently retention strategies with clearly defined variables are required to minimize its impact (Davidescu, Apostu, Paul, Casuneanu, 2020). High turnover impacts heavily on the organizations' finances because of the costs and effort of recruiting, inducting and training new employees, and the risk of business disruption while new employees get up to speed on the job (Wakabi, 2016). Research that was conducted by Davidescu *et al*. (2020) found that employees who experience job satisfaction stay long with their employers, without changing jobs. Among other factors, leadership style was found to be an important predictor of employees' job satisfaction and that it played a central role on employees' decisions to stay on or leave the company (Bernarto, Bachtiar, Sudibjo, Suryawan, Purwanto & Asbari, 2020).

The majority of managers lack insight and the ability to create conducive environment for employees' job satisfaction. They were found inadequate in the application of appropriate leadership styles required to create effective platforms for employee engagement (Al-maaitah, *et* al., 2021). In order to address the problem of healthcare workers resigning, and leaving the Department of Health in Mpumalanga Province, there is a need to understand the role that different factors play in such a phenomenon, and how leadership styles influence healthcare workers' job satisfaction in public health sector.

1.3. Problem Statement

In public health sector of South Africa, human resource management is still not what it should be; aspects relating to employees' satisfaction and quality of work-life, which affect the way people think about job has changed. Organizations' success and existence is now depended on active employee engagement, employees' satisfaction with their job, and prioritizing workers' job satisfaction. In these days it is important for organizations to gain insight into their employees' attitudes, values and the type of leadership styles that are practiced within their environment. These factors are crucial because of how they impact turnover, absenteeism, productivity, and employees' wellbeing (Mncwango & Winnaar, 2009). Between 1996 and 1998 there were three most important legislations (Labour Relations Act, the Basic Conditions of Employment Act, and the Employment Equity Act) that were passed in South Africa to eradicate the disparities of the past and improve the state of country's workforce.

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healthcare workers' job satisfaction becomes important because of the role it plays in productivity and organizational objectives (Daher, Alshomaly & George, 2017).

The current study explores the influence that managers' leadership style has on job satisfaction of healthcare workers in the public healthcare sector of the Department of Health, Mpumalanga Province in South Africa. The compelling circumstances for the study are the high rate high rate of staff turnover through resignations and medical boarding in the department (Annual Performance Plan 2017/18, 2011); wanting to find the possible cause, and providing solutions. Previous research on job satisfaction indicates significant role that job dissatisfaction plays to increase turnover (Lee, 1988). In another study, happy employees were reportedly loyal to their organizations, and shown commitment to their work, particularly when they felt that their managers shown interest in them (Obiekwe & Obibhunun, 2019).

Chaulagain and Khadka (2012) argue that lack of job satisfaction increases staff turnover, which in turn affect efficiencies in healthcare services. Given the critical role that health care professionals play to determine the efficacy, effectiveness and sustainability of health care systems; it is paramount to understand what motivates them and to what extent they are satisfied within their organizations. Job satisfaction is one of the essential factors to ensure that quality services are delivered to patients. Dissatisfied healthcare providers are likely to give poor quality and less efficient care (Maphumulo, & Bhengu, 2019).

1.4. Study Purpose

This study is required to understand the influence that managers' leadership style has on the job satisfaction of healthcare workers. The findings of our study contribute to the knowledge that can improve public service practices, and ensure that effective leadership styles are used to enhance retention of valuable staff members and quality service delivery.

1.5. Aim of the Study

The aim of this study was to understand the influence that managers' leadership style has on the job satisfaction of healthcare workers in one of the hospitals in the Nkangala District, Mpumalanga Province.

1.6. Objectives of the Study

- To explore healthcare managers' perception of their own leadership style and how that influence the job satisfaction of staff.
- To explore healthcare managers' perception on how leadership style, influence their own job satisfaction.
- To explore health workers' perception of their managers leadership style and how that influence their job satisfaction.

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<center>**CHAPTER TWO**</center>

2. Literature Review

2.1. Organizational Context of South African Health System

Compared to other countries in the continent, healthcare problems in South Africa are aggravated by the insufficient and imbalanced distribution of healthcare professionals among the provinces (Gray & Al-maaitah Vawda, 2017); and that cause burnout amongst healthcare workers (Tana, 2013). South Africa ranks among the top five countries in the Africa region in terms of physicians and nursing density per 1 000 population (Rispeli, Blaauw, Ditlopo & White, 2018). As such it is incumbent upon healthcare managers to adopt effective leadership styles that enhance healthcare workers' job satisfaction (Asiri, Rohrer, Al-Surimi, Da'ar & Ahmed, 2016). Effective and efficient leadership is not only important in refining and augmenting proficiency of the healthcare systems (Goh, Ang & Della, 2018), but also in healthcare workers' motivation and vision provisioning for the future (Asiri *et al*., 2016). The World Health Organization's report titled: "Working Together for Health" talks about the importance of developing a proficient, inspired, and supported healthcare workers in order to resolve the challenges that healthcare systems battle to overcome (World Health Organization, 2006).

Workers' job satisfaction and positive leadership play significant role to enhance service delivery and productivity in any organizations (Specchia *et al*., 2021). The constitution of the Republic of South Africa, Act No. 108 of 1996 compels the Department of Health to provide quality healthcare services to the country's citizens (Constitution of the Republic of South Africa Act No. 108, - Chapter 2; Bill of Rights, 1996). In pursuit to ensure quality of health services, the White Paper on the Transformation of Public Service (1997) introduced the service delivery principles of 'Batho Pele', meaning people first. The public healthcare system is central and critical to ensure that such rights as enshrined in the constitution of the Republic of South Africa are realized (Govender *et al*., 2018). The Republic of South Africa has an estimated population of 60 142 978 people (Statistics South Africa, 2021), the majority of the population, about 80% particularly the poor access healthcare services through public clinics and hospitals.

The country has two main healthcare systems; the public and private sectors. The public health sector is organized according to the following structure: primary, secondary and tertiary healthcare centres. Communities access these services through health facilities (clinics, community health centres, hospitals) that are located in and managed by the provincial departments. Shortage of healthcare workers in Sub-Saharan African health systems is a serious challenge that requires the attention of healthcare managers (Maphumulo, & Bhengu, 2019). A study conducted by Oleribe, Momoh, Uzochukwu, et.al. (2019) identified the following challenges in healthcare systems of Africa; shortage of healthcare workers (34.3%), financial problems within health departments (30%), and lack of effective leadership (8.5%).

2.2. Association between Leadership Styles and Job Satisfaction

There are several studies that explored the conceptual framework concerning leadership styles and job satisfaction to examine the association between them. The study by Bogler (2001) focused on the influence of leadership style on teachers' job satisfaction and found association between transformational leadership styles and teachers' positive perceptions towards their jobs. Another study focused on the impact of principals' leadership styles on job satisfaction, and confirmed a significant relationship between the different leadership styles and job satisfaction (Amin, Shah, & Tatlah, 2013). An integrative literature review on the determinants of Nurses' organizational commitment by Vagharseyyedin (2016) reported that amongst other factors; leadership and management styles influenced healthcare workers' commitment to their jobs.

These conceptual framework studies exposed the importance of the relationship between leadership styles and healthcare workers' job satisfaction (Sojane *et al.*, 2016; Amin, Shah, & Tatlah, 2013). Another research was done and concluded that the leadership style chosen by any organizational leader is determined by the cultural and environmental practices of that organization (Al-Omari, 2008). Leadership styles that leaders practice influence employees either positive or negative, and as such leadership style is an autonomous variable, and job satisfaction is a reliance variable (Amin, Shah & Tatlah, 2013).

2.3. Factors Determining Leadership Style in Healthcare Systems

Some leadership qualities that are deemed essential are mostly natural (inborn) while other people in positions of influence worked hard to develop themselves and climb high levels of responsibilities (Demir & Budur, 2019). According to Hiwa, Durmaz and Demir (2021) the application of leadership requires knowledge and self-development from leaders. The support that a leader receives does not only benefit him/her, but all the other people who submit under the leadership of such an identified leader (Demir & Budur, 2019). An effective leader is one who has reached the highest level of maturity and experienced in people development and engagement. These leadership qualities are required to enhance health workers' job satisfaction and quality of service provision (Poturak, Mekic, Hadžiahmetović & Budur, 2020). Leadership is not situational or environmental bound; we get leaders in different settings such as government departments, organizations, local businesses, and so on (Hiwa, Durmaz, & Demir, 2021). Healthcare systems and organizational structures require leadership to control and organize people for the achievement of expected goals. Thus, an efficient and excellent leader plays a role in the development of the health workers (Demir & Durmaz, 2019).

2.4. Healthcare Workers' Job Satisfaction and Staff Turnover

The World Health Organization's Report on "No Health without a Workforce" predicts that a significant number of healthcare professionals worldwide, about 40% would leave their jobs by 2035 because of incentives problems and low or no salary increase. In fact, the report emphasizes that such action will lead to a serious shortfall and impact on health provision to the world population. The report identifies amongst other factors a growing world population with risks of non-communicable diseases (e.g. cancer, heart disease, stroke etc.) increasing, and the migration of health workers as a result regional imbalances (WHO, 2013: 16). Amongst other reasons for employees to leave their jobs is low job satisfaction caused by lack of communication with their colleagues and lack of support from supervisors (Elsherbeny and El-Masry, 2018). Another study conducted by Lu, Zhao and While (2019) found that high level of job dissatisfaction among nurses contributes to staff turnover and poor quality of patient care. In recent years research has established that high turnover amongst this group of professionals is increasingly becoming a common phenomenon in health establishment in the whole world, and that it

has major financial concerns and impact on health delivery systems (Daouda, Hocine & Temime, 2021). According to Bander (2019) an employee's ability to complete the given tasks, organizational level of communication, and how managers treat employees influence employees' job satisfaction.

In their endeavours to explain the phenomenon of job satisfaction among healthcare workers; Onuoha *et al.* (2017) indicate that it is an emotion that indicates and measures the thoughts and behavioural characteristics that individuals have towards their jobs. Job satisfaction is defined as an extant of gratification an individual has towards one's job. In most of the times, job satisfaction results from employees' perception about their job, and is mostly influenced by workers' productivity and managers' support (Bander, 2019). In essence, Job satisfaction is one most challenging phenomenon that many healthcare facilities deal with in their endeavours to provide leadership towards their employees (Aziri, 2011). On the other hand, employees' job satisfaction, 'the degree to which workers like their jobs' has recently become an important phenomenon in healthcare systems and healthcare workers (Naseem *et al.*, 2018). There are two types of job satisfaction, namely; 'affective job satisfaction and cognitive job satisfaction'. Affective job satisfaction is the emotional bond that an employee has towards his/her job while cognitive job satisfaction is employees' feelings and thoughts about their salaries and work environment (Bander, 2019).
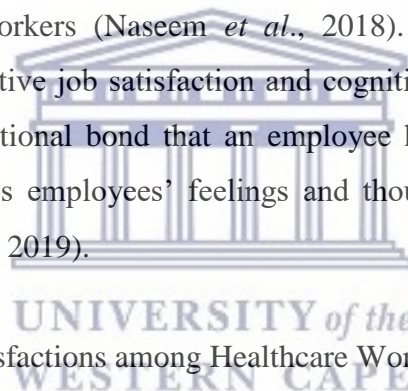
2.5. Importance of Job Satisfactions among Healthcare Workers

A study on the determinants of healthcare workers' turnover in intensive care units that was conducted by Daouda, Hocine, Temime (2021) found evidence that social support provided by colleagues and supervisors play a significant role in healthcare workers' turnover rate. They argue that though increasing recruitment of nurses and raising compensation may help reduce the short-term impact of turnover; administrative interventions to improve the work-life of healthcare workers may be more effective in the long-term. The impact of job satisfaction upon turnover intention has been identified in a number of research studies with convincing findings (Lu *et al.*, 2019). In their work, they concluded that it is important to increase nurses' job satisfaction because of its potential both to improve patients' perceptions of quality care and ensure an adequate nursing workforce. Consequently, it is imperative for employers to attend to issues of nurses'

well-being, their working environment and staffing (Raso, Fitzpatrick & Masick, 2021). In some other studies, lack of social and managerial support towards healthcare workers was found to be an important determinant of job dissatisfaction and high rate of turnover (Hayward, *et.al*, 2016; Arslan & Kocaman, 2016; Halter, *et.al*, 2017).

2.6. Determinants of Job Satisfaction

Results from the study conducted by Deepak and Nawaraj (2018) found that personal staff development and fulfilling relationships with colleagues has significant impact on healthcare workers' job satisfaction. Their findings further indicate that an employee who feel involved and engaged in their workplace develops high level of job satisfaction. Participants in their study further mentioned feeling dissatisfied with the amount of time spent with patients in their different wards due to shortage of staff and long working hours. In the study on factors influencing job satisfaction among healthcare professionals at south rand hospital researchers found that healthcare workers were feeling dissatisfied with their working environment because their environment lacked work ethics and morals. The public health sector in South Africa lacks required resources, but serves about 60% of the population; hence working conditions there are described as ineffective, unproductive and puts constraints on quality service delivery. In such conditions, healthcare workers experience high level of job dissatisfaction (Ramasodi, 2010).

Ramasodi identifies organizational factors such as independence, team-work, leadership support, workload and shortage of staff as having significant impact on healthcare workers' job satisfaction and quality of services they deliver to patients. The other cause of dissatisfaction among healthcare workers in his study emanate from insufficient salaries that they get, and the fact that their managers do not have power to decide about financial issues (Deepak & Nawaraj, 2018). In the study that was conducted by Masooma and Riffat (2014) on the determinants of Job satisfaction and its impact on employee performance and turnover intentions; results indicate that employee empowerment plays a significant role in job satisfaction. They argue that if organizations want to improve the level of job satisfaction among employees; they must allow them to contribute towards the organizations' goals. In their study, they also found that creating an environment that is conducive for employees to work contributes highly on the enhancement of job satisfaction. In their arguments they articulate that satisfied employees turn to become

loyal to their organizations than employees who are dissatisfied in their work places (Masooma & Riffat, 2014).

Participant in another study that was conducted in Bangladesh did not find working environment as an important factor that has impact on job satisfaction (Fazlul, Sanoara, Abdullah, 2012). Their reasoning behind such a finding emanate from what Robins (2003: 78) said: "*Satisfied employees are more committed to their job than that of dissatisfied. This is because a person with high level of job satisfaction holds a positive attitude towards the job, while a person who is dissatisfied with his or her job holds negative attitude about the job.*" In Bangladesh employees are more focused on their work or job content, salary increase and/or opportunities to grow within their organizations and the role that management play as significant factors that contribute to job satisfaction. In other words, 'job itself' is the key factor that determine employee' job satisfaction or dissatisfaction (Fazlul *et al*., 2012). An uncontested fact is: "*By performing the job in real life situation an employee experience day-to-day pressures and meet variety of challenges which makes him/her capable of developing insights that enhances his/her aptitude, ability, skill and knowledge*" (Fazlul *et al*., 2012: 32).

2.7. The Role of Leadership in Public Healthcare Systems

A shortage of healthcare workers to deal with the current health needs of the world's populations is well captured in the WHO report: 'Working Together for Health' (Figueroa, Harrison, Chauhan & Meyer, 2019). Healthcare workers' challenges are complex, and effective leadership is required to address those problems (Reich, Javadi, Ghaffar, 2016). The other challenge is that leaders themselves in healthcare centres have significant amount of responsibilities. Such responsibilities include deciding on what type of leadership style appropriate to lead the health workers. Leadership plays significant role on job satisfaction because ineffective leadership was found to be one of the determinants of job dissatisfaction (Moey, 2016). In recent years, the role of leaders and managers in healthcare settings is changing (Figueroa *et al*., 2019). In order to strengthen healthcare systems, strategic management that understand politics of time and ever changing health systems is needed (Reich *et al.*, 2016). In other words, managers' leadership skills play a significant role in job satisfaction and staff retention (Moey, 2016). In healthcare systems, leadership can be described as an application of human

creative skill by a healthcare manager to pursue healthcare workforce to fulfil organizational goals and objectives (Konstantinou & Prezerakos, 2017). Today, healthcare systems are experiencing gigantic challenges such as systematic transformation, and as such healthcare leadership is expected to play a critical role to enhance an environment that is conducive for work (Bander, 2019). In order for healthcare transformation to happen, leadership who poses effective communication, self and social awareness are required in healthcare settings such as hospitals (Bander, 2019).

Research suggests that there are positive leadership models and some approaches that have both positive and negative impact over employees' job satisfaction and work environment (Akca, 2017). Another study conducted by Naseer *et al*. (2017) emphasise that leaders must provide support to the health workers if they want to reduce staff turnover. It was also confirmed that employees are more likely to stay within an organization if they are convinced that their managers have interest and show concern about them (Ng'ethe & Namusonge, 2012). Hayward *et al*. (2016) argue that healthcare workers' decision to stay or leave their jobs is influenced by how they feel about the care and support they get from their leadership.

One of the main leadership and management challenges in public healthcare systems are the leaders themselves (Ghiasipour *et al*., 2017). Amongst others, such a challenge relates to the selection and development of leaders to lead and enhance healthcare workers' job satisfaction (Dye & German, 2015). To fulfil such a goal, leadership is expected to possess conflict management, people management and development as well as effective communication (Ardestani *et al*., 2016). Another important quality expected from any leader is constant organizational support. Such support may include dealing with some identified leadership barriers in public health such as the shortage of human resources (Reyes, Bekemeier, Issel, 2014). In addition; low morale, demotivation and job dissatisfaction of healthcare workers are some other encounters that healthcare leadership deals with on daily operations (Dehnavieh *et al*., 2013). Some of the other contextual factors that impact on the leadership processes include socio-economic and political factors that require effective leadership to establish a long lasting relationship with their environment (Ghiasipour, Mosadeghrad, Arab & Jaafaripooyan, 2017).

It is incumbent upon transformational organizations and healthcare systems of the world to be fortified and intentional in selecting capable leadership that can bring about the expected change within those institutions. The reasoning behind such a thought is because incapable and ineffective leadership burnout and impact on health workers' job satisfaction (Moey, 2016; Govender *et al*., 2018). Healthcare leadership has the role of influencing healthcare workers' job satisfaction by applying appropriate leadership styles (Nita *et al*., 2022). In healthcare organisations such as hospitals; the effective and efficient role that leadership plays brings about enhanced healthcare workers' job satisfaction and quality of patient care (Specchia *et al*., 2021). The style of leadership used should be related to the organizational objectives, and influencing employees to achieve the objectives of such an organization (Ahmed *et al*., 2021). The study that was conducted by Govender *et al*. (2018) recognize leadership as one very important capability that healthcare leaders in hospital settings must have in order to influence healthcare workers to reach institutional goals. Respondents in this study identified communication and feedback about institutional achievements and service accomplishments as key qualities that defines a good leader.

2.7.1. Definitions of the Leadership Styles used in this Study

Different leadership styles emerged and dominate in different organizations (Specchia *et al*., 2021); the most prevalent or practiced leadership styles are: 'transformational, transactional, authoritative and laissez-faire styles of leadership' (Ahmed *et al*., 2021).

- *Transformational Leadership Style*

This type of leadership style is wherein leaders display charming, efficient individualized employee engagement, and clear communication of the organizational vision. Managers use these qualities to enhance commitment and job satisfaction among employees (Specchia *et al*., 2021). A study conducted by (Rawashdeh *et al*., 2020) reported an association between transformational leadership and job satisfaction. Their finding is consistent with Omar, Ahmad and Hussin (2013) who argued that effective leadership style promoted high levels of job satisfaction amongst employees. Thus, transformational leadership style is one very significant style used by managers in addressing complex issues and challenges that prevail in hospital

settings, as well as for the implementation of various health care policies (Govender, Proches & Kader, 2018). Another study on leadership styles of nursing managers and job satisfaction of nurses in public sector found that transformational leadership style enhanced healthcare workers' motivation and job satisfaction more than transactional and laissez-faire leadership styles (Bander, 2019).

- *Transactional Leadership Style*

Leaders that practice transactional leadership style use "conditional rewards and corrective behaviour strategies to influence the health workers (Hyland, Reeves & Caputo, 2018). According to Specchia *et al*. (2021) this leadership style is marked by remedial measures applied by the leader based on employees' performance of their given roles and responsibilities. Thus, these leaders are not interested in changing within their organizations, but retain unwavering working relationship with their followers. They use required resources to gain their health workers' respect and cooperation (Hyland, Reeves & Caputo, 2018). Transactional leadership is characterised by organizational stagnation and managers dictating things to be accomplished by the health workers (Ghorbanian, Bahadori & Nejati, 2012).

- *Authoritarian Leadership Style*

Ahmed *et al*. (2021) explicitly explain that authoritative leadership style is characterised by authority; enforce discipline through procedures and rigid rules. In their arguments, Ahmed and colleagues indicated that such leaders are respected by employees, and that it is mostly used in high risk environment where stringent obedience is expected. Research found that authoritarian leadership style is mostly practiced in China (Khuwaja *et al*., 2020).

- *Laissez-faire Leadership Style*

This type of leadership is categorized according to the leaders' attitude to avoid responsibility and accountability. It denotes absolute absence of leadership since health workers are given freedom to decide without supervision by their leadership. In an environment whereby laissez-faire leadership style is practiced, sub-ordinates are

permitted to make decisions without the involvement of their supervisors or managers; hence it is called 'absence of leadership' (Tayfur & Tosunoglu, 2016). Based on its inherent nature, laissez-faire leadership style is described as the most passive leadership style within the field of leadership (Ghorbanian, Bahadori & Nejati, 2012). In organizations wherein laissez-faire leadership style is predominant, there is high rate of staff turnover and low staff retention (Hetland, Sandal & Johnsen, 2007).

2.8. The Impact of Leadership Style on Job Satisfaction

Modern organizations and healthcare systems are challenged to develop effective and efficient leaders that would enable better working conditions for their workforce and enhance job satisfaction. For many years now, businesses and other organizations invested resources in studying the phenomenon of leadership and its relationship with its employees' job satisfaction (Moey, 2016). The study that was conducted by Sojane *et al*. (2016) in the two provinces of South Africa reported that healthcare workers were happy with their managers' leadership style, but raised concerns about the lack of recognition and appreciation from their managers. As a result, the majority of those healthcare workers intended to leave their job than those who received praise and recognition from their managers. Thus, Sojane *et al*. (2016) found that there is a significant relationship between leadership style, job satisfaction and intention to leave one's job by healthcare workers.

Different leadership styles may be used given the working environment and its employees' dynamics (Amin, Shah & Tatlah, 2013). A correlational design study on leadership styles of nurse managers and job satisfaction of staff nurses that was conducted by Bander (2019) found that a positive relationship exists between transformational leadership styles and healthcare workers' job satisfaction. Morsiani *et al.* (2017) found that managers who adopted transactional leadership style had significant negative impact on nurses' job satisfaction, and that transformational leadership style was merely practiced by healthcare managers. A study by Alshahrani and Baig (2016) found that the majority of healthcare leaders used both transactional and transformational leadership styles. They reached a conclusion that healthcare workers whose managers used

transformational style displayed high level of job satisfaction compared to those whose managers used transactional leadership style.

A study conducted by Specchia *et al*. (2021) highlighted the important role that employee engagement, involving employees in decision making process, and granting them opportunities to vent their frustration/opinions play in job satisfaction. A correlational design study conducted by Bander (2019) indicated that health managers used different leadership styles based on the situation at that particular time. The healthcare workers who participated in the study perceived their leaders to be using more transformational and transactional leadership styles than laissez-faire leadership style. Another study by Jaffe (2012) found that healthcare managers transformational, transactional and passive/avoidant as reported by the health workers. However, when they rated themselves, managers rated themselves to be using transformational and passive/avoidant leadership styles, and non-reported use of transactional leadership style.

2.9. The Importance of Transformational Leadership in Job Satisfaction

Over centuries now, healthcare organizations and research institutions took it upon themselves to explore the relationship that exists between leadership style and health workers' job satisfaction. Their focus was mostly on transformational leadership and job satisfaction of the health workers (Moey, 2016). Organizations such as healthcare centres require efficient and operative leaders. Such leadership must have skills required to positively influence healthcare workers and invest in the establishment and management of a good working relationships (Bander, 2019). The results of the study by Alqahtani et al. (2021) on leadership styles and job satisfaction among healthcare providers in primary health care centres revealed that the most generally embraced leadership styles were the transformational leadership style, followed by the transactional leadership style. The laissez-faire leadership was least adopted by the healthcare managers. Transformational leadership qualities influence are motivation, stimulation and consideration, and they play significant role in the establishment of a good working environment. This type of leadership style has positive influence on developing employees' meaningfulness of work, experienced accountability for the outcomes and understanding of work outcomes (Khan *et al*., 2020).

A leader who practices transformational leadership style inspires employees to develop self-confidence and create conducive working environment (Turnnidge & Côté, 2017). The study that explored the relationship between the nurse managers' leadership style and healthcare workers' level of job satisfaction as perceived by healthcare workers themselves found that whenever transformational leadership style was used, healthcare workers' job satisfaction improved. In other words, transformational leadership influences employees to reach their highest level of development and performance (Bander, 2019). Another study by Govender *et al*. (2018) found that democratic or participative leadership style played a significant role to encourage and support healthcare workers in performing their job.

2.10.   The Importance of Different Leadership Styles in Healthcare

Leadership style refers to the types of method adopted by a leader in a particular situation in order to achieve group goals and objectives (Uzohue *et. al*, 2016). There are diverse reasons for the existence of the different types of leadership styles, particularly in a work environment. One important reason is because people are different in their approach and abilities to handle given tasks. As such, it is important for all leaders to develop insight and understand when to apply what type of style, and be considerate of both the pros and cons of using that type of a style (Specchia *et al*., 2021). Previously, researchers attempted to get a leadership style that effectively influence employees' job satisfaction and attitude better than the others (Ahmed *et al*., 2021). The contribution that leadership style plays on employees' job satisfaction needs to be deliberated upon and explored in details (Wakabi, 2016) because any leadership style used by a particular leader has an ability to inspire staff motivation, performance and organizational commitment in a particular way; and in turn influence employees' decision either to leave or stay with the organization.

The study on the inspirational motivation and employees' performance by Khan, Mughal and Khattak (2017) reported several leadership approaches that are used by different organizations. They further argue that many organizations are looking for leadership that will bring change in their business operations through their applications. Therefore, it becomes important for healthcare managers to provide effective leadership through motivation because managers who show commitment to their employees enhance

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employees' job satisfaction and job engagement (Bander, 2019). In their study (Paltu & Brouwers, 2020) found that the toxic leadership dimensions (abusive supervision, authoritarian leadership, self-promotion and unpredictability) are positively, statistically and practically related to turnover intention.

2.11.   The Role that Healthcare Managers Play in Staff Retention

According to Ng'ethe (2012) managers are expected to create a working environment that motivates employees to stay within their organizations. In addition, they have to emphases the significance of practicing a leadership style that confirm their authority, and being competent and trustworthy towards their employees. This is important because when managers have insight and understand the influence that leadership style has on employee turnover may improve staff retention (Suliman *et al*., 2020). According to Specchia *et al*. (2021) transformational leadership style enhance employees' efficiencies, increased productivity among healthcare workers, and remains in their jobs. Transformational leaders spend most of time developing sub-ordinates and listen to their concerns. The support and encouragement that managers provide to the health workers contribute towards employees' job satisfaction, work accomplishment and positive towards their work (Arnold, 2017). Thus, the followers have higher psychological well-being when they are led by a transformational leader who works towards improving organizational commitment (Ngabonzima, Asingizwe and Kouveliotis, 2020).
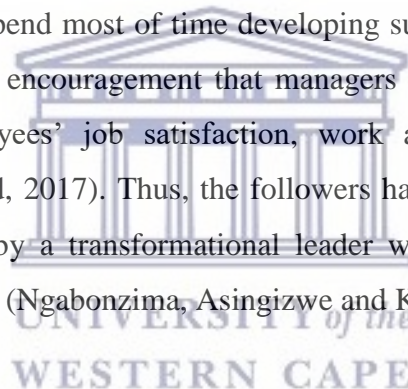
CHAPTER THREE

3. Methodology

3.1. Study Design

This is an explorative study, and the researcher used qualitative research methodology because he sought to gain understanding on how healthcare workers interpret, understand and experience their managers' leadership style. Thus, the researcher used qualitative research approach because of its importance in investigating any phenomenon as something that is associated to people's live experiences. It emphasises the significance of considering how participants live a meaningful life in their environment. Through qualitative research, the researcher was able to listen carefully to what study participants told him about their life experiences (Daher *et al.*, 2017). The researcher chose to incorporate interpretive phenomenological approach specifically because of its flexibility and diversified methodology in comprehension of people's lives and experience (Tuffour, 2017).

The further wanted to explore healthcare workers' perceptions of how such leadership styles influence their job satisfaction. According to Aspers and Corte (2019: 139) qualitative research is: "*An iterative process in which improved understanding to the scientific community is achieved by making new significant distinctions resulting from getting closer to the phenomenon studied.*" In the context of this research, the phenomenological method was used to understand how the participants made meaning of the influence that managers' leadership style has on the job satisfaction of healthcare workers in public healthcare sector in Mpumalanga Province. Phenomenology is effective in studying a small number of subjects – in this case, the researcher intended to have interviews with 15 participants, but ended up with 12 participants because of the challenges experienced in getting healthcare workers to participate in the study. However, our sample fell within an appropriate sample size for phenomenological research that is between 6 and 20 individuals (Ellis, 2016). These participants were chosen and used to identify core experiences they had about the researched phenomenon (Creswell, 2007).

Thus, qualitative research focused on the understanding of how participants experienced their lives based on what they do on daily basis in their environment. In addition, (Busetto, Wick and Gumbinger (2020: 1) says: "*Qualitative research can be defined as the study of the nature of phenomena and is especially appropriate for answering questions of why something is (not) observed, assessing complex multi-component interventions, and focussing on intervention improvement.*" These definitions imply that data and meaning emerge organically from the research context. The researcher planned and was able to build a complex holistic picture, analysed words, and reported detailed views of the participants (informants), and conducted this study in a natural setting. Through qualitative approach, the researcher was able to develop an in-depth understanding of the role that leadership style plays in job satisfaction. A qualitative research design was used because it is probably the most flexible of the various experimental techniques, encompassing a variety of accepted methods and structures (Astalin, 2013). In another study, Mohajan (2018) observed that qualitative research method permits the researcher to search and understand the phenomenon around the influence that leadership styles has on job satisfaction of healthcare workers.

3.2. Study Setting

The study was conducted in a district public hospital operated by Mpumalanga Department of Health, and is situated in Steve Tshwete – Local Municipality, Mpumalanga Province. Services rendered in the hospital are free to pregnant and breastfeeding women as well as children under the age of six years old and pensioners. The top leadership in the hospital is constituted by the Executive Management Team, headed by the hospital's Chief Executive Officer. There are unit managers responsible for the smooth running of the different departments within the institution, and proper service delivery.

3.3. Study Population

The study population comprised of permanent nursing staff employed by the Department of Health, Mpumalanga Province and posted at the district hospital. During the process of conducting this research, the hospital had five main departments, and employed 602 healthcare workers, 588 were permanently employed and 14 contracted workers

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(Mpumalanga Department of Health Annual Performance Plan 2017/18, 2011). The majority of staff in the health establishment was females from different demographic backgrounds, and most of them were of African origin.

3.4. Study Sample

A purposive sample was used to select participants who have experience in the influence that managers' leadership style has on the job satisfaction of healthcare workers in public healthcare sector in Mpumalanga Province. The sample comprised of 4 managers, responsible for general management of the department, and for the speciality and general units in the hospital; and 08 registered professional nurses (RPNS) who were purposefully selected from different units of Nursing Department in the District Hospital, and all have worked at the hospital for 8 and more years.

3.4.1. Participants

The researcher purposefully selected twelve nursing staff and nursing managers from the hospital to participate in the study. The choice of purposeful sampling method was informed by Ellis (2016) who argued that sampling in qualitative research is purposive because the participants are selected based on their experience of the phenomenon of interest. In addition, purposeful sampling is mostly used in qualitative research because subjects are selected based on a pre-planned conditions that are important for the research topic. In our study, the selected participants had significant experience and information about the influence that leadership styles have on job satisfaction of healthcare workers (Lopez & Whitehead, 2013).

The researcher decided on what needed to be known and requested the identified subjects to assist with the study topic and phenomenon. The researcher purposefully selected informants whose ages ranged between the age of 30 to 60+ and in terms of gender; two (02) were males and ten (10) females. Their racial classification included ten (10) blacks, one (01) coloured, and one (01) white. During the research process informants with a minimum of 8 years to a maximum of thirty-six years of experience were selected to participate in this study since they were deemed to be "knowledgeable informants" (Lincoln & Guba, 1985: 234). These variables were

chosen because they were thought to have an influence on participants' views on the research topic. In addition, Palinkas *et al.* (2015: 535) confirm the researcher's choice of purposeful sampling by saying: "*It is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest.*"

3.4.2. The Roles that they Perform

Their specific roles within the facility included the following:

- Providing emotional support to patients and relatives as stated in the following extracts: "*I intervene, and …; advocate for the patient because the patient came in here for help …*" (Health workers, 10 & 12). "*… responsible for the family and … the patient*" (Health worker, 08).

- Assessing and planning patient care requirements: "*… we examine rape victims, filling J88 …*" (Health worker, 04). "*To render holistic nursing care to patients*" (Manager, 07). "*… making sure that complains of the patients are being heard and solved, uhm …*" (Health worker, 01).

- Maximize efficiency and optimize patient care: "*… promoting Batho Pele principles, yes*" (Health worker, 01). "*Make sure that patients who are coming in …, their problems or challenges are well addressed*" (Health worker, 06). "*Formulating policies that will guide us in dealing with what…, whatever problem we have, okay … yes!*" (Manager and Health worker, 03).

- Community education and awareness on disease management: "*… teach the community, things like that …, like Measles …*" (Health worker, 08). "*… to attend to ex-miners … (the ex-miners are those who had worked in the mines) who are at home and having maybe problems with their respiratory tract and problems like tuberculosis and whatever*" (Health worker, 09).

- Implement measures to prevent disease: "*We do the examination of the breast when it is Cancer month in October*" (Health worker, 09). "*The other part of my responsibilities is ensuring that staff works in a safe environment. In that case we do inspections to see to it that the workplace is safe*" (Health worker 09).

- Supervising staff and tutoring student nurses: *"… also supervise students because it's a training institution for the students"* (Manager, 07). *"My responsibility is to make sure that …, a … the units that I'm … running are working smoothly"* (Manager and Health worker, 03).

- Ensure availability of medical supplies and equipment: *"Ensures that we … we're … are having equipment"* (Manager and Health worker, 03). *"Support them even with the materials that they need to use …"* (Manager, 11).

- Developing and implementing health and safety programs: *"And the other part of my responsibilities is to see to it that workers' health is promoted"* (Health worker, 09). *"…to check whether where they (those employees who sustained injuries on duty) are placed it will suit them considering the illnesses that they had or the injury that they had"* (Health worker, 09).

- Provide counselling to employees: *"Another role is to assist employees or to offer counselling services to employees in dealing with whatever problem they may be having"* (Health worker, 09).

- Enhance efficient communication and team-work: *"I attend meetings and relay the information back to them"* (Manager, 11).
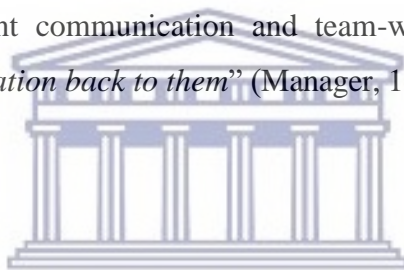
3.5. Pilot Study

The researcher piloted the interview question guides with two (2) healthcare workers employed by the Department of Health and stationed at the District Hospital. The first healthcare worker was at the supervisory or managerial level and the second one at the production level. Based on the work done by van Teijlingen and Hundley (2002) the researcher used piloted those interview questions to examine their feasibility to be used in a larger scale to collect data for the study. In addition, the researcher piloted those questions in order to ascertain whether the items and questions were clear and understandable to the respondents (Wolhuter *et al*., 2003). In our case the pilot study assisted in the determination of participants' thoughts and perceptions about their managers' leadership styles and their influence job satisfaction of healthcare workers. The researcher used the pilot study for participants to make improvement suggestions to the interview question guides, and to determine their willingness to participate in the survey.

Some questions from both interview guides were found to be vague and had to be restructured. The pilot study results were used to identify and modify both the subordinates and managers interview question guides. To further maximize the validity and reliability of the interviews, the researcher discussed the corrected versions with the research supervisor. Based on the pilot study, there was a need to increase the 4 leadership styles (transformational, transactional, authoritative, and laissez-faire) that were identified in the literature review to include the other 2 styles (participatory and bureaucratic leadership styles) as were mentioned by the participants. In essence, participatory leadership style was viewed by pilot study participants as being transformational and bureaucratic leadership was associated with transactional leadership styles.

After completion of the pilot study, two questions in the unstructured interview guide for employees/health workers were reworded in order to improve the interpretation of the questions as follows: Question 7: "*The way my manager treats me makes me think of looking for another job*," was changed to: "*How do you feel about the influence that your manager's leadership style has on the job satisfaction of staff?*" Question 9: "*I often think of leaving because my manager is constantly telling me how to do my work*," was changed to: "*In your experience, what do you think contribute to healthcare workers' resignations from the department of health?*"
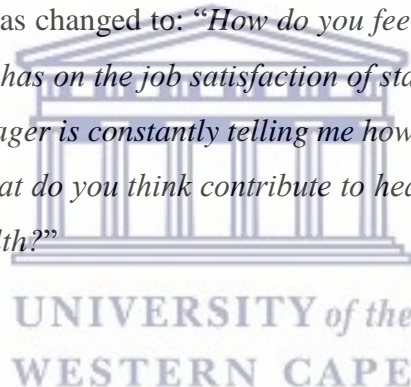
3.6. Data Collection

Since the researcher decided to use qualitative methods, data generated was primarily in the form of words, not numbers. The most common data collection method used in this study was in-depth interviews. In-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation (Boyce & Neale, 2006). The primary advantage of in-depth interviews is that they provide much more detailed information than what is available through other data collection methods, such as surveys. They also provide a more relaxed atmosphere in which to collect information, the participants felt more comfortable to have a conversation with the researcher about their situations as opposed to filling out surveys/questionnaires (Boyce & Neale, 2006).

The (researcher) had twelve set of in-depth interviews with individual participants. The first interview schedule was abandoned due to the unavailability of the participants within the scheduled times, and new schedule was developed and followed to collect data from the participants. The first individual interview was with a manager participant, a member of the hospital management and the overall manager for Nursing Department in the institution. The main objective was to explore the manager's understanding of her own leadership style and her perception on how it impacts on the health workers' job satisfaction. The interview with this participant became longer than the stipulated time of between thirty minutes to an hour. It was also one of the most detailed interviews that equipped the researcher for future interactions with other participants. It actually lasted for about one hour and thirty minutes as compared to the duration of the other interviews that lasted for thirty minutes and the maximum of one hour-fifteen minutes each.

The subsequent sets of individual interviews happened on the same day, and were with 2 middle managers and another senior manager responsible for the speciality and general units in the hospital. The individual interviews with these participants focused on assessing their leadership styles and how such styles influence health workers' job satisfaction and how their styles influenced their own job satisfaction. It was a fulfilling experience to spend time and hear managers' perceptions of their leadership styles and influences. The researcher was immersed in the participants' experiences and influence that leadership styles have on job satisfaction.

The last set of individual interviews was with the 08 production level employees/health workers who were purposefully selected from different units of the Nursing Department. They were put on the revised scheduled appointments of 03 participants per day in 02 different days of at least a week in between. The others, 02 participants were individually interviewed on a different day, and all the individual interviews lasted for duration of an hour. Through those interviews the researcher explored the registered professional nurses' (RPN's) experiences of their managers' leadership styles and how they perceived such in relation to their job satisfaction. Interviews with those employees took place at the researcher's office due to the convenience and suitability of the office to accommodate them.

The researcher used open-ended interview questions based on the piloted unstructured interview guides for both managers and healthcare workers (Annexures A and B, respectively), wherein the respondents answered pre-set open-ended questions. An open-ended interview question guide is a schematic presentation of questions or topics that need to be explored by the interviewer (DiCicco-Bloom & Crabtree, 2006). The unstructured interviews were used because of their flexibility and the fact that questions could be adapted and changed depending on the respondents' answers, and their ability to assist in gathering qualitative data (McLeod, 2014). Interview with the Manager and supervisors/middle managers took place in their offices. All the identified offices are isolated from all the other offices, convenient to ensure confidentiality and non-disturbance of the interviews.

The researcher ensured that interview guides served the purpose of exploring the healthcare managers' and healthcare workers' understanding of how leadership style influences job satisfaction more systematically and comprehensively as well as to keep the interviews focused on the desired outcome. The questions in the interview guides comprised of the core question of the proposed study, which reads as follows: "*What influence does managers' leadership style has on the employees' job satisfaction in Public Healthcare Sector of Mpumalanga Province,*" and many associated questions related to the central question. In order to have the interview data captured more efficiently, recording of the interviews was done using a voice recorder since it is considered an appropriate method among researchers and respondents (Creswell, 2007). Through interview recordings, the researcher could focus on the interview content, verbal prompts while generating '*verbatim transcript*' of the interviews.

3.7. Data Analysis

The researcher used thematic analysis to analyse data for this study. Thematic analysis is the process of identifying patterns or themes within qualitative data (Maguire & Delahunt, 2017). All audio-recorded in-depth interviews were transcribed verbatim by On Time Transcribers. An amount of R 3,597.15 was paid by the researcher for the services rendered by the above-service provider. After receiving the transcripts, the researcher reviewed the audio-recorded interviews to correct some of the statements or responses that were incorrectly captured by the transcribers. Certain recorded data had to be

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translated from African languages to English because various participants chose to use a combination of English and African languages to give responses. Both deductive and inductive reasoning were used throughout the process of data analysis. The researcher immersed himself into the transcripts several times, and field notes that were taken during the interviews were also considered in order to aid data analysis (Braun & Clarke, 2006).

A long list of themes was compiled and initial codes highlighted, independently by the researcher and sent to the research supervisor. The supervisor scrutinized the identified themes and provided guidance on the re-organization of those themes and coding. The researcher prepared a list of all the codes. Participants' responses referring to the same theme were extracted and written out separately. The groupings of common themes/codes referring to the broader categories were identified and grouped together as described by Braun and Clarke (2006). Thereafter, thematic categories were coded to reveal the patterns and interplay of categories. The researcher moved back and forth in the transcribed data and search for similar occurrences or repeating ideas about the same phenomenon. The refining process continued until all the instances of contradictions and similarities have been explained. Finally, the findings were presented as theoretical constructs to explain the phenomenon studied in this research (Braun & Clarke, 2006).

To maintain the credibility of the responses, the researcher discussed and shared the initial findings with the research supervisors. Such findings were also shared and discussed with at least some of the participants to obtain their comments on whether the research findings and interpretations reflected their personal experiences. This process allowed the researcher, supervisors and participants to provide corrections for errors as well as clarifications (Patton, 1990).

3.8. Ethics Considerations

Ethical and clearance approvals to conduct the proposed study were obtained from the Biomedical Research Ethics Committee (BMREC) of the University of Western Cape. The researcher requested permission to conduct the study in the hospital, and was granted by the Chief Executive Officer of the District Hospital. Before starting the interviews, all participants (managers and health workers) completed a BMREC information sheet (Annexure E) and were informed about their voluntary participation, as well as the fact

that the interviews were going to be recorded, and that confidentiality and anonymity of the recorded data was guaranteed. The aims and objectives of the study were clearly explained to the participants and signed Participant Information Sheets were obtained from all the participants. Participants were not required to disclose any personal information during their participation in the study. Provision was made to have participants' concerns relating to the study addressed and misconceptions corrected before participating in the study. The BMREC consent form (Annexure C) was used to get informed consent from both managers' and health workers' participants.

Permission to audio-record all the interviews was sought from the both groups of participants through the use of assent form (Annexure D). The researcher minimized harm on both the healthcare managers and healthcare workers through un-marching them. In addition, he endeavoured to consider other factors that impact on job satisfaction, and not to blame employees' job satisfaction on solely healthcare managers. The position of the researcher in relation to participants was only that of a colleague because were all working within the same organization, but did not have any influence on the participants. The researcher is working in the department of psychology, and the participants are in different departments. To ensure that the line of questioning during interviews did not place health workers in a vulnerable position as they were commenting on leadership style of their line managers, the researcher adhered to confidentiality and ensured that the collected data was only used for research purposes as per description on the participant information sheets.

3.9. Rigour

According to Pope, Ziebland and Mays (2000) the basic strategy to ensure rigour in qualitative research is systematic, self-conscious research design, data collection, interpretation, and communication. To ensure rigour for this study, the researcher used the audit trail. He frequently turned to the research supervisor to examine the narrative of the research findings and attest to its credibility. The researcher provided the supervisor with documentation of all research decisions and activities that were performed during the research process to formally audit, examine both the process of the study and determine the trustworthiness of the findings. Trustworthiness is one-way researchers use to persuade themselves and readers that their research findings are worthy of attention

(Lincoln & Guba, 1985 cited in Lietz, Langer & Furman, 2006). The researcher further documented the inquiry process through journaling, keeping a research log of all the activities, developed a data collection chronology, and recorded data analysis procedures clearly for the research supervisor to examine if the findings were grounded in the data (Creswell & Miller, 2000).

The researcher adhered to reflexivity throughout the research process. Reflexivity is defined by Horsburgh (2003) as the active acknowledgement by the researcher that her/his own actions and decisions may inevitably impact upon the meaning and context of the phenomenon under investigation. In using reflexivity, the researcher declared who he is and the way in which his beliefs, experiences and identity had intersected with that of the participants (Macbeth, 2001). Mauther and Doucet (2003) suggest that one important way to engage in reflexivity is through meetings with a research group. In this study, the researcher engaged in extensive dialogue regarding the research via email, Skype and WhatsApp communication with his supervisor and meetings with at least some of the participants.

In addition, the researcher wish to state that he is an employee and works as a psychologist in this District Hospital. As part of the hospital and based on his experience working in the hospital, he chose this area of investigation based on his observations about lack of job satisfaction amongst healthcare workers. During interviews with the participants, it was sometimes difficult for both the participants and the researcher to focus only on the research questions; they would find themselves comforting each other due to the shared emotions and conditions. The findings considered most appropriate were basically arrived at based on the responses from the participants. The framing and communication of conclusions were informed by the guidance from the research supervisor and the researcher's desire to explore the feelings of the healthcare workers in the hospital, and make recommendations to the Department of Health, Mpumalanga Province (Malterud, 2001).

A diary to record personal thoughts and feelings throughout the research process was kept for personal monitoring. There were times whereby the researcher had thoughts and felt like giving up during the process of conduction this research. The hardest time was when the co-supervisor and head of the School of Public Health ran through my literature

review and made recommendation that the resources that I used were old. The originality of the reviewed literature failed through TURNINIT and the researcher had to restart literature review. The biggest challenge that the researcher battled with was the impact that Covid-19 had on him and how it affected him psychological. There were times wherein he lost hope and felt helpless, particularly when he lost a close family friend through COVID. The research supervisor played a significant role in motivating and encouraging the researcher until to the end of the research process.

3.9.1. Credibility

To address credibility the researcher used activities such as prolonged engagement, persistent observation, data collection triangulation, researcher triangulation as well as referential adequacy to check his preliminary findings and interpretations against the raw data, and member checking to test the findings and interpretations with the supervisor and participants (Lincoln & Guba, 1985 cited in Nowell, Norris, White & Moules, 2017).

3.9.2. Transferability

According to Nowell et al. (2017) transferability refers to the generalizability of the inquiry. The researcher provided a thick description of the findings so that those who seek to transfer the findings to their own situation can judge transferability.

3.9.3. Dependability

To achieve dependability, the researcher made sure that the research process was logical, traceable and clearly documented (Tobin & Begley, 2004), and through auditing its process (Koch, 1994).

3.9.4. Conformability

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The researcher included markers such as the reasons for theoretical, methodological, and analytical choices throughout the entire study so that others could understand how and why decisions were made in a particular manner (Koch, 1994).

CHAPTER FOUR

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4. RESULTS

4.1. Introduction

This chapter starts by describing the demographics of the study participants. It then considers ways in which staff and managers experience good and poor job satisfaction, and the factors that contribute to this experience. The impact of poor job satisfaction on the health services is described. It then considers the way in which managers and staff understand a range of leadership styles, and the impact that this has on their job satisfaction.

4.2. Description of Study Participants

The researcher purposefully selected 12 nursing staff from the District Hospital to participate in the study as shown in Table 01, there were 8 employee and 4 manager participants in the study.

Table 01: Demographic Data

Manager and/or health Worker	Years of experience	Age Range	Gender	Race
Manager	35 years	60+	F	African
Manager	36 years	60+	F	African
Manager and health worker	30 years	50-60	F	African
Manager and health worker	25 years	40-50	M	White
Health worker	16 years	40-50	F	African
Health worker	10 years	30-40	F	Coloured
Health worker	14 years	40-50	M	African
Health worker	15 years	50-60	F	African
Health worker	35 years	60+	F	African
Health worker	8 years	30-40	F	African
Health worker	14 years	40-50	F	African
Health worker	10 years	30-40	F	African

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In terms of their educational qualification a significant number of the participants, six (06) had a Diploma in Nursing (Midwifery, Community, Psychiatry, and General Nursing), one (01) had a Diploma in Emergency Surgical and Medical Nursing, B-tech Degree in Occupational Health and Community Health Nursing, and Degree in Nursing Education and Nursing Management, and three (03) of them had a Diploma in Nursing (Midwifery, Community, Psychiatry, and General Nursing) and Diploma in Forensic Nursing, one (01) had a Bachelor of Technology in Occupational Health, and one (01) had B.Cur. and Master's Degree in Nursing. Two of the managers had formal qualification in Nursing Education and Nursing Management at the B.Tech and Masters level, respectively. The minimum years of work experience that the participants had working in public health was 08 years, increasing to 36 years of experience; they were selected to participate in this study since they would be "knowledgeable informants" (Lincoln & Guba, 1985).

4.3. Emerging Themes

The institution's culture and goals determine the best leadership style for an organization (Nita *et al*., 2022). In analysing the interview transcripts, a number of themes emerged in each area of enquiry, as discussed below.

4.3.1. *Evidence of Elements of Job Satisfaction coexist with high levels of Job Dissatisfaction*

In this study there was evidence that both employee and manager participants had positive experiences in their work environment linked with job satisfaction:

> "*I feel happy because I'm still interacting with the patients*" (Health worker, 01).
> "*Yes, I would say that I'm comfortable with it …*" (Manager and Health worker, 03).
> "*…, because I like this job a lot, I… I'm very much happy …*" (Manager, 05).
> "*To me, working here is okay …*" (Manager, 07).
> "*I love occupational health, l like it*" (Health worker, 09).
> "*I don't see myself leaving any time soon. I feel very great …*" (Health worker 12).

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While the evidence of good job satisfaction and a happy work environment is heartening, many managers and staff in this setting reported an experience which is predominantly negative, associated with feeling overwhelmed, anxiety and low morale. Interestingly, two of the participants who made specific comments related to good job satisfaction, also expressed dissatisfaction (Manager, 07 and Health worker, 09), contemplating resigning (in the case of Manager, 07) or a concern that, if dissatisfaction was expressed to management, it would not be addressed (Manager and Health worker, 03).

> "*There's very little satisfaction, sometimes I wish I could go back to ..., when we came here, we're traumatized seeing how things work here*" (Manager, 07).
>
> "*And there is no job satisfaction ...*" (Health worker, 09).
>
> "*Here... people are dissatisfied with so many things. You see, we aren't fulfilled, people want to be fulfilled when they're at the work-place*" (Manager, 11).
>
> "*So ... satisfaction, service delivery; if I'm satisfied, the delivery, if I'm not satisfied, honestly there's nothing that is going to happen*" (Manager and Health worker, 03).
>
> "*So, I think some of the things that make nurses to leave is job satisfaction, that's not there,*" (Health worker, 04).

Some healthcare workers expressed feeling, or observing others to be, overwhelmed and anxious about their everyday jobs. For example:

> "*So, it's sort of demoralizing to work here ... it's not fulfilling, no it's not. I'm having burnout on that manner that needs me not to come to duty ...*" (Health worker, 04).
>
> "*It's chaos, there's no job satisfaction. When you wake up in the morning you wonder; 'where am I going'?*" (Health worker, 06).
>
> "*They're exhausted actually*" (Health worker, 06).
>
> "*... but people are tired now, they're very tired*" (Health worker, 12).

4.3.2. *Factors Contributing to Job Satisfaction*

In the instances whereby job satisfaction was expressed by health worker participants, it was attributed to positive experiences from their managers' leadership style in the hospital. Other reasons included fulfilling engagements with appreciative patients, ability to make a difference, being able to learn and feeling part of a team.

The following quotes show health workers' perspective on how their managers contributed to their job satisfaction through a welcoming attitude, appreciation, motivation, opportunities to engage and supportive action:

> "*The manager makes one to feel…, to feel at home …,*" (Health worker, 04).
>
> "*I feel great when she comes back the following day to say: 'Thanks for yesterday's report; I was impressed'*" (Health worker, 08).
>
> "*Yes…, she just elevates me, inspire me, motivate me, each and every time …*" (Health worker, 10).
>
> "*It makes me feel okay because we've got meetings; weekly meetings, reporting to him and discussing our challenges and he's helping us. His office is always open, anytime you go in there, you talk to him and he gives positive answers. He opens his office and give guidance, 'here we must try to do this'. He's giving direction without shou… shouting at you*" (Health worker, 01).
>
> "*I think is because of my supervisor who is supportive, and is giving me the allowance to talk to my patients and interact …, making follow-up … gives me feedback. …He's very supportive; yah, if you go in there, he isn't a person that you can say you're afraid to ask anything*" (Health worker, 01).

Managers too were aware they that their support is impactful and is greatly appreciated by health workers:

> "*I normally … and then I ask her, how does she feel, what's it that we must do to help her*" (Manager, 05).
>
> "*You can't refuse, they'll support you; … and they support you most of the time …*" (Health worker, 10).
>
> "*You're there to support them … play that motherly role with that group so that they must always be supported*" (Manager, 11).

"…, and I don't get there and start complaining. I don't ask questions, I put my book down and work with them. They're happy that Matron has assisted, you give them that support, you acknowledge them, give praise where it is due" (Manager, 05).

This participant referred to opportunities to learn and progress:

"It's nice because you learn, you progress, you learn more" (Health worker, 08).

The following quotes demonstrate how teamwork was seen as a positive contributor to job satisfaction, with a commitment and interdependency amongst healthcare workers in the facility.

"We work together as a team … when I'm not in, she does all. When she isn't in, I do everything. There's no friction, we're adults …, and we've to compromise and work together. I feel that I'm part of the team" (Health worker, 09).
"We work as a team. It's like an operational system. If I'm not there, they can't operate optimally, if they aren't there, I can't operate as well" (Health worker, 06).

Healthcare workers felt motivated when managers and clients (patients) recognise their efforts and hard work. Recognition even compensated for lack of monetary gain.

"But then, I just say: 'Okay, though I'm not getting paid, but at least the manager, the immediate manager, the supervisor understands whatever I'm doing …" (Health worker, 04).
"Sometimes recognition is slim, but they see …. It's the commitment that you display in your work" (Health worker, 08).
"Me, I feel very happy because when they (patients) get in here, they come out happy and even some of them even send messages: 'Sister, we thank you'. They come just to visit, to sit here, and say: 'Let's talk sister''. Promoting service delivery to the community that at the end of the day they must come out here (pointing at her office) being happy, out of this office and understanding the …,

their problems, solving their problems, uhm, in a happy way" (Health worker, 01)

"*And people they call you from home and say*" '*Thank you sister, we really appreciate that you helped me with this and that, I was very sick*" (Health worker, 10).

4.3.3. Factors Contributing to Poor Job Satisfaction

A number of factors were described as contributing to poor job satisfaction in this context. Conflict at senior levels in the Department and institution, poor management practices related to planning, lack of appreciation, shortage of staff and resources and career stagnation.

- *Senior Leadership Conflict*

In the interview, participants reported existence of crisis management and leadership within the establishment, particularly amongst managers at a senior level in the institution:

"*So, the problem with the Department of Health is our leaders up there! There're no papers, and remember; if I don't qualify for the post, I'll make sure that I oppress those who are under me so that they mustn't see me as a failure. Most of the people who are there don't know the very positions that they are in*" (Health worker, 06).

"*The issue of ..., to me the issue of infighting in the institution, if I can mention that to you, you ..., you can see that our bosses are ..., they are fighting. Even our ..., she doesn't have that good relationship with our opera... our ...., our Area Managers, but they are expecting the hospital to be governable because we are spending 40hours here at the hospital*" (Manager and Health worker, 03).

"*Our executive committee must in order for them to make this hospital to... run smoothly, they need to improve on the relationship that they have amongst themselves. The relationship amongst them is not good, that thing is going to .... It will come from them to the middle, to the grass root and then automatically it*

means that the whole hospital won't be governable. They are not united as EXCO members or as senior managers" (Health worker, 04).

"*Our bosses are busy fighting. This makes it difficult to get anything done*" (Health worker, 12).

"*It's our top managers that are failing. We've lost hope in the management*" (Manager, 11).

- *Poor management*

The health worker participants noted that some of the managers lacked experience or were not equipped to manage:

"*Our supervisors ... don't understand the programme ... and they don't give themselves time to know what its entails*" (Health worker, 04).

"*To me is like she was taken and put there, but management wise; she doesn't know how to rule. I'm not sure if I'm putting it well, but she doesn't know how to lead*" (Health worker, 08).

"*They don't know what to do with the positions that they occupy. It is where the struggle starts from the top. So, they come down and oppress the poor us*" (Health worker, 06).

Managers too, were acutely aware of the difficulty of becoming established and experienced as a manager:

"*I was never oriented; I didn't know what to do. "Whatever thing that I do even today, I'm doing it just because of what comes from my mind. If you can ask me: 'can you bring your documents of job description', I won't show you because I don't have them'". So, what's happening here is like they give you a very big push to say you must go and plant there? So, that's what is happening. So, you must go there and deal with it*" (Manager and Health worker, 03).

"*It's also difficult to delegate tasks to nurses that are your mother's age, and also how do you administer discipline to such a person. It gets tough because the shoes you are wearing become a bit too big for you. It's difficult to call someone your mother's age and give them tasks while you do hospital rounds. For now,*

this is a sensitive issue for me. You are in a higher position, and sometimes things get competitive. The same goes with regards to experience, you'll always be the newcomer and they'll let you know that you don't have experience ..."
(Manager, 07).

Poor planning put undue stress on staff:

"*That is why most of the time we are doing things at the last minute. They'll bring you papers now; and tell you: 'We want this information now', because they don't plan. There is no planning at all. Management by crisis is very difficult. So, there is no fruit in management by crisis*" (Health worker, 06).
"*They don't have an actual plan, exactly of what, of how they want to utilize us. No one has come, approaches us and say: 'This is the plan that we want you to follow'*" (Health worker, 04).
"*It seems as though they place people randomly. They don't consider the needs of the unit and that there're no qualified nurses. They're very few. To me it seems as though they just place people without considering the patient's needs. A psychiatric nurse will suddenly have to deal with a diabetic patient, and so it adds to responsibility. It's draining*" (Manager, 07).

One manager participant confirmed their inability to place healthcare workers in positions because of fear. Thus, they are unable to execute their given responsibilities.

"*We, the managers can't even allocate people to work in the units where they're supposed to work because we're afraid of the unions*" (Manager, 11).

- *Lack of Appreciation and Recognition*

In the following responses, participants expressed how their work environment and management lacked gratitude and did not acknowledge them.

"*Even the department of health itself, when you..., are not being appreciated. Unfortunately, I've to mention, politicians aren't appreciating what nurses are*

doing. I've never seen anywhere, where nurses are being appreciated ..."
(Manager and Health worker, 03).

"*There's no appreciation. Now, once they (patients) developed bedsores, all blame is put on you ...*" (Health worker, 04).

"*Appreciation, it isn't there. Appreciation, appreciation isn't there. "Instead they dig something wrong that they'll hold on*" (Health worker, 08).

"*They (healthcare workers) are not recognized*" (Health worker, 09).

- *Shortage of Staff and High Workload*

The majority of the respondents identified staff shortages and high workload in their sections, and expressed how this affected their job satisfaction.

"*..., but unfortunately, in this situation, we ... we don't have Operational Managers in those units ...*" (Manager and Health worker, 03).

"*But the wards' situation, I do feel for them because there's a ..., a ..., the workload is too much. The number of people who are on duty compared to the number of patients that are being admitted, it doesn't correlate. If you're four in the unit with thirty-six patients. Whereas you're only three on duty*" (Health worker, 04).

"*A..., a shortage of staff. There is a shortage of staff*" (Manager, 05).

"*... when you look at the number of patients coming there, comparing with the number of midwives coming in the ward, it is really not good. Because of shortage of staff. We operate with three midwives per shift, of which it is gross shortage*" (Health worker, 06).

"*... understaffed and the staff we do have aren't adequately qualified. "It's tough because of the shortage of staff as I mentioned ...*" (Manager, 07).

"*We're three in the ward. We've got twenty-seven patients. Seemingly one very ill, you understand and then we've got four mental healthcare users. The other one ran away in the morning while we taking report. The gross shortage of staff, that's the problem. So, now we're three for twenty-seven patients, so it's a gross shortage, we're overworked*" (Health worker, 08).

"*We don't have an assistant nurse or an enrolled nurse, who can do those things while I'm attending the clients ...*" (Health worker 09).

"*There's shortage of staff ...*" (Manager, 11).

"*A gross shortage of staff let me put it like that ...*" (Health worker, 12).

In the subsequent responses, participants expressed feelings of pressure from their managers who expected them to perform what they (healthcare workers) described as miraculous.

"*When this person is in hospital they expect you to do miracles*" (Manager and Health worker, 03).

"*Management knows this, but they still expect miracles from the staff*" (Manager, 07).

- *Lack of Resources*

In the following statements, participants expressed lack of equipment/resources and its impact on service delivery and on healthcare workers' job satisfaction:

"*... sometimes we're using our own monies to buy papers and all those things, those are the challenges. I need to buy ink for myself...*" (Manager and Health worker, 03).

"*There are no resources like Sheepskin to turn the patients that are bed ridden like the fractured ones*" (Health worker, 04).

"*... we tried to motivate for more beds, 'no money'! The no money issue is a norm. So, that is how we operate*" (Health worker, 06).

"*There're no equipment here. There're no tools to work with. The equipment needed for servicing patients we don't have. There're no defibrillators.... With what am I supposed to resuscitate the patients? I only have an emergency trolley. Here, they lack basics; protection gear, gloves etc..., there is none of that here. I've an MDR patient as we speak, and I've no protection gear when I attend to him. The patient coughs in your face, and after that you go and work with other patients. You will take this infection from work and take it home to your family*" (Manager, 07).

"*... but the problem is ..., sometimes the equipment, the thing that we have problem with*" (Health worker, 08).

"The other thing we don't have ..., equipment like we're supposed to have lung functioning machine. We don't have it; they say there's no money. We never had it.... They say: 'There isn't money'..." (Health worker, 09).

When participants were asked about their feelings and thoughts about their working environment in relation to lack of equipment/resources, they stated:

"Yes, I would say that I'm comfortable with it except under conditions where you don't have resources, ... like sometimes you'll need a computer and you don't have it in this situation, you understand? I was discussing with my supervisor that we don't have computers ... sometimes we're using our own monies to buy papers and all those things, those are the challenges. As I'm saying, now I'm using my own computer and my own printer, you see! I need to buy ink for myself, but I'm using the same computer when I want something coming from them, I must write a letter, then make somebody sign, sometimes she will refuse to sign" (Manager and Health worker, 03).

"The space isn't adequate, small; even the structure isn't conducive to be a maternity ward; ... we're mixing post ... and post is a caesarean patient. ..., beds are broken, we're using only one labour room; ..., if patients afford to deliver; nurses are forced to deliver in the ANC room .... Sometimes because of the structure you will find that they, 'patients' deliver in the ANC room" (Health worker, 06).

"The only problem is that we don't have resources. You see we've got these two rooms, consulting rooms. It is an office but consulting room as well; actually, we don't have space" (Health worker, 09).

During interviews, one of the participants compared healthcare workers and other public servants. He/she felt that the department of health was ill-treating healthcare workers.

"You look at the other fraternities like the police or correctional services; they're provided with uniform from head to toe. Everything is provided. For them it's just to go to work but for me I have to buy for myself. And the government is giving me, I don't know what percent, they give you once a year annually, they give you uniform money but it's R1800. The uniform for five days, everything

from head to toe for five days, for the whole year. It's like a joke; it's very difficult" (Manager, 05).

- *Excessive Work-Overtime*

Another challenge that participants identified to be the source of job dissatisfaction is the excessive use of overtime in the establishment.

"*People will work forty hours, but because of this shortage they call them again. They are supposed to rest two days. You call them… Thinking I've, … if I'm working that over time I will be; you know, provide for my kids or whoever, but even if it's like that; overtime! You can't do it if you're not productive*" (Manager, 05).

"*The past years we were like using the overtime to close up the gap …. But we are still using it …*" (Health worker, 06).

"*So, other people they have to work, paid overtime in order to cover their wards*" (Health worker, 08).

- *Career Stagnation*
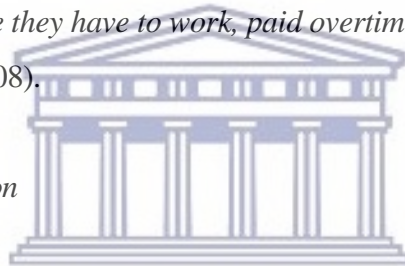
Data shows that healthcare workers experience career stagnation in the health establishment. The situation impacts negatively on healthcare workers' job satisfaction, and cause them leave the department of health.

"*This institution, the whole institution is like static. There's no growth. A place where there's no growth nobody likes to be there. The image is not like the place where people will be saying I can grow either laterally or horizontally. When you're a nurse or staff nurse you will be there, though there're these trainees for bridging course etcetera, that's basic. But when you are now a registered nurse, you're expected to grow especially professionally*" (Health worker, 06).

"*There're no opportunities for improvement. No opportunities for training and growth*" (Manager, 07).

"*Healthcare workers are not given position that they deserve, ... and they take long, it takes long time and many years for them to move from one, ... period, I meant category to the other*" (Health worker, 09).

"*There're no in-service education, in-service education. Nothing of the sort has been done, hence the problems and litigations pile up. In this place there's zero in-service training for nurses. There's no motivation and self-improvement for nurses. There's no up-skilling. Whether you're good or not in your work, you'll be as bad as the rest because there's no training. Here there's neither motivation nor training. There are no appraisals either*" (Manager, 07).

"*It's very frustrating here. First, the responsibility or work was exciting to work with these cases, but as of now I'm not feeling that interest anymore. ... and there's no growth because you are only focusing on one thing*" (Health worker, 04).

4.3.4. Impact of Job Satisfaction on Health Services

In this sub-section, we explored some consequences of job dissatisfaction as identified by the healthcare workers who participated in this research; absenteeism and lack of productivity or lack of service delivery.

"*Then, here ..., no one comes to work, and they don't report their absenteeism. They don't even report on the day when they come to work. Here people come late and then disappear when they feel like it*" (Manager, 07).

"*... they disappear from work while they're on nightshift, what do you call that ...*" (Manager, 11).

"*He's doing nightshift, ... he only comes one night, the whole six nights he's not at work and he's still going to take another seven days off*" (Manager 11).

"*We've got guys that stay away from work the whole week*" (Health worker 12).

"*Walk around you will see some nurses are going to work 07h15. They're strolling not walking faster. Some, they come to work from 10h00 ...*" (Manager 11).

There is evidence of a correlation between job satisfaction and absenteeism. From a positive perspective, one participant explained that, because she was happy at work and enjoyed a rewarding relationship with her manager, she was reluctant to stay off work:

> "*Because you're happy, you don't want to absent yourself. You'll only stay at home if you feel that hay, I'm really sick. But, the light flu and other stuff, you just say: 'A, I'll see when I get there.' You don't ... want to disappoint her ... because you're satisfied at work*" (Health worker 04).

The converse was also reported in this study, with poor job satisfaction resulting in absenteeism, as shown in the quotes that follow:

> "*..., there's ... people are demoralized and this demoralization causes absenteeism*" (Manager 05).
> "*... and the patients lose the nursing care that they deserve. Things are bad. I often resort to saying that I don't care, let me just do as they do. Even our supervisors they end up behaving like the rest of the employees; getting to work late and leaving early*" (Manager 07).
> "*... I find myself also going deeper into that, getting to work late and leaving early*" (Manager, 11).

4.3.5. Leadership Styles

<u>*Managers' Perspectives of Their Leadership Style and its Impact on Job Satisfaction*</u>

- *Democratic Leadership Style*

All the four managers felt that they practiced a predominantly democratic leadership style which they described as:

> "*Wherein people are able to tell me. In fact, I don't tell people, I make suggestions, we discuss and we reach an agreement. They (employees), do things…, because they are happy, and you've given them information. Where*

people are having a say in what's happening ..." (Manager and Health worker, 03).

"*To work with people. Not like standing somewhere saying: 'Hey guys do that, do that'... I believe in that; let's work together*" (Manager, 05).

Managers, who self-identify with this leadership style, describe the impact of democratic leadership as positive on inter-personal relationships, cooperation, team-work, and job satisfaction:

"*They…, they aren't rebelling to what you want them to do. I saw myself growing also because I still feel I …, I'm having a room*" (Manager and Health worker, 03).

"*The benefit is uhm, you have support, there's no resistance. I like it that there's support, there's an involvement of everybody, there's willing participation. The colleagues that we work with become willing participants. And then there's that mutual understanding. There's that involvement, there's respect, there's understanding, there's that openness, and you're approachable. The influence is that it makes the other people see you as their role model. They wish that even themselves, they can a … they can be like you, like you're a role model, it encourages team-work…, and there's team-spirit that when we touch here, she's touching there, and work continuous*" (Manager, 05).

"*…, they are working with me very well because if you are a manager, you must have an ear to listen to them. And my leadership, I'm proud of it to say I'm open to everybody, my door is always open*" (Health worker, 06).

"*Everybody is cooperating, everybody wants … the buy in, and everybody wants to buy in. They don't stay aloof and say: 'It's her thing; let her do it', but they come here, they bring things together. When there's a problem, they bring resolutions, they don't bring problems and stand aloof. So, because we're short staffed, they come with ideas, they don't say: 'it's your problem, you're a manager tell us what we're supposed to do'. When you come, they don't run away and say she's coming, they always welcome you; they want to show you things; they want to show you what they have achieved. They aren't afraid to tell you their challenges, even if they aren't work related, they aren't afraid to tell you. They become satisfied; they don't have burnout. I participate with people,*

and I listen to people. They sit down with you; they show you things and you show them things ..." (Manager, 11).

Not only do they perceive a positive impact of the democratic style on the job satisfaction of their staff, they also experience a positive impact of this style on their own job satisfaction. They indicated that being democratic helps to build their teams, which brings gratification and feeling good as they have assisted. They further get fulfilment because fellow managers and staff see them as their role model.

"*Sometimes I... let me say, I do get encouraged because if you're doing something and people accept what you are doing*" (Manager and Health worker, 03).

"*I'm a democratic, and I believe in that, to say: 'let's work together'. I may be in a position maybe above them, but you won't notice that. I don't like that thing ... because patients don't see our positions and I will feel good after that... I'm that person, democratic leader, I want to be involved in things, and I want to be there. I don't have the ... I, I. I say: 'We'. I get gratification in that I did something ..., I managed to assist. I get gratification and, a... and, and other colleagues or workers they see me as their role model. You see, at least it gives a positive attitude in life that I can influence other people to be like me*" (Manager, 05).

"*I'm proud of myself as a person. Since I was a nurse, when I look back, I've a lot of people that I empowered. I don't even know how to count them. I feel proud of myself*" (Health worker 06).

"*It makes me have harmony because we work together. It boosts my morale because I know if I'm not well, the work will be done and I'll get the report*" (Health worker, 09).

"*You have a peaceful and happy staff. Its influence is very much because when I come to work, I come to work looking forward to do my job. Looking forward to the knowledge that when you're going to speak to your health workers. You're not going to hit against a hard rock. You're going to speak to people are ..., they've got the desire to do the work. So, I'm a happy person because I know that I've got a team that's well built and they love team work, they respect each other,*

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they respect me, I respect them because respect is earned, when you respect them you don't look down at them. That's my job satisfaction" (Manager, 11).

- *Situational Leadership Style*

Two participants viewed themselves as leaders that use different leadership style in different context. In the following extracts manager participants talk about how they sometimes turn to a more autocratic style, and the situations which prompt this:

"*... sometimes there's a need to be autocratic ... because you want something to be done. It's only when there's a ..., a need ... need to say: '... now we do this because that's the right thing and that's what the policy says ...It's only when there's a ..., a need, you understand ..., that's the only time where ... I used autocratic type of leadership style but, I really like to ..., I really like the participative one, ...*" (Manager and Health worker, 03).

"*When things aren't going right, I change to autocratic ..., so that the situation is not out of hand, we need to control. I use it in case of emergencies ..., like by the time the ambulance wanted the nurse to transfer patients and nurses didn't want to go ...*" (Health worker, 06).

- *Autocratic Leadership Style*

In their responses, some of the manager participants expressed an awareness of the negative impact of an autocratic leadership style, when used as a dominant style, and its potential to decrease job satisfaction and performance.

"*I don't like being autocratic, because when you're autocratic people will just follow you ...*" (Manager and Health worker, 03).

"*If you aren't participating with them, they just see things happening, they don't know why those things are happening, they ask themselves questions*" (Manager, 11).

"*There's an increase in absenteeism, burnout, you get people that get psychosomatic illnesses. They (staff) start to be sick and stay away ... some*

people will just play hide and seek, and that … really affect the work load of the hospital, it affects us adversely" (Manager, 11).

<u>*Employees' Perspectives on Managers' Leadership Style*</u>

- *Democratic Leadership Style*

Research data suggests that some of the healthcare workers experience their managers to be using a democratic style, and that some expect this style to be institutionalized:

"*Democratic, now and then I can say…*" (Health worker 09).
"*It's democratic leadership style that's practiced here*" (Health worker 10).
"*So, we need to reinforce this democratic to be a uniform in the facility …*" (Health worker 01).

As the following quotes show, democratic leadership was experienced in the practice of participatory decision-making, openness to listening to and discussing problems:

"*Yes, he's involving every stakeholder in decision making. Doesn't decide alone, he's always cons…, consulting with us, he tells you, 'sit down', and he's a good listener*" (Health worker 01).
"*… and you've a discussion between the two …*" (Health worker 02).
"*… most of the cases when I do have some challenges, I do speak to her, she's a good listener. Sometimes she does advice … doesn't want you to be left behind. Having such a leader makes you feel that you're being listened to. You aren't afraid to raise things even when you're having challenges, she's approachable. You're able to tell whatever that you're coming across. And that on its own creates a better relationship between the health workers and…, and the supervisor. That's helping even to grow*" (Health worker 04).
"*She sits with you down*" (Health worker 08).
"*Most of the time they can't decide on their own. "They ask you: 'How do you feel about this?', and they give you an opportunity to say something, and how you feel about that?*" (Health worker 10).

- *Autocratic Leadership Style*

Research data suggests that healthcare workers experience some leaders in the facility as being predominantly autocratic. They (healthcare workers) said:

"*On the other departments you can find autocratic, you understand*" (Health worker 01).

"*To me, it's a … auto… an autocratic leadership style …*" (Manager and Health worker 03).

"*She is autocratic …*" (Health worker 04).

"*She falls within an autocratic, when I assess her*" (Health worker 08).

"*She's an autocrat to some extent*" (Manager 05).

In their experience, autocratic leadership is seen in poor communication and is heavy-handed, instructive and resistant to information and feedback:

"*So, you find that the leader is doing his or her own thing … her health workers, they don't know*" (Health worker 01).

"*… where you're told to do one, two, three, and if you aren't doing it, and then you aren't good. Where you're told to do something and if you don't do it, then you're wrong; you understand my point?*" (Manager and Health worker 03).

"*Whatever she says, it must be like that, she doesn't want to be told. Once she has decided that this…, even though it's not …, you can see …, she wants it to be, telling the health worker: 'I'm the manager, you report to me, I'll tell you whatever that I want you to do' …*" (Health worker 04).

- *Laissez Faire Leadership Style*

According to research data some employee participants experience laissez faire leadership from their managers. In the following statements participants expressed their feelings and thoughts:

"*If you can see there's laissez faire on the other departments*" (Health worker 01).

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"*I think Laissez Faire is all that goes on here*" (Manager 07).

In their experience, the laissez faire leadership style is manifest in a lack of discipline and control:

"*Yes, when I look around this (laissez faire leadership style) is all I see because the boss and the workers, there's very little difference between all of them. People here do things without having to go and solicit permission. I would say; 'people here are their own authority'. Seriously, I'm of the opinion that here everybody does as they wish. There's no discipline. From this experience we learnt that she's well aware of what's going on. I don't know what's stopping her ..., and maybe they need to get a little stricter with the staff, I don't know*" (Health worker 06).

"*You're still in charge, but you're sitting on the chair. You don't know what's happening inside. So, for me it doesn't make sense*" (Health worker, 08).

-   *Mix of Leadership Styles*

Participants felt that some managers used a mixture of leadership styles. Some managers changed their leadership based on the situations that they were dealing with at a given time, and others experienced their managers using inconsistent and confusing styles of leadership.
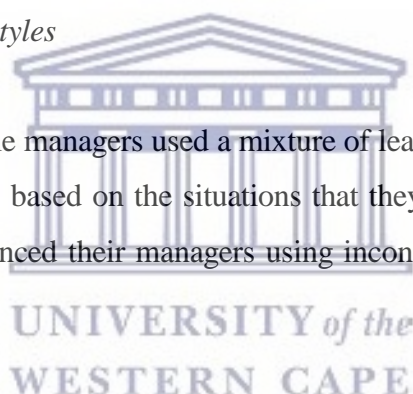
"*My manager, okay I think it changes, it depends on the situation*" (Health worker 12).

"*Yes, she's between a democrat and an autocrat somewhere there ...*" (Health worker 04).

"*That one is horrible; I don't want to lie to you. It's, I don't know whether is autocratic, or it's a mix of the two types*" (Health worker 06).

4.3.6. *Impact of leadership style on job satisfaction.*

There is evidence in the findings, that the style of leadership can impact job satisfaction, both positively and negatively. According to the following two participants, a more

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democratic style fosters feelings of satisfaction amongst healthcare workers and spirit of teamwork.

> "*As a person you are free, you aren't instructed, something is put on the table. The atmosphere encourages team work, where you make your own decisions. When you have an opinion, you're allowed to put it on the table and engaged to see how suitable your opinion is for the team. Even though there's somebody in charge of the unit, but we work together to reach whatever goal we set for ourselves. Everyone comes with his or her own opinion in a free atmosphere, no one who degrades you. You're free to raise your opinion without somebody saying: 'No I don't take your idea, I'm the one who is in charge'*" (Health worker 09).

> "*They, managers give you opportunity to make an input in their meeting. They don't have problem. They give you time to say something ... to have an input in what they are doing. .... Yes, I feel free to make an appointment if necessary, and consult them in an approachable manner*" (Health worker 10).

According to the collected data and findings, there are some participants that experience their managers' leadership styles in negative ways. Some of them expressed themselves in the following statements:

> "*This type of leadership is obviously ..., it's negative, and its negative impact is fear. I can't tell my boss; ... if I tell her, she says: 'One, two, and three'. When you report something, you get a negative answer. Then, what does it do to you? Obviously, it's going to be negative. There are things that I'm not going to tell my boss. So, that destroys you*" (Manager and Health worker 03).

Data suggests that some healthcare workers in the facility feels that their managers' leadership styles are responsible for the lack of job satisfaction amongst the health facility staff.

> "*... her management style, affect the whole hospital. She doesn't have good relationship with the area managers that report to her*" (Health worker 04).
> "*People are afraid to say: 'Matron, I'm not productive, let me just rest'*" (Manager 05).

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"Every day there's breakfast of uncertainties, there's lunch of uncertainties, and you go home with supper of uncertainties. It's horrible I don't want to lie to you. There's no progress actually. There's a lot of confusion. Instead of progressing, we're regressing. It's horrible!" (Health worker 06).

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CHAPTER FIVE

5. Discussion

5.1. Introduction

The previous chapter presented the qualitative results of this study, and the current chapter focuses on providing summary discussion of the study results. The researcher also focused attention on the study limitations, and recommendations based on the study results. Thus, this section presents interpretation of the study results in relation to the existing literature and similar studies done in other places. It presents the key emerging issues that relate to how various factors influence healthcare workers' job satisfaction and the role that leadership styles play with respect to staff turnover in the District Hospital of the Department of Health in Mpumalanga Province.

5.1.1. *Coexistence of Job Satisfaction and Dissatisfaction*

Our study showed participants' satisfaction and dissatisfaction with their jobs, at time expressed by the same individuals. It is not uncommon to find different experiences in the same setting: for example Kumar *et al.* (2013) reported 14% of healthcare workers in public health sector being highly dissatisfied and about 45% of them being satisfied with their jobs. However, it was initially surprising within this qualitative study to find strong expressions of both satisfaction and dissatisfaction in the same participant. Further review of recent literature found a similar finding in the work of Duarte dos *et al.* (2021). This finding can be understood from the perspective that job satisfaction is a complex and multifaceted concept. Job satisfaction is not a binary concept. Indeed, in quantitative research, job satisfaction is generally measured across a number of different domains. Job satisfaction is not a binary concept. Indeed, in quantitative research, job satisfaction is generally measured across a number of different domains. A study conducted by Liu, Wang and Lu (2010) exposed eight domains involved in the phenomenon of job satisfaction. Among others, the healthcare workers were more satisfied with job worth, job proficiency, and unity as compared to salary and working environment. Another study conducted by Afulani, *et al.* (2021) on job satisfaction among healthcare workers used a quantitative measure of job satisfaction, and found a

positive association between high job satisfaction and high perceived preparedness; high level of stress was associated with lower levels of job satisfaction.

In this study it is likely that participants experienced satisfaction in some domains, but dissatisfaction in others. This study has shown that there a number of factors that impact on job satisfaction. In this setting health workers identified factors that contributed to job satisfaction, and others that made them dissatisfied. It is therefore highly plausible both job satisfaction and job dissatisfaction can co-exist. The level of dissatisfaction among public healthcare professionals is concerning because job satisfaction has significant influence on service delivery and sustainability of the health system. In our study both manager and health worker participants reported experiences that are predominantly negative, associated with feelings of overwhelm anxiety and low morale. A possible explanation for such experiences is captured by Kumar *et al.* (2013) in their analysis that indicates a disjuncture between working conditions and public healthcare professionals' expectations.

5.1.2. *Factors Contributing to Job Satisfaction*

The results of our study found that, among other factors, a positive experience of their managers' leadership styles contributed to job satisfaction among healthcare workers in the hospital. Previous studies also confirmed a significant relationship between managers' leadership styles and job satisfaction (Bogler, 2001; Amin *et al.*, 2013). In this study some healthcare workers developed job satisfaction from their managers' welcoming attitude, appreciation, motivation, opportunities to engage and supportive actions. On the other hand, health workers were dissatisfied with managers who renegaded on their duty to their concerns. There was a perception that if they expressed their discontentment to manager their concern would not be addressed. The study by Duarte dos *et al.* (2021), conducted in a university hospital setting, confirmed that managers play a role in ensuring that public healthcare professionals are satisfied at work. Vagharseyyedin (2016) reported that effective and efficient management influenced healthcare workers' commitment to their jobs.

Other factors that contributed to job satisfaction among healthcare workers included fulfilling engagements with appreciative patients, ability to make a difference in

patients' lives, being able to learn and feeling part of a team. Some participants' job satisfaction was enhanced by their managers' welcoming attitude, appreciation, motivation, opportunities to engage and supportive actions. Healthcare workers also showed some appreciation towards their managers for their impactful support and the learning opportunities. Our findings are consistent with the WHO (2006) and Poturak *et al*. (2020) who talked about the importance of developing a proficient, inspired, and supported healthcare workers to resolve healthcare systems challenges. Participants felt motivated and encouraged when managers and clients (patients) recognised their efforts and hard work. Other studies that found similar results with our study about effective and efficient leadership playing significant role in motivating healthcare workers and provision of organizational vision for the future (Goh *et al*., 2018 & Asiri *et al*., 2016).

5.1.3. *Factors contributing to Poor Job Satisfaction*

We found a number of factors that contributed to poor job satisfaction among healthcare workers in our setting. Those factors included perceived conflict at the senior levels of the Department of Health – Mpumalanga Province, poor management practices related to planning, lack of appreciation, shortage of staff and resources and career stagnation. Our findings were similar to results of studies that were conducted by Deepak and Nawaraj (2018) who reported the importance of personal staff development and fulfilling relationships with colleagues on healthcare workers' job satisfaction. Participants in their study were dissatisfied with the amount of time spent with patients in their different wards due to shortage of staff and long working hours. Our results were further similar to Ramasodi (2010) who reported healthcare workers' feelings of dissatisfaction with their working environment that lacked work ethics and morals.

Another study found that significant number of healthcare workers were unhappy with their salaries, other fringe benefits and career stagnation. They believed that those factors hindered their growth (Artz, 2019). Our findings are similar to Bagul (2021) who reported that such factors contribute negatively on employee dissatisfaction and advised that organizations must focus on enhancing employee satisfaction. During interviews, some participants reported their working environment

experiences as being characterized by infighting amongst leadership. Some of the managers were found to lack relationship with their senior managers, and such a conflict contributes the governance problems within the organization. Our results are consistent with Bander (2019) who stated that healthcare systems are experiencing gigantic challenges, and as such healthcare leadership is expected to play a critical role to enhance an environment that is conducive for work, and that leadership who poses effective communication, self and social awareness are required in healthcare settings such as hospitals. In conclusion, future research to explore the role the that managers play in staff turnover and the costs of healthcare manager turnover and absence (Bae, Mark & Fried, 2010; Castle & Lin, 2010)

5.1.4. *Impact of Job Satisfaction on Health Services*

Our study identified absenteeism, lack of productivity or lack of service delivery and turnover intentions among healthcare workers as consequences of poor job satisfaction. Similarly, Jalal et al. (2014) confirmed a significant relationship between job satisfaction and healthcare workers' absence from work and turnover. Based on this, they suggest managers enhance healthcare workers' working conditions in-order to improve healthcare workers job satisfaction and increased patients' satisfaction, and increased service delivery. The study conducted by Strachota *et al.* (2003) reported work-overload, managers' behavioural challenges and job dissatisfaction as contributory factors towards staff turnover. Our study, though small, also found a suggestion of a relationship between job satisfaction and absenteeism. We further found that high level of job satisfaction was associated with happiness at work and enjoyable rewarding relationship with managers, and reluctance to stay off work. A study conducted by Daouda, Hocine and Temime (2021) confirmed that social support play a significant role in healthcare workers' turnover rate. Like Jalal et al. (2014) they argue that administrators must focus on improving the work-life of healthcare workers for a long-term effect and improving their job satisfaction.

The impact of job satisfaction upon turnover intention has also been identified by Lu *et al*. (2019). They conclude that it is important to increase nurses' job satisfaction because of its potential both to improve patients' perception of quality care and ensure an adequate nursing workforce. It is imperative for employers to attend to issues of

nurses' well-being, their working environment and staffing (Raso, Fitzpatrick & Masick, 2021). In some other studies, lack of social and managerial support towards healthcare workers was found to be an important determinant of job dissatisfaction and high rate of turnover (Hayward, *et.al*, 2016; Arslan & Kocaman, 2016; Halter, *et.al*, 2017).

5.1.5. The Role of Leadership Style in Job Satisfaction

In our research setting, we found that participants could identify with a typology of five types of leadership styles (democratic, situational, autocratic, laissez faire leadership styles), and that they recognised these styles in their own practice and the practice of their superiors. The styles most readily identified were democratic and autocratic leadership styles. The study conducted by Charosaei, Mohammadhossini, Shahi, (2020) indicated that majority of managers preferred to use democratic (relational-oriented) leadership style and autocratic (task-oriented) leadership style.

- Managers' Leadership Style and the Impact on Job Satisfaction

The majority of healthcare managers who participated in the study identified themselves as democratic leaders who allow the health workers to make contributions into the daily running of the institution and different sections. This may be a perception bias or an aspiration rather than objective reality, as this style was viewed as the most positive. Importantly these manager participants identified the practice of this style as having a positive influence on inter-personal relationships, co-operation amongst staff, team-work enhancement, and job satisfaction. They added that being a democratic manager brings about self-gratification and feeling fulfilled in execution of one's responsibilities, and impact own job satisfaction. This aspiration could be realised with leadership training, with positive outcomes for the health service. Samarakoon (2019) associates a democratic leadership style with employees who are motivated and satisfied in their working environments. Similarly Gastil (1994); Khan *et al.,* (2015); Ariani, *et al*., (2022) conclude that democratic leadership delegates responsibility and empowers employees within the organization, resulting in managers and health workers working together to achieve the institution's goals.

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We found that some managers viewed autocratic leadership style as effective and efficient during crises intervention and emergencies. Joshi (2017) confirmed our findings that autocratic leadership style is preferred by some managers as an appropriate leadership style within the hospital setting/industry. However, some of the manager participants expressed an awareness of the negative impact of an autocratic leadership style, when used as a dominant style, and its potential to decrease job satisfaction and performance. Managers further indicated that the use of autocratic leadership style results on employees just following the manager without ownership. We also found that in our setting, autocratic style of leadership increase rate of absenteeism, burnout, and psychosomatic illnesses. Consequently, the few employees that are present get affected and the work-load becomes unbearable, and adversely affects service delivery. In agreement with the current study, Charosaei *et al.* (2020) confirmed that autocratic leadership style impact negatively on employees; contribute to high rate of absenteeism, staff turn-over, and job dissatisfaction.

In this study, manager participants were asked to provide reasons for using autocratic leadership styles; their responses indicated that autocratic leadership style was used when they needed employees to perform particular tasks. Charosaei *et al.* (2020) argue that in healthcare settings the most important thing is to perform tasks as per guidelines due to processes and procedures involved in health profession, as the result healthcare managers are circumstantially persuaded to use task-oriented leadership style. Similarly Alsaqqa (2022) recognises this kind of leadership's capability not only to improve service delivery, but also to rally teams of healthcare workers behind the vision of the health organization.

During interviews, both employee and manager participants reported use of a mixture styles of leadership by managers; fluctuating from democratic and autocratic leadership styles. Thus, healthcare managers were found to change their leadership styles based on the situations that they were dealing with at a particular time. The results in this study are consistent with other research such as Hessa, Niyi and Maik (2021) who argue that effective managers use a combination of

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different leadership qualities to produce different outcomes such as organizational goals, job satisfaction of healthcare workers and increase staff retention.

In this study there were instances when democratically-oriented leaders used autocratic leadership style, particularly when they felt that health workers were not pulling their weight to get the work done. Those managers' argument is consistent with what Havig *et al.* (2011) reported about the weaknesses associated with a consistent use of the democratic leadership style, and that it may have negative influence on patient care as compared to autocratic leadership style. Rifqi (2018) argued that the manager may decide to use one or more leadership styles given the circumstances and their environment, and when they wanted to adjust situations and ensure that organizational goals are met. A recent study by Alsaqqa (2020) suggested that the managers' use of mixed styles of leadership is important given the level of their health workers' development and understanding of their job content. In our study supervisors used more than one styles of leadership when they felt that things in their sections were not going right; they changed between democratic and autocratic leadership styles to ensure a situation is under control.

- *Employees' Perspectives on Managers' Leadership Style*

In this research, healthcare workers reported different views about the influence that leadership styles have on their job satisfaction. They recognised that different managers in the institution used different leadership styles. Some managers used democratic, autocratic, laissez faire, and others used the mixture of leadership styles. Our study further established that healthcare workers viewed democratic leadership style as having positive influence on job satisfaction. These results are consistent with the study that was conducted by Nita *et al.* (2022) who demonstrated the positive influence of democratic leadership style on healthcare workers, and support the findings of Ukaidi (2016); Basit *et al.* (2017) who reported that job satisfaction and organizational commitment/loyalty increase when democratic leadership style is used by managers. Healthcare workers in our study encouraged their managers to institutionalize democratic leadership styles since it encouraged participatory decision-making, openness, listening and teamwork. Jony *et al.* (2019) likewise encourage employers to embrace

democratic leadership style if they want to retain high performers in their organizations. They suggest that service delivery becomes best under this type of leadership. Rifqi (2018) found that when employees are satisfied with their work; service delivery also increases and the organization's goals are realised.

While managers in our study viewed autocratic leadership as necessary in some situations, health workers/employees viewed autocratic leadership style in a negative perspective and voiced how it negatively influenced their job satisfaction. This is consistent with the study by Nita *et al.* (2022) who found that healthcare workers experience autocratic leadership as predominantly characterised by poor communication, heavy-handedness, instructiveness and resistance to information sharing and feedback. Alrwili (2022) found that healthcare workers feel that managers who preferred autocratic leadership style were only concerned about the work getting done, and not with workers' wellbeing. Paltu & Brouwers (2020) conclude that authoritarian leadership style impact negatively on job satisfaction as well as commitment to the organization. Jony *et al.* (2019) concur and add that performance is also affected. Harms, Wood, Landay, Lester & Vogelgesang (2018) argue that employees feel devalued by autocratic managers and such experiences increase employees' intention to leave their jobs.

In our research findings, some employee participants experienced laissez faire leadership style from their managers, and perceived this to be an attitude of avoiding responsibility and accountability. They observed peers responding to this style by assuming too much individual authority and lacking discipline in their work performance. This is supported by Tayfur and Tosunoglu (2016) who raise concern with respect to appropriate levels of decision-making. Chua *et al* (2018) found that this type of leadership is has negative impact on productivity and job satisfaction. Ghorbanian, Bahadori and Nejati (2012) in Hetland, Sandal & Johnsen (2007) describe laissez faire leadership style as the most passive style and found it to contribute to high rate of staff turnover and low staff retention. As such, leaders are encouraged to become more engaged with their staff and take charge of their responsibility to avoid high rate of job dissatisfaction and staff turnover.

5.1.6. Other Determinants of Employees' Job Satisfaction

While leadership styles influence healthcare workers' job satisfaction (Ariani, Sansuwito, Prasath, Novera, Sarli, Poddar, 2022), this study shows that there are a number of other workplace factors that also influence job satisfaction, some positively and others negatively. We found that health workers were also concerned about the impact that acknowledgement and gratitude from the colleagues, remuneration, organizational culture, personal development and job security have on job dissatisfaction in their environment. Some employee participants experienced fulfilling engagement and appreciation from their patients as well as from their ability to make difference in patients' lives. In addition, we found that opportunities to learn and progress as well as being part of the team contribute to their job satisfaction.

In addition, we further found that teamwork among healthcare workers contributed to job satisfaction, enhanced commitment and interdependency among healthcare workers in the facility. Sigh *et al* (2019) found that the quality of supervision contributes to job satisfaction. Remuneration and career development opportunities also impact (Artz, 2019). We found other factors such as conflict at senior levels of the Mpumalanga Provincial Department of Health, poor management practices related to planning, lack, shortage of staff and resources that contribute to poor job satisfaction in healthcare facility, a finding supported by Bagul (2021). Employee participants voiced the need for management teams to improve relationships they have among themselves in-order to get the hospital run smoothly, and are consistent with Selart, Johansen and Nesse (2013) who confirmed the importance of crisis intervention and employees well-being.

While this study has shown that job satisfaction is influenced by many workplace factors other than leadership style, there is also evidence to suggest that even the leadership style itself is influenced by workplace factors, in particular organisational culture and goals (Nita, Tukimin, Rames, Milya, Desi, Sandeep, 2022). It would be simplistic to see the impact that leadership style has on job satisfaction without acknowledging the impact that the workplace has on leadership style.

CHAPTER SIX

6. Conclusion

6.1. Introduction

In this section, the research presents the conclusions that were arrived at based on the findings of the study. It highlights the importance of understanding the influence that leadership has on job satisfaction and how amongst other factors, leadership styles impact on turn-over of healthcare workers in our public health institution. To better comprehend the content of our conclusion, we divided the arrangement of this section into three sub-sections. The first part deals with how leadership style enabled job satisfaction of managers and healthcare workers, the second sub-section focus on required qualities of effective leadership, and the last part focuses on the leadership style that influence job satisfaction.

6.2. How Leadership Style Enabled Job Satisfaction of both Managers and Healthcare Workers

Based on the knowledge gained from this study, we can conclude that leadership in the institution must immense itself into understanding and develop awareness into the needs of its employees. We can also conclude that it is not only leadership style that has influence on healthcare workers' job satisfaction and staff turn-over, but there are other factors that management has to realize and acknowledge their existence, and develop institutionalized policies to improve working conditions of the employees. We came to the conclusion that effective managers create a supportive working environment that promote healthcare workers' job satisfaction, organizational commitment, and enhance retention of high performers. Thus, effective and efficient leadership style plays significant role to improve healthcare workers' job satisfaction, reduce staff turn-over and motivate staff to deliver high quality of services to patients. On the other hand, ineffective leaders used leadership styles that are considered insensitive, task-focused, and less caring for their health workers' individual needs.

6.3. Required Qualities of Effective Leadership

In this study, healthcare workers describe an effective leader as one who is considered to be flexible, offering guidance to employees, yet allowing them to be initiative and creative. Organizational behaviours such as warmth, mutual trust, and respect among healthcare workers, and between healthcare workers and their managers create a good working relationship, and may be significant factors for job satisfaction experienced by healthcare workers in the facility. Wherein there is flexibility and managers adopt participative leadership style that puts emphasis on communication and employees' motivation; healthcare workers are more likely to be satisfied and stay in their positions. Supporting leadership plays significant role to encourage health workers' motivation, reinforce job satisfaction, decrease staff turn-over, and sustain unity among healthcare workers for better service delivery in the health facility.

6.4. Leadership Style that Influence Job Satisfaction

We also reached conclusion about the fact that democratic leadership style has a positive influence on inspiring motivation, reassurance of job satisfaction, and enhancing team-work spirit among healthcare workers and healthcare managers as compared to autocratic and laissez-faire leadership styles. Public health system requires effective leadership that is able to adjust their leadership style towards enhancing job satisfaction of the health workers. If managers want to improve their own productivity, they should also be concerned about their own job satisfaction. It is important for managers to take a look at their own work conditions and figure out what could make them happier and enhance job satisfaction. Then set a good example by promoting positive relationships, communication and behaviour among themselves and between them and the health workers. Inadequate supervision, as in the case of the laissez-faire leader, could lead to weak interpersonal relationships, low employee satisfaction and intention by healthcare workers to leave the institution.

CHAPTER SEVEN

7. Recommendation

This chapter focuses on recommendations that were made based on the information gathered from the study findings; the recommendations are presented in point form, and are as follows:

- We therefore, recommend that the results of this study be used by the provincial and hospital managers to advance their knowledge into the advantages and disadvantages of different styles of leadership, and how they influence healthcare workers' job satisfaction.
- Furthermore, we suggest that healthcare facility managers must ensure that healthcare workers' wellbeing is taken into considerations, explore other factors that contribute to job satisfaction, and develop strategies that are required to govern their institutions.
- Furthermore, it is suggested that there be assertive training for healthcare workers to be effective and courageous to have open discussions with their managers about how to improve their working environment.
- There should be continuous effective meetings between the executive hospital managers and heads of different sections to discuss and implement efficient strategies aimed at improving working conditions in the hospital. By giving timely feedback and decisions, using fair procedures and rewards, managers could follow more active leadership and as a result gain the trust of the employees both for themselves and the health facility.
- The executive hospital management must put it as a key performance area an activity to evaluate the leadership styles of healthcare managers and provide continuous feedback.
- We further recommend that there be leadership training and development programs that are designed to equip leaders with the skills required to transit from being healthcare workers towards being leaders, and how and when to use a particular leadership style without impacting negatively on healthcare workers' job satisfaction.
- We strongly recommend that public healthcare institutions ensure that there is sufficient staff and equipment required for healthcare workers to perform their work.
- Future research on this phenomenon should pay attention on the development, applicability, and implementation of vigorous leadership style in various public healthcare settings.

- In addition, research that focuses on both job satisfaction and dissatisfaction strongly expressed at the same times by the same individuals within the same setting is highly recommended.

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ATTACHMENTS

ANNEXURE A

UNSTRUCTURED INTERVIEW GUIDE FOR MANAGERS AND OPERATIONAL MANAGERS

1. Please indicate in which age range do you fall amongst the following ranges: 20 – 30, 30 – 40, 40 – 50, 50 – 60, and 60+

2. Share with me your level of education, and years of experience working for the department of health, Mpumalanga Province.

3. What is your profession and level of responsibility in this health establishment?

4. How do you feel about your work environment or section within the hospital?

5. Which of the following styles of leadership best describe the type of a leadership style you practice as the leader of the section?

   5.1. Authoritarian or Autocratic Leadership style.

   5.2. Participative or Democratic Leadership Style.

   5.3. Delegative or Free Reign (Laissez Faire) Leadership Style.

   5.4. Bureaucratic Leadership Style.

   5.5. Charismatic Leadership Style/Transformational Leadership Style.

   5.6. Transactional Leadership Style.

6. What understanding you have about the type of the leadership style/s that you identified yourself to be practicing at work?

7. How do you feel about the influence that your leadership style has on the job satisfaction of staff?

8. What are the activities that you implement to facilitate job satisfaction of healthcare workers under your supervision?

---

9. How does your leadership style influence your own job satisfaction?

10. In your experience what contribute to healthcare workers' resignations from the department of health?

11. What relationship exists between healthcare workers' job satisfaction and continuous supervision by you as the manager?

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ANNEXURE B

UNSTRUCTURED INTERVIEW GUIDE FOR HEALTHCARE WORKERS

1. Please indicate in which age range do you fall amongst the following ranges: 20 – 30, 30 – 40, 40 – 50, 50 – 60, and 60+

2. Share with me your level of education, and years of experience working for the department of health, Mpumalanga Province.

3. What is your profession and level of responsibility in this health establishment?

4. How do you feel about your work environment or section within the hospital?

5. Which of the following styles of leadership best describe the type of a leadership style your manager/s practice in your section?

   5.1. Authoritarian or Autocratic Leadership style.

   5.2. Participative or Democratic Leadership Style.

   5.3. Delegative or Free Reign (Laissez Faire) Leadership Style.

   5.4. Bureaucratic Leadership Style.

   5.5. Charismatic Leadership Style/Transformational Leadership Style.

   5.6. Transactional Leadership Style.

6. What understanding you have about the type of the leadership style/s that you identified your manager to be practicing?

7. How do you feel about the influence that your manager's leadership style has on the job satisfaction of staff?

8. How do you feel about the activities that your manager/supervisor implement to facilitate job satisfaction of healthcare workers in your section?

9. In your experience what contribute to healthcare workers' resignations from the department of health?

10. What are your experiences about the influence that continuous supervision by your manager has on the job satisfaction healthcare workers?

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ANNEXURE C

CONSENT FORM

Title of Research Project: The Influence that managers' Leading Style has the Job Satisfaction of Healthcare workers in public Healthcare Sector in Mpumalanga Province.

As was mentioned in the participant information sheet, your participation in the study or research is entirely voluntary, namely you do not have to participate. Refusal to participate or withdrawal from the study will not result in a penalty or any loss of benefits to which you are otherwise entitled.

The information collected in this interview will be kept strictly confidential. If you chose to participate in this research study, your signed consent is required before I proceed with the interview with you.

I have read the information about this research or study on the participant information sheet. I had the opportunity to ask questions about it and questions I have asked in the study.

My signature says that I am willing to participate in this research

_____
Participant's Name

_____   _____
Participant's Signature   Date

_____
Researcher's Name

_____   _____
Research's Signature   Date

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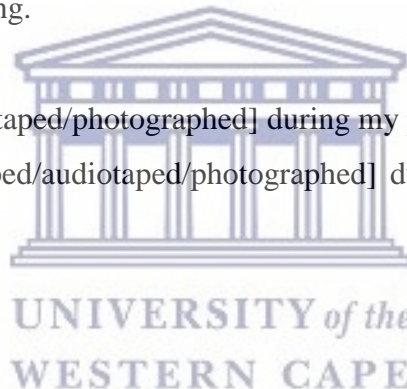**E-mail:** soph-comm@uwc.ac.za

ASSENT FORM

Tittle of the Research Project: the influence that managers' Leadership Style has in the Job Satisfaction of healthcare Workers in public Healthcare Sector in Mpumalanga Province.

The study has been described to me so that I understand what I have to do, and I agree to participate in the above research study. I am happy that any questions I asked have been answered. I understand that my name will not be used on any form and that I may stop participating in the study anytime I choose without giving a reason and that I will not be punished in any way for stopping.

I agree to be [videotaped/audiotaped/photographed] during my participation in this study.
I do not agree to be [videotaped/audiotaped/photographed] during my participation in this study

_____

Participant's Name
_____   _____

Participant's Signature   Date

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Participant Information Sheet

Dear Participant,

You are invited to take park in a study on the following topic: "*The influence that managers' leadership style has on the job satisfaction of healthcare workers in public healthcare sector of Mpumalanga province.*" Whether or not you take part is your choice. If you do not want to take part, you do not give reason, and it will not affect our working relationship. If you want to take part now, but change your mind later, you can pull out of the interview at any time.

The **participant information sheet** will help you decide if you would like to take part. It set out why we are doing the interview, what your participation would involve, what the benefits and risks to you might be, and what would happen after the study ends. I will go through this information with you and answer any questions you may have. You do not have to decide today whether or not you will participate in the in-depth interview. Before you decide you may want to talk about the interview with other people, such as family, friends, or healthcare providers. Feel free to do so

If you agree to take part in this interview, you will be asked to sign the Consent Form of this document. You will be given a copy of both the participant information sheet and the consent form to keep.

Yours Sincerely

_____

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Information Sheet

Project Tittle: the influence that manager's leadership style has on the job satisfaction of healthcare workers in public healthcare sector in Mpumalanga province.

What is this about?

This is a research project being conducted by Richard Vusi Mbuli, Masters in public Health student at the University of the Western Cape. We are inviting you to participate in this research project because you are likely to generate useful data for manager's leadership style and their perceptions on how it influences that managers leadership style has on the job satisfaction of healthcare workers at Middleburg District Hospital, Mpumalanga Province.

The following are the tasks you will be asked to do if you decide to participate in the study.

You will be asked to answer unstructured, open-ended questions about the type of leadership style that you practice in your section. Activities employed in your section to facilitate job satisfaction of healthcare workers and benefits of providing resource for employees to pursue their developmental objectives. Your thoughts about the influence of discussing any departmental policy or policy changes with staff prior to taking action, and benefits for recognition of staff achievement through encouragement and support. You will also be asked to share your experiences about the influence of focusing on opportunities and not problems have on staff's goals and objectives, and submit them to manager in finished form. Your thoughts about providing staff with clear responsibilities and allowing them to decide on how to accomplish them influence their job satisfaction. You will be asked to talk about your thoughts in relation to staff awareness and understanding of all departmental policies and procedures in your section. In addition, you will be asked to share major satisfaction in your

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life that you get from your job. Lately, you will be requested to talk about your feelings and thoughts about the feedback that you get from your immediate manager.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the in-depth interviews are anonymous and will not contain information that may personally identify you. To ensure your confidentiality the researcher shall use the locked filing cabinets and storage areas to maintain the confidentiality of the data. When we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study that may involve risks to you as the participant that are currently unforeseeable. All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimize such risks and act promptly to assist you if you experience any discomfort, Psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help personally, but the results may help the investigator learn more about the influence that managers' leadership style has on the job satisfaction of healthcare workers. We hope that, in the future, other people might benefit from this study through improved understanding of the job satisfaction of healthcare workers.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Richard Vusi Mbuli, School of Public Health at the University of the Western Cape. If you have any questions about the research study its self, please contact Richard Vusi Mbuli at:

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Should you have any questions regarding this study and rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Biomedical Research Ethics Committee

University of the Western Cape

Private Bag X17

Bellville

7535

Tel: 021 959 4111

E-mail: research-ethics@uwc.ac.za

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This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee.

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Ethics Reference Number: BM19/06/11