TITLE	Leadership, Followership, and the Context: An Integrative Examination of Nursing Leadership in Uganda
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OBJECTIVE	The purpose of this study was to assess the leadership ability of nurses in leadership positions in Ugandan hospitals.

METHODOLOGY

Surveys were collected from nurses in leadership (response rate 57%, n=120) and staff (response rate 60%, n=360) from three hospital types: private-for-profit (47%), private not-for-profit (28%), and public hospitals (25%) in Kampala, Uganda. Respondents provided demographic information, and completed the LPI, Denison's Organizational Culture Survey (Denison et al., 2006), and a measure of centralization/decentralization (organizational structure) adapted from Ferrell (1988). Respondents in both groups were primarily females (82%). The typical respondent was between the ages of 25-35 years, held a registered nursing certificate, with 5-10 years of job tenure, having received some formal leadership training. Internal reliability for the overall LPI was .95 for head nurses and .97 for their observers. For Model, internal reliability was .74, Inspire was .83, Challenge was .73, Enable was .82, and Encourage was .82 for head nurses. On the LPI-Observer, internal reliability was .86 for Model, .88 for Inspire, .85 for Challenge, .84 for Enable, and .88 for Encourage.

KEY FINDINGS

Model was the leadership practice reported most frequently used by head nurses, followed by Challenge, Encourage, Inspire, and Enable. The same rank order was reported by their constituents, although their average scores were significantly lower than those provided by their leaders. While there was a statistically significant difference in self-reported leadership scores based on the type of hospital where head nurses worked (public hospitals were higher frequency than from the two types of private hospitals), no other demographic variable was statistically significant (age, gender, level of education, leadership training, job tenure, leadership tenure, organizational tenure, or level of management).

Organizational culture influenced leadership practices, with specific cultures such as Involvement and Mission contributing to greater frequency of use of the leadership practices. Organizational structure (centralization) did not influence the use of the five leadership practices.

The author observes: "health care organizations and nurses in leadership need to be acutely aware of their own environment and how it influences the ability of nurses in leadership to engage in leadership practices of highly successful leaders. A leadership

environment that encourages personal growth, involvement in day-to-day decisions, a sense of direction and clear performance expectations, is also likely to enable leaders in inspiring others, leading change initiatives, fostering collaboration, strengthening others and yielding greater leadership outcomes" (p. 127). Furthermore, she notes: "Finally, this is the first use of the LPI to measure leadership practices of nurses in sub-Saharan Africa. The LPI shows robust consistency reliability from a leader-observer perspective in measuring the leadership practices of nurses in leadership in this context" (p. 132).