

Analysis of the Effect of Leadership Styles on Staff Retention in Selected Private Hospitals in Kampala District, Uganda

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ABSTRACT

This study aimed to investigate the influence of leadership styles on retention of staff in the selected private hospitals. The objectives were: to investigate the leadership styles practiced in private hospitals in Kampala district, to establish the staff retention strategies in private hospitals in Kampala and to establish the relationship between leadership styles and staff retention. The study was based on trait theory and situational leadership theory. A descriptive correlation and cross-sectional designs were used for the study to achieve the objectives of the study. Hospitals were selected from the 5 divisions of Kampala. A non standardized structured questionnaire of content and purpose was the main instrument for data collection. A total of 215 respondents were involved in the study. The study found that turnover rate is attributed to non-uniformity of the leadership policies practiced in the hospitals where some of the staff is availed with services and others are not. It was revealed that there is a positive relationship between leadership styles and staff retention. In conclusion, there is need for uniform implementation and fairness of leadership styles and policies in order to maintain staff. Leaders in the private hospitals should fairly lead their staff in order to maintain and enhance staff retentions.

KEYWORDS: *Leadership styles; Staff retention; private hospitals*

1.1 INTRODUCTION

In today's private health care climate, retention of staff is more desirable than ever before. The role of leaders in employee retention is critical since literature indicates that staffs leave leaders and not organization Beardwell (2007). Harvey et al (2007) further emphasized that People leave their bosses and not their jobs. According to Kaliprasad (2006), a company may try to bring all these factors into play to enhance employee retention, an employee can still choose to leave the workplace because of, bad leadership and management.

The issue of leadership style and their relevance to management development has received considerable attention Bass (1990). Bass (1990) further identified over 7500 studies on leadership in the organizational psychology and management literature. The findings of these studies suggest that some balance is needed between "consideration" and "initiating structure" in order to satisfy both individual needs and organizational goals. Also, the majority of the 7500 studies concluded that "initiating structure" is normally associated with efficiency and effectiveness in task performance, while "consideration" is normally considered to be correlated with job satisfaction and retention. Alexander et al(1982)

According to the 2006 World Health Organization (W.H.O) report, there is a serious human resource crisis in the health sector in developing countries, particularly in Africa. The total health workforce in Africa is estimated at 1,640,000, with an average of 2.3 health workers per 1,000 people. Of the total health workforce in Africa, 83% (1,360,000) are health service providers and 17% (280,000) are health management and support workers (World Health report 2006).

In the USA, the current health staff shortage has evolved over the past 30 years. Staff shortages were present in 1990 with a USA vacancy rate of 11% and settled down in 1992 Abrahamson (2009). After 1992, adequate numbers of staff were present in the healthcare system for approximately 5 years. In 1997, the demand for staff started to outpace the supply in the workforce and by 2001; the US vacancy rate had reached 13% (Abrahamson, 2009). It steadily increased to the current global turnover rate reaching as high as 21% (Hayhurst et al, 2005). Buchan & Aiken (2008) asserts that the staff shortage both in the public and private healthcare sectors is a global phenomenon that needs to be in check for better health service provision.

In South Africa, there is enough evidence to suggest that high levels of staff retention and consequent reduced staffing levels have an adverse effect on the performance and quality of care as well as patient satisfaction

Needleman et al (2002). The loss of experienced staff results in decreased competence within the organization, lack of continuity and the loss of institutional memory, all of which impact on the effectiveness and efficiency of health service organizations.

In Uganda therefore, staff retention, especially of clinical staff working in private hospitals, has remained persistently low. Available data indicate that over 46% of leavers in the financial year 2009/2010 joined government services (Ministry of Health 2010). Worker shortages are linked to three factors including decreasing student enrolment in health training institutions, delays or freezes in hiring of qualified professionals and high turnover among those already employed. The fact that the problem of low retention of health workers is costly affects continuity of care and raises the potential for turnover of remaining employees, who suffer from stress and burnout from taking on the additional work burden.

1.2 RESEARCH PROBLEM

Private hospitals in Uganda are operating in a highly competitive environment which requires them to establish effective leadership styles that enhance staff retention in order to gain competitive advantage and reputation. There are some major issues facing these hospitals that are high numbers of patients with no significant increase in the number of staff. This creates disillusionment among the staff due to heavy workload and long working hours. This situation is compounded by poor remuneration therefore leading to hospitals losing staff and raising capacity concerns. Majority of the staff that are sent for further training abroad find better services and do not return. In these hospitals, there is lack of adequate employment of leadership styles in the management in many private hospitals. This has left many staff especially doctors and nurses in total frustration resulting into lack of morale and job satisfaction.

It is therefore for this reason that the researchers were intrigued to carry out the study to investigate if there is influence of leadership styles on retention of staff in selected private hospitals in Kampala district.

1.3 OBJECTIVES

1. To investigate the leadership styles practiced in private hospitals in Kampala district
2. To establish the staff retention strategies in private hospitals in Kampala district.
3. To assess the relationship between the leadership styles and staff retention in private hospitals in Kampala district?

1.4 HYPOTHESIS

1. There is a positive relationship and influence between laissez faire leadership style and staff retention
2. There is a positive relationship and influence between democratic leadership style and staff retention
3. There is a positive relationship and influence between transformational leadership style and staff retention.
4. There is a positive relationship and influence between leadership styles and staff retention in Kampala district.

1.5 METHODOLOGY

The researcher used mixed approach that is qualitative and quantitative. Descriptive correlation research design and cross-sectional design were used. Descriptive research refers to studies that have as their main objective the accurate portrayal of the characteristics of people, situations, or groups, and the frequency with which certain phenomenon occur (Polit & Beck 2004). In this case a descriptive design was used because the study intended to describe the leadership styles and staff retention in private hospitals in Kampala district. The primary intent of correlation studies is to explain the nature of relationships in the real world, not to determine cause and effect (Houser 2008). A cross sectional design was used because the population was studied at the same time in the same place for a short period of time. Therefore, a descriptive correlation and cross sectional design was the best for the study.

The study targeted the doctors and nurses working in the selected private hospitals of Kampala District which has 15 private hospitals. By random sampling the study covered four private hospitals in the district that is Kibuli Muslim Hospital, Case Medical Centre, Rubaga Hospital, and Kadic hospital with a total population of 215 doctors and nurses. This was taken as the sample size of the study.

Table 1 Distribution of the total target population of respondents

Hospital	Position		Total
	Doctors	Nurses	
Kibuli	24	36	60
Case	24	21	45
Rubaga	21	39	60
Kadic	27	23	50
Total	96	119	215

Source: Administrators' census counts (2013)

A structured questionnaire as the major instrument was used for data collection. Two sets of questionnaires were used with similar design but varying content; the first questionnaire targeted doctors and nurses; and the second questionnaire collected information from the hospital administrators. A five point Likert Scale (1-Strongly Agree, 2-Agree, Neutral, 4-Disagree, 5- Strongly disagree) was used adopted. To ensure validity of the instruments, the researchers used face and content validity which was assessed by statistical and research experts who evaluated the relevance, wording and clarity of questions in the instrument. To ensure reliability the researcher used a test re-test method which resulted to a correlation coefficient of 0.65

The study was based on the Trait theory and situational leadership theory by Blanchard and Hersey (1969). The **Trait theory** suggests that leaders have specific characteristics which are suited for leadership. It emphasizes that a leader is born and therefore someone with those specific characteristics can be a leader without limitations. The **Situational theory** suggests that a leader should first analyze the development and competence level of his staff and then choose the most appropriate style to apply. Situational theory works best in hospitals because of its dynamic environment and availability of staff with varying ages and qualifications.

1.6 LITERATURE REVIEW

The quality of relationship an employee has with his or her immediate managers elongates employee stay in an organization. (Ferreira, 2007 cited in Michael, 2008). Gwavuya (2011) affirms that incompetent leadership results in poor employee performance, high stress, low job commitment, low job satisfaction and turnover intent. Organizations can no longer afford to leave the responsibility for keeping well performing employees in the hands of the Human Resource Department. Leaders should adopt a style that would establish and confirm their leadership authority by means of appearing competent and trustworthy. Effective leaders should guide members in a manner that allows them to contribute to the achievement of the group' overall goal Mat (2008).

Research conducted on the state of South African Training industry indicated that management style was the most prominent retention factor in South Africa (Netswera, 2005). (Sherman et al 2006) found in their research that majority of the employees in organizations surveyed planned to remain with their organizations at least for the next five years because of the prevailing culture of management care. Chew (2004) observed that leadership behaviour has a positive influence on organizational commitment and turnover intention. Muindi (2011) established that leadership style, specifically lack of involvement in decision making and inadequate communication were some of the issues that caused dissatisfaction of staff.

Previous research has found that hospital staff experiencing democratic leadership style is less likely to anticipate leaving their positions and hence, lower turnover. More recent research has found a positive correlation between democratic management and organizational commitment (Reihaneh et al 2010).

In a study by (Negussie 2013) on leadership styles of managers and nurses' job satisfaction in Jimma university specialized hospital. The study was meant to investigate the relationship between leadership styles of managers and staff job satisfaction it was discovered that the staffs tend to be more satisfied with transformational leadership as this increases their motivation and satisfaction. Much as this style had proved to be a success in organisations, it is criticized by some authors.

1.7 DISCUSSION OF FINDINGS

1.7.1 Leadership Styles in Private Hospitals in Kampala

According to objective one which was addressing leadership styles in private hospitals, three constructs democratic, laissez faire, transformational leadership style were analyzed , the finding suggest that democratic

leadership had a mean value of 2.50 which is moderate and indicates that the staff were doubtful of the existence of the democratic leadership style policies in the private hospitals. The uncertainty of the staff is portrayed based on two of the responses had average answers of 3.36 and 3.13 respectively as shown in table 1 below.

Table 2 Showing respondent's opinion on democratic leadership style

Democratic leadership style	N	Mean	Std. Deviation	t-stat
Leaders involve the employees in the decision making process of the hospital	215	3.36	1.139	2.95***
Opinions are sought before decisions are made	215	3.13	1.126	2.78***
Leaders influence the way staff behave and the way they do their duties	215	2.01	0.714	2.82***
Leaders provide satisfactory solutions to problems that arise	215	1.52	0.696	2.18**
Mean average	215	2.50		

Source: field data 2013. *** Significant at 0.01 ** significant at 0.02

The results showed that some of the policies were partially implemented in the hospitals. The turnover of staff is attributed to the deficiency and ineffective implementation of this leadership style among the many that exist.

Research carried out previously by (Hwang & Chang 2009) agree with our findings where it was found that hospital staff experiencing democratic leadership style are less likely to anticipate leaving their positions and hence lower the turnover rate. This is supported by Reihaneh 2010 who carried out a study and identifies a positive correlation between democratic leadership style and organisational commitment.

The study findings of the transformational leadership style from table 3 below, shows that the mean value was 1.84 which was low. This implied that the staff agreed with some doubt of the existence of the transformational policies in the hospitals. The agreement and doubt is displayed in table where some of the staff agreed on the policies while others were not sure.

Table 3 Showing respondent's opinion on transformational leadership style

Transformational leadership style	N	Mean	Std. Deviation	t-stat
Leaders abilities inspire staff	215	2.4	1.071	2.24**
Staff are mobilized towards common vision	215	2	0.615	3.25***
Decentralization structure of responsibility in the hospital	215	1.53	0.553	2.77***
Staff are directed to meet organizational objectives	215	1.46	0.708	2.06*
Mean average	215	1.84		

Source: field data 2013 *** significant at 0.01 ** significant at 0.05 *significant at 0.1

Transformational leaders inspire the followers to believe in their own potential so as to create a better prospect and future while believing in the leader personally hence promoting retention. According to our findings, transformational leadership is properly being practiced in these hospitals and has led to staff retention, this is supported by Negussie (2013) who carried out a study to investigate the relationship between leadership styles and staff retention and it was discovered that the staff tend to be more satisfied with transformational leadership as this increases their motivation and satisfaction.

Table 4 showing opinions of respondents on Laissez faire leadership style

Laissez faire leadership style	N	Mean	Std. Deviation	t-stat
staff openly make decisions without any consultations	215	2.4	1.071	2.24**
staff are given opportunities to share ideas	215	2	0.615	3.25***
leaders take risk free decision	215	1.53	0.553	2.77***
staff are left to decide when they want to do work	215	1.45	0.687	2.11**
Average mean	215	1.84		

Source: field data 2013. *** Significant at 0.01 ** significant at 0.05

For laissez faire leadership style, the staff agreed with some doubt that this happens in the hospitals with an average mean of 1.48 which is low (see table 4 above). According to Robbin et al 2010, this kind of leadership is good because it gives employees complete freedom to make decisions or to complete a task in whichever way they seem fit and appropriate.

From the findings, it is evident that staffs in the private hospitals are attracted to stay in the hospitals where they are given control of the services and are involved in the daily running of the organization. All the three leadership styles are existent in these hospitals but partially being practiced.

1.7.2 Staff retention strategies

On analyzing the staff retention strategies, in the private hospitals, three constructs were considered. These included rewards, training and career advancement and development. From the analysis it was found that the average mean of reward was 2.63 which were low. This means that the staffs were doubtful of the existence of the reward policies that were being provided in the organization.

Table 5 showing opinions of respondents regarding reward strategy

Rewards	N	Mean	Std. Deviation	t-stat
Staff are given cash bonuses at the end of the year	215	3.36	1.139	2.95***
Staff are promoted when it is inevitable	215	3.13	1.126	2.78***
Rewards are equally awarded to all staff in the organization	215	3.13	1.191	2.63***
gives incentives for work well done	215	2.01	0.714	2.82***
Staff are recognized for outstanding work	215	1.52	0.696	2.18**
Average mean	215	2.63		

Source: field data 2013. *** Significant at 0.01 ** significant at 0.05

This uncertainty, of the reward strategy can be derived from data in table 5 above where staffs were not sure of being given cash bonuses at the end of the year, some staff agreed to promotions and some did not, some staff agreed on the equal distribution of reward and others did not. Hampton et al (2000) agrees that recognition of staff as a retention strategy helps in retention especially for the mature staff.

Training was another retention strategy analyzed under the study whose mean was found to be 1.85 which was low (see table 6 below). This means that the staff agreed with some doubt of the existence of the training policies that were carried out in the hospital. The training offered helped in retention of employees. This is supported by Messer (2000) who states that investment on training is considered an important factor in employee retention.

Table 6 showing opinions of respondents regarding Training strategy

Training	N	Mean	Std. Deviation	t-stat
Training is done regularly	215	2.4	1.071	2.24**
Training given is practical and done on hospital budget	215	2	0.615	3.25***
Staff are expected to have skills when they join the organization	215	1.88	0.78	2.41**
Staff are acquainted with skills when they join the organization	215	1.53	0.553	2.77***
All staff in the organization are given an opportunity to be trained	215	1.45	0.687	2.11**
Average mean	215	1.85		

Source: field data 2013 *** Significant at 0.01 ** significant at 0.05

Employee career advancement and development is another retention strategy which was analyzed in the hospitals. The mean value for this retention strategy was 2.84 which were moderate as shown in table 7 below.

Table 7 showing opinions of respondents on career advancement and development

Career advancement and development	N	Mean	Std. Deviation	t-stat
There is a clear development culture in the hospital	215	3.5	1.045	3.35***
Staff are given priority when there are opportunities in the organization	215	3.46	0.984	3.52***
Staff are appointed responsibility based on the development level	215	2.95	1.033	2.86***
Leaders act as role models and mentors to junior staff	215	2.17	0.856	2.54***
Organizations offer study bursaries equally to all staff	215	2.16	1.003	2.15**
Average mean	215	2.84		

Source: field data 2013 *** Significant at 0.01 ** significant at 0.05

This means staffs were doubtful of the existence of this strategy in the hospitals. This uncertainty can be viewed from the values of the different responses in table 7 where some staffs were in agreement with the policies while others were not in agreement.

In summary, from the findings of the study, training was the most strongly agreed retention strategy practiced in the hospital with an average of 1.85, while rewards and career advancement had an average of 2.63 and 2.84 respectively.

1.7.3 Relationship between Leadership styles and staff retention in private hospitals in Kampala

Table 8 showing Correlation between the leadership styles and staff retention

Correlations		DLS	TLS	LLDS	IV	DV
DLS	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	215				
TLS	Pearson Correlation	-0.034	1			
	Sig. (2-tailed)	0.619				
	N	215	215			
LLDS	Pearson Correlation	0.393**	0.301**	1		
	Sig. (2-tailed)	0.01	0.01			
	N	215	215	215		
IV	Pearson Correlation	0.769**	0.132	0.514**	1	
	Sig. (2-tailed)	0.01	0.053	0.01		
	N	215	215	215	215	
DV	Pearson Correlation	0.511**	0.676**	0.620**	0.604**	1
	Sig. (2-tailed)	0.01	0.01	0.01	0.01	
	N	215	215	215	215	215

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

Source: field data 2013

Key: **DLS:** Democratic leadership style; **LLDS:** Laissez faire leadership style; **TLC:** Transformational leadership style; **IV:** Independent Variable; and **DV:** Dependent variable

In relation to democratic leadership style, findings indicate a positive relationship between Democratic leadership style and staff retention showing $r = 0.511$, $\text{sig} < 0.01$ which implies that democratic leadership style has a 50% association with staff retention and a significance level of 99%. Hence there is no enough statistical evidence to reject the hypothesis. This meant that in the hospitals where democratic leadership style is practiced, the staff will stay longer.

For laissez faire leaderships style, the findings indicate that there is a positive correlation between Laissez faire leadership style with staff retention ($r = 0.620$, $\text{sig} < 0.01$) to the effect that laissez faire leadership style had a 62% level of association to staff retention and a 99% significance level. The hypothesis has also been accepted. In hospital this can be attributed to the fact that most times staffs have to be advocates for their patients so that they can take quick decisions to save lives. It would rather be frustrating for the staff to wait and always ask for permission even to work on patients when the situation dictates emergency. However, these findings are contrary to by Hamidifar (2010) which showed that there was significant negative influence of laissez-faire leadership on subordinates' retention.

On transformational leadership style, the findings indicate that there is a positive relationship between transformational leadership style with staff retention where $r = 0.200$, $\text{sig} < 0.01$ which implies that transformational leadership style had a 20% level of association to staff retention. There is no enough statistical evidence to reject the hypothesis. The findings are supported by Leach (2005) in a related study where she investigated the relationships between executive leadership and organizational commitment among nurses in acute care hospitals. The results revealed an inverse relationship between nurse executive transformational and organizational commitment. A positive association was demonstrated between nurse executive leadership and nurse manager leadership. Furthermore,

It is evident that the three leadership styles have a positive relationship with staff retention. The multiplicity of the leadership styles can be argued with reference to the situational leadership theory by Harsey and

Blanchard(1969) where in all these hospitals, three leadership styles exist and these come into play after the leaders study and understand the staffs' development levels and choose the most appropriate style to apply. The findings indicate most of the staff agrees with some doubt in the existence of with transformational leadership style and laissez faire leadership style being applied in the hospitals in Kampala leading to staff retention.

1.8 CONCLUSION

In conclusion, basing on the findings from objective one, which was meant to investigate the leadership styles practiced in private hospitals in Kampala district, three leadership styles were analyzed that is democratic leadership style, transformational leadership style and laissez faire leadership style. It is evident that the transformational and laissez faire leadership styles were the most prominent in the hospitals with average means of 1.84 which is low. This means the staff agreed with some doubt of the existence of transformational and laissez faire leadership style policies in the hospitals as displayed in table 3 and table 4 respectively.

The staffs were doubtful of the existence of the democratic leadership style practices with an average of 2.84 which was moderate showing that they were doubtful of the existence of the democratic leadership style policies in the hospitals. The uncertainty of these policies is portrayed in table 2 where some staff agree that leaders involve employees in decision making while others do not agree, some of the staff agree they are involved in the decision making process of the hospital while others do not agree hence the mean value of 3.13.

All these leadership styles are existent in the hospitals but not well implemented by the leaders. This is evident from all the tables of the study under discussions. The poor leadership styles that are being practiced in these hospitals, lead to staff turnover.

In summary of objective 2 which was to establish the staff retention strategies in the selected private hospitals in Kampala district, three retention strategies were analyzed and these were rewards, training, career advancement and development.

Career advancement and development had the biggest mean of 2.84 which was moderate and implied that he staff were doubtful of the career advancement and development policies that existed in the hospitals. This doubt can be portrayed in the staff responses on some of the policies in table 7 when questioned about the development culture in the organization, the staff mean response were 3.5 which meant on average, the staff were not sure, furthermore, some staff agreed to being given priority for promotions and others disagreed.

Rewards had a mean value of 2.63 which was moderate and this indicated that the staff were doubtful of the reward policies in the hospitals and finally training had a mean value of 1.85 which was low and this indicated that staff agreed of the training policies in the hospitals but with some doubt.

Basing on the findings, the retention strategies are existent in the private hospitals in Kampala but since none of these strategies was comfortably agreed upon by the staff is an indicator that they are poorly implemented by the leaders either through the unfair distribution or inadequate provisions displayed in tables 5, 6 and 7. The lack of proper implementation of these strategies is a weakness on the leadership style that leads to staff turnover.

In summary of objective 3 which was to assess the relationship between the leadership styles and staff retention in the private hospitals in Kampala district, the findings suggested that there is a significant positive relationship between the leadership styles and staff retention. Basing on data from table 8, where $r=0.604$, $p < 0.01$, this implied that leadership styles have a 60% level of association to staff retention and is significant at 99%.

1.9 RECOMMENDATIONS

From the specific findings of objective one which was to investigate the leadership styles in the private hospitals, it is evident that all the three leadership styles exist in these hospitals. However, the moderate responses show that the styles are being partially practiced and this is the reason as to why some of the staff is leaving the hospitals and others are staying. The average on democratic leadership style was 2.50 which were moderate indicating that the staffs were not given equal opportunity to participate in decision making.

Transformational leadership style had an average of 1.84 and the responses of the staff ranged between 2.4- 1.46. None of the staff had direct responses and most agreed with some doubt on the way the transformational leadership style is carried out in the hospitals. I would therefore recommend that management makes sure that

the leaders employed have the proper ability to inspire the staff and they can mobilize staff towards a common vision to meet organizational objectives so as to motivate and retain the staff.

Laissez faire leadership style had average of 1.84 with mean ranges from 2.4- 1.45. This shows that the staff agreed with some doubt on the leadership policies in the hospitals. I would therefore recommend to management to analyze the development level of the staff and decide whether to openly allow all of them to make decisions or not at all,

In summary, of the leadership styles, I would advice management to always make sure that for whatever leadership style is being practiced in any situation, the leaders must fairly execute it and make sure all staffs are given equal opportunity.

Objective two was to establish the staff retention strategies practiced in the private hospitals in Kampala district and basing on the findings displayed in tables 5, 6, and 7 respectively, it is evident that in these hospitals, the management has employed strategies to retain the staff. However, the implementation brings about uncertainty where some of the staff agreed to get these services from the hospitals and some did not agree.

Reward as a strategy employed in these hospitals had mean ranges from 3.36- 1.52. The staff agreed to with some doubt on the existence of incentives for work well done, and which meant that there is unfair distribution of the hospital services. I would therefore recommend that management draws up policies and a clear criterion on the distribution of the services and makes sure all the staff is informed so as to eliminate feelings of unfairness and retain staff.

Objective three was to access the relationship between the leadership styles and staff retention in private hospitals in Kampala district. The findings suggest that there is a positive relationship between the leadership styles and staff retention. The multiplicity of the leadership styles can be argued with reference to the situational leadership style theory. Democratic leadership style has a 50% level of association to staff retention, laissez faire has 62% level of association with staff retention and transformational leadership had a 20% level association to staff retention. I would therefore recommend that the management in these hospitals when practicing specific style fairly execute it.

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