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# Staff Nurse Perception of Leadership Styles Among Nurse Managers

Robert A. Jaffe  
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Staff Nurse Perception of Leadership Styles Among Nurse Managers

by

Robert A. Jaffe

A thesis submitted to the faculty of  
Gardner-Webb University School of Nursing  
in partial fulfillment of the requirements for the degree of  
Master of Science in Nursing

Boiling Springs

2012

Submitted by:

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Date

## Abstract

This project examined if transformational nurse managers were perceived by their nursing staff as more effective leaders than transactional or passive/avoidant leaders using the Transformational Theory of Leadership through administration of the Multifactor Leadership Questionnaire (Form 5X) to nurse unit managers and staff nurses. 80 staff nurses and seven unit nurse managers participated in the study. Unit nurse managers completed the MLQ (Form 5X) about themselves and nursing staff completed the MLQ (Form 5X) about their unit nurse manager. Using descriptive statistics unit nurse manager results were compared with nursing staff results. The goal was for unit nurse managers to describe their perceived leadership style as compared to staff's perceived leadership style of their unit nurse manager. Unit nurse managers' Outcomes of Leadership were also determined with the assumption that the higher the scores, the more transformational the leader. Four unit nurse managers rated themselves as primarily transformational with transactional and passive/avoidant qualities and three unit managers rated themselves as having stronger passive/avoidant qualities than transformational or transactional leadership qualities. None of the unit nurse managers were rated by their staff as overwhelmingly one leadership style over the other. Unit nurse managers were rated as using all three leadership styles – transformational, transactional and passive/avoidant – equally with minor individual variances among the unit nurse managers. Therefore, it was not possible to reach an accurate conclusion to the project hypothesis.

*Keywords:* transformational leadership, transactional leadership, passive/avoidant leadership, Outcomes of Leadership.

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## **CHAPTER I**

### **INTRODUCTION**

Working as a nurse in the hospital is stressful. A nurse must multi-task, serve as a liaison between the patient and doctors, maintain a safe and caring environment, safely fulfill doctors' orders, and perform the necessary tasks resulting in positive patient outcomes. Doing this daily, for long stretches of time, leads to nurse burnout, fatigue, mental tiredness, an increased risk for sentinel events, frustration, and overall job dissatisfaction. Nurse leaders play an integral part in maintaining a safe and healthy environment for the nursing staff. Studies show that positive proactive leaders, who lead by example, are perceived as more effective leaders and staff performs better (McGuire & Kennerly, 2006; Murphy, 2005; Nielson, Yarker, Brenner, Randall & Borg, 2008; Spinelli, 2006; Thyer, 2003). Leadership models abound and many have been adapted to the healthcare setting (Bass & Avolio, 1985; Burns, 1978; Cook, 2001; Madison, 1994).

#### **Problem Statement**

Nurses work hard. Days are long, rest is short and hospital staff nurses must confront the patients' and their families' needs, problems, and emotions. The job is stressful, emotionally demanding and over time it drains the nurses' physical, emotional, and mental well-being. Nurses wear thin from these daily stressors. Nurses feel a loss of personal and emotional accomplishment and become numb to the nursing ideals of assisting patients in regaining their health and well-being. It is the responsibility of nurse managers to assist their staff in coping with stressors and negative feelings. Effective nurse managers understand the physiological and psychological needs of their staff nurses. "Nursing's current interests in organizational leadership are focused on recruiting,

retaining, and motivating staff and ensuring patient safety” (Mcguire & Kennerly, 2006, p. 180). Strong leadership is especially important because the “current shortage of RNs at the bedside magnifies the importance of having strong, clear, supportive, and inspirational leadership across the health care organization” (Mcguire & Kennerly, 2006, p. 180). Through positive leadership and commitment to staff, nurse managers can minimize stressors within the nursing profession. However, many nurse managers lack the necessary leadership skills to prevent such a problem and a downward spiral persists.

### **Justification of Study**

According to the American Association of Colleges of Nursing (AACN) (2012), the nursing profession is projected to have the highest rate of job growth through 2020. In 2010, it was reported there were approximately 2.74 million registered nurses working in the United States (US). However, more than 120,000 nurses reported working outside the profession of nursing citing dissatisfaction with the nurse workplace as a primary reason for leaving the profession (Wood, 2009). Additional facts reported by ACCN (2012) related to nurses working in the US include:

- The annual turnover rate for registered nurses averages 14%
- The average age of a registered nurse in 2012 is 44.5 years leading to a rapidly aging workforce as the primary contributor of the projected shortage
- A significant association exists between high patient-to-nurse ratios and nurse burnout with increased urinary tract and surgical site infections
- 75% of nurses believe the nursing shortage presents a major problem for the quality of their work life
- Low nurse retention rates contributes to increased patient deaths

- In 2007, 13% of newly licensed registered nurses changed principal jobs after one year, and 37% reported that they were ready to leave the profession.

Based on these facts the nursing profession must take action to prevent a future nursing shortage crisis. One potential angle to relieving the problem is through better nursing leadership. By incorporating transformational leadership at the management level, research indicates better overall nurse performance, safer nursing, and increased nurse satisfaction and retention rates.

Accordingly, a review of literature demonstrates the extensive amount of research correlating transformational leadership with successful management. Studies show that transformational nurse managers are perceived as better leaders than transactional or passive/avoidant leaders and support the use of rewarding transformational leadership and active management-by-exception as an effective way to prevent burnout (Kanste, Kyngas, & Nikkila, 2007). Kleinman (2004) noted that unit managers who were involved in the day to day operations of the unit by involving the staff in decision-making and shared leadership maintained the highest nurse satisfaction rates. On the other hand, nurses working under a nurse manager with a passive laissez-faire leadership style are shown to have higher levels of burnout and emotional exhaustion. Kanste et al. (2007) suggest that nurse managers need proper training “to give their staff adequate feedback about performance, social support, individualized consideration and encouragement to develop know-how” (p. 738). Murphy (2005) concluded that “nurse managers that develop and foster transformational leadership can surmount oppressive traditions and confidently navigate a complex and rapidly changing health care environment” (p. 128).

McGuire and Kennerly (2006) stated the more transformational staff nurses perceived their manager the more committed they were to their work.

However, despite the need for more transformational leadership within the nursing profession, resistance to change persists. Large bureaucratic healthcare organizations are modeled off of the transactional style and implementing change is slow (Thyer, 2003). Senior leaders are entrenched in their management style reaching decisions from the top down with little regard for staff feedback. At the level of unit nurse manager, traditional job responsibilities included “directing, planning, coordinating, and controlling activities and personnel ...” (McGuire & Kennerly, 2006, p. 185). Effective leadership was not about creating a dynamic system of communication between the leader and staff. Moreover, many unit nurse managers do not place themselves as an equal team member with staff and, therefore, do not entrust staff to work collaboratively in the decision-making process (Sorensen et al., 2008).

In regard to balancing the need for system-wide organizational change, Murphy (2005) wrote that modern day nurse managers must delicately balance the needs of their staff with providing excellent patient care while maintaining the financial goals of the hospital. By way of visionary, balanced, and self-aware means transformational leaders can break existing professional boundaries to create dynamic multidisciplinary teams that improve patient care and maintain organizational goals. It is the responsibility of hospital senior management to move away from task oriented leadership results to fostering transformational leadership among nurse managers (Murphy, 2005). It is in this sense that the results of this research study can be used to substantiate research that calls for change

in the leadership style of healthcare management to tackle the issues of nursing shortages, job dissatisfaction, and low retention rates.

### **Statement of Purpose**

The purpose of this research study was to determine if transformational nurse managers are perceived by their nursing staff as more effective leaders than transactional or passive/avoidant leaders using the Transformational Theory of Leadership through administration of the Multifactor Leadership Questionnaire (Form 5X) to nurse unit managers and staff nurses.

### **Research Question**

The following research question was developed for this study:

1. Are transformational nurse managers perceived by their nursing staff as more effective leaders than transactional or passive/avoidant leaders?

### **Theoretical Framework**

Bass and Avolio's theory of transformational leadership served as the theoretical framework for this research study. Their theory has been widely used to determine the most effective leadership styles. Bass and Avolio concluded that transformational leaders have the greatest positive effect on followers versus transactional or passive/avoidant leaders.

First developed by Burns for political leaders, Bass and Avolio adapted the transformational theory for business organizations and created the Multifactor Leadership Questionnaire (MLQ) Form 5X as a way to quantify one's leadership style. Within the MLQ (Form 5X), Bass and Avolio defined leaders as transformational, transactional, or

passive/avoidant. However, Bass and Avolio stated the most effective leaders were not truly transformational but also exhibited transactional qualities where necessary.

A transformational leader is one who recognizes the higher needs of the follower and is able to transform those needs to fully engage the worker. Burns (1978) writes, “Transformational leadership results in mutual stimulation and elevation that converts followers into leaders, and it may also convert leaders into moral agents” (p. 4). Within this framework, a transformational leader is charismatic, inspirational, trusted, prideful, empowering and motivating (Welford, 2002). As a motivator, a transformational leader is patient focused, positive, and an open communicator. According to Welford (2002) a motivated leader, “encourages and fosters the development of professional autonomy [to] create a more dynamic workforce” (p. 10). Additionally, a transformational leader provides a clear direction and vision and supports followers through positive encouragement and praise (Welford, 2002). As a result, morale remains high; followers enjoy their work and remain loyal to their leader.

A transactional leader exchanges rewards for obtaining goals. According to Bass (2004) as stated in the *Multifactor Leadership Questionnaire: Manual and Sample Set* (3<sup>rd</sup> ed), transactional leaders:

- Recognize what the followers want to achieve from their work and reward them if they reach their goals
- Offer rewards and promises for effort
- Are responsive to the needs and desires of followers as long as the job gets done

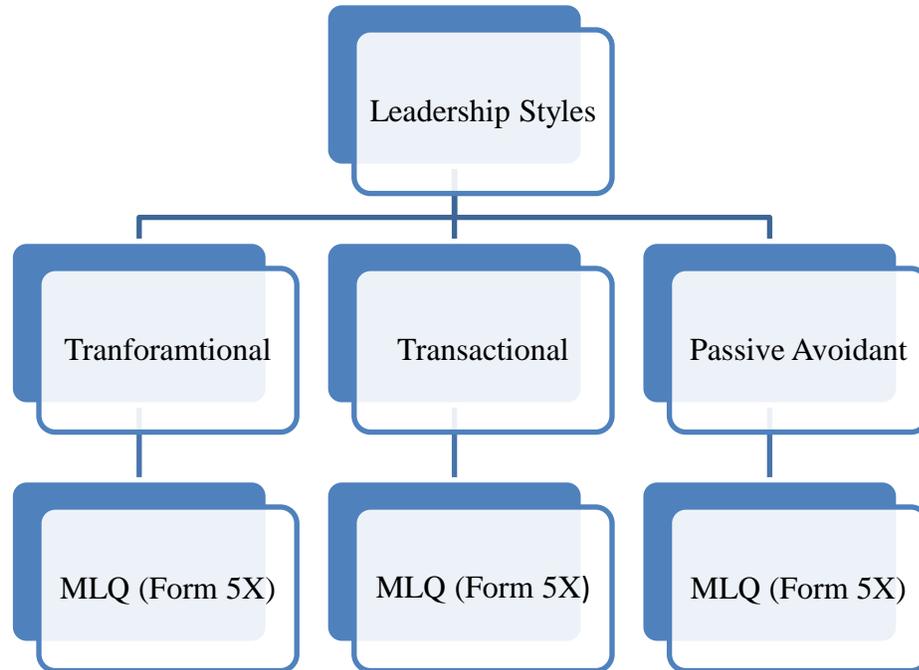
The key difference between a transformational and transactional leader is the transformational leader goes beyond the reward system. The transformational leader

engages followers to become leaders themselves by encouraging followers to become active participants in outcomes and strategic development, to put self-interest aside for the good of the team and the organization, and by developing followers' needs to reach higher levels of achievement and autonomy. In summary, the transformational leader encourages followers to work beyond one's standard expectations.

On the opposite end of the spectrum, a passive/avoidant leader is one who avoids conflict and important decision making. In this type of leadership, goals remain unspecific and unclear. Followers feel leaderless and act without direction. This creates workplace inefficiencies and low morale. A passive/avoidant leader fails to interfere until a problem becomes serious or waits for things to go wrong before acting. Moreover, the passive/avoidant leader is often absent when needed and is slow to respond to urgent needs.

For the purpose of this research study, Bass and Avolio's concepts of transformational, transactional, and passive/avoidant leadership styles were utilized. A transformational leader was defined as someone who motivates and instills pride in followers' work by providing clear staff direction and promoting the organizational goals. The transformational leader is open to staff ideas and positive change. A transactional leader was defined as someone who focuses on constructive and corrective actions and defines staff expectations through performance achievements and a system of rewards. A passive/avoidant leader was defined as one who lacks important decision-making skills and staff is not given any clear direction as to how to complete a goal or achieve a task. These three leadership styles were measured via administration of the MLQ (Form 5X) to

unit managers and their respective staff. These concepts are diagrammed in the Conceptual, Theoretical, and Empirical (CTE) structure in Figure 1.



*Figure 1.* CTE diagram

### Concepts and Definitions

- Transformational leadership: “The transforming leader recognizes and exploits an existing need or demand of a potential follower. [The] transforming leader looks for potential motives in followers, seeks to satisfy higher needs, and engages the full person of the follower” (Burns, 1978, p. 4). For this study, a transformational leader is a motivator; one who can get staff to work above and beyond the standard requirements and encourages and supports staff to put the team before the individual.
- Transactional leadership: Rewards are contingent upon reaching goals and the leader corrects the followers for mistakes committed (Bass & Avolio, 2004). For this study,

a transformational leader is one who uses reward and punishment as the primary means to achieve goals.

- **Passive/avoidant leadership:** The leader avoids getting involved in important issues and is absent when needed. There exists a delay in responding to urgent questions as a means to avoid important decision making (Bass & Avolio, 2004). For the purpose of this study, a passive/avoidant leader is one who is rarely seen on the unit by the staff and avoids confrontation.

## **CHAPTER II**

### **LITERATURE REVIEW**

A literature review was conducted to investigate the effectiveness of Burns' Transformational Leadership in the clinical hospital setting and the effect of leadership styles in the workplace. The purpose of the review was to establish that former studies have shown that transformational leadership is perceived as a more effective leadership style than the more traditional transactional and passive/avoidant (*laissez-faire*) leadership styles.

A comprehensive online search was conducted using a variety of databases. Databases searched included Academic Search Premier, Academic OneFile, Academic Search Complete, MasterFILE Complete, LexisNexis Academic, and SAGE Journal Online. Studies from the past 10 years were included. Quantitative, qualitative, literature reviews, and case studies were reviewed.

#### **Conceptual Literature Review**

##### **Transformational Leadership Development**

Bowles and Bowles (2000) completed a comparative study of the leadership provided by nurse managers and leaders in Nursing Development Units (NDUs) and conventional clinical settings in England. NDUs use a leadership practice inventory (LPI) based on transformational leadership. The goal of the study was to compare how nurse managers in NDUs and non-NDUs demonstrated transformational leadership. The sample consisted of 70 nurses drawn equally from NDU and non-NDU units. The NDU contained 7 clinical leaders and 28 clinicians. The non-NDU comprised of 7 nurse managers and 28 clinicians. Telephone interviews were conducted with a 100% response

rate. The researchers concluded that NDU managers trained in LPI scored higher in transformational leader practices than non-NDU nurse leaders. NDU leader scores were more congruent with the observer scores than the non-NDU leaders and their observer scores. This led the researchers to conclude that LPI is an effective tool for training nurse leaders. As a limitation, the researchers stated that although 100% participation was achieved through telephone interviews, asking the questions verbally sometimes led to confusion. Participants were also interviewed at their worksites and may have been distracted during the interview process.

### **Transformational Leadership and Patient Outcomes**

Sorensen, Iedema, and Severinsson (2008) used an ethnographic study to examine effective nursing leadership in the contemporary health care setting and its potential to improve patient care and unit organization by interviewing five nurse managers and 29 registered nurses in an advanced tertiary care hospital intensive care unit over a 3-year period. The researchers concluded that with the current professional transformation of nursing this is the opportunity for nurses to reshape their roles, responsibilities, and influence clinical decision making. Nurses must serve on health department and governmental committees relating to clinical improvements. However, complacency in the workplace creates barriers to change. Sorensen, Iedema, and Severinsson (2005) wrote that multidisciplinary teams are vital for successful unit outcomes across the spectrum and nursing leadership is making it possible for the public to maintain trust in modern approaches to the current healthcare system.

de Casterle, Willemse, Verschueren, and Milisen (2008) explored the dynamics of leadership development programs on the overall improvement of nursing care using a

descriptive, qualitative case study with the goal to determine how transformational leadership development influenced nursing and patient outcomes. The research was conducted in a large academic hospital that participated in the Clinical Leadership development Program (CLP) which was based on the elements of transformational leadership. A single 30-bed rehabilitation unit was studied where the nurse leader had shown leadership growth and the unit presented low nurse turnover rates. Data were collected through interviews and focus groups over an 11-month period. The results of the study illustrated that participation in the CLP was insufficient in developing effective leadership on the unit. Effective leadership was shown by the leader's demonstrated personal growth, strong self-awareness, and the ability to identify one's strengths and weaknesses. Participants in the study recognized positive changes in their leader, but had a difficult time adjusting to the change and experienced feelings of loss. But, as the leader grew a majority of the team members accepted the change and grew with the leader to become better team member and nurses themselves. Interviews with the participants demonstrated that overall care giving and patient outcomes improved. The researchers concluded that "leadership development is an ongoing, interactive process that takes place between the clinical leader and team members" (de Casterle et al., 2008, p. 761). The process requires thorough preparation, continuous effort, and support of the entire nursing team.

### **Transformational Leadership and Nursing Safety**

Munir and Nielson (2009) created a longitudinal study to investigate the relationship between transformational leadership, self-efficacy, and staff quality of sleep. The study took place over 18 months and included 274 participants. The researchers used

structural equation modeling to investigate the relationships. The Transformational Leadership Scale was used to measure leadership quality. A 7-item measure of self-efficacy was administered, as well as a 4-item scale to measure employee sleep problems over a specific two week period. The results of the three surveys were transformed to standardized scales. The researchers concluded that a direct relationship between transformational leadership and sleep quality existed. Those with transformational leaders positively related to better sleep quality over time. However, increased self-efficacy did not play a significant role in improving one's sleep. Munir and Nielson (2009) suggested that medical centers develop training programs to train managers in transformational leadership as means to improve the staff's sleep quality.

In an attempt to answer the question, "What opportunities might exist to use leadership development programs to improve quality and efficiency?" McAlearney (2008) used data from three qualitative studies of leadership development to answer the question. Two hundred interviews were conducted with healthcare managers, executives, academic experts, consultants and leadership development program vendors. The results of the data analysis showed that leadership development programs provide four key opportunities for improving quality and efficiency in healthcare: (1) They increase the caliber and quality of the healthcare workforce, (2) improve efficiency in the organization's education and development activities, (3) reduce turnover and its related costs, and (4) causes the organization to focus on specific strategic priorities. McAlearney (2008) stressed the importance of a program's success is dependent on successful implementation and focus by skilled leaders. One key factor related to this study was an improvement in employee satisfaction rates. Good leadership at the top trickles down the

organizational chain leading to satisfied frontline employees. However, because this study was qualitative it was limited to inductive analysis.

### **Transformational Leadership and Nursing Satisfaction**

Kanste, Kyngas, and Nikkila (2007) studied the relationship between multidimensional leadership and burnout among nursing staff. The researchers surveyed, by mail, 601 nurses working in different health care organizations using the MLQ (Form 5X) and the Maslach Burnout Inventory-Human Services Survey (MBI-HSS). The results suggested that rewarding transformational leadership and active management-by-exception functioned as factors in preventing burnout. On the other hand, passive laissez-faire leaders increased nurse burnout and emotional exhaustion. Kanste, Kyngas and Nikkila (2007) suggested that nurse managers need proper training “to give their staff adequate feedback about performance, social support, individualized consideration and encouragement to develop know-how” (p. 738).

Chung-Kai & Chia-Hung (2009) studied leader-member relationships and coworker relationships in explaining the relationship between transformational leadership and job performance. Five hundred and seventy teachers in Taiwan were surveyed using the MLQ (Form 5X) to analyze leadership behaviors. The researchers also measured leader-member exchange quality (LMX) and coworker relations (CWR) by using the LMX7. The analysis of the results indicated that the higher the leader scored on the MLQ (Form 5X) the higher the quality of leader-member exchange quality and coworker relationships translating into better overall job performance. The researchers concluded that strong workplace relationships among the followers and the leaders are a necessary function for outstanding work outcomes. Additionally, strong transformational leaders

are responsible for building the social networks that ultimately result in better task performance.

Nielson et al. (2008) researched the importance of transformational leadership for the well-being of employees including followers' perceived working conditions, well-being, and job satisfaction using a cross-sectional questionnaire survey design. Four hundred and forty-four staff working at a large Danish local government facility responsible for caring for older adults completed the Global Transformational Leadership Scale. The researchers concluded that followers under a transformational leader demonstrated a higher level of job satisfaction than those who worked under other leadership styles. The reason for the higher job satisfaction can be linked to the followers' involvement and the feeling of working in a meaningful work environment and the followers' ability to exert influence over decision-making. The possibility has been raised that training leaders in the transformational style may positively affect the working conditions of subordinates. Additionally, it may only be necessary to train managers in transformational leadership, rather than the entire staff, to get positive outcomes.

Ruggieri (2009) created a controlled study comparing the effects of transactional and transformational leadership styles on groups of students. Sixty psychology students were randomly assigned to one of ten groups. Each group had six students with two additional students assigned to act as leaders. The goal of each group was to complete an assigned task. In the first phase of the study groups 1-5 were led by Leader A, who was transactional and groups 6-10 were led by Leader B who was transformational. For the second phase of the study leadership styles switched among the groups. At the end of

each phase of the study the students completed a questionnaire designed by the researcher to determine the level of group satisfaction and leader effectiveness. The results of the survey demonstrated the transactional leader was in more need of dominance, keeping order, and was compared with a military style of leadership. In contrast, the transformational leader was characterized more favorably as one with a creative personality, nurturing, and a greater need for achievement. Higher levels of group satisfaction were also noted with the transformational leader. The researcher noted that the experiment was limited to psychology students who were given class credit for participating in the study.

### **Transformational Leadership and the MLQ (Form 5X)**

In their classic 1999 study, Avolio, Bass, and Jung re-examined the effectiveness of the MLQ (Form 5X) to determine if it measured the transactional, transformational, and laissez-faire factors it was developed to assess. The sample consisted of 3786 respondents in 14 independent samples, ranging in size from 45 to 549 participants in the United States and abroad. The authors determined the improved 12 category MLQ (Form 5X) was more reliable and measured more leadership dimensions than the original six category version resulting in the questionnaire to better tap “into the actual range of leadership styles that are exhibited across different cultures and organizational settings” (Avolio et al., p. 460).

## **Theoretical Literature Review**

### **Bass and Avolio**

Many studies focus on nurse managers as transformational leaders. Kleinman conducted a study on a 465-bed community hospital in the northeastern United States.

Seventy-nine staff nurses and 10 nurse managers completed the MLQ (Form 5X), developed by Bass and Avolio (1985) which allowed for managers to rate themselves as leaders and the staff to rate the leadership ability of their managers. The correlated results placed the managers into one of three general categories of leader: Transactional, laissez-faire, or transformational. Results concluded that the more time nurse managers spent with their staff, the less they were perceived as laissez-faire (passive/avoidant). Staff expressed that although nurses do not want their manager constantly looking over their shoulder, they do like to see the nurse manager as an active part of day to day unit activities but allow the staff to make important clinical decision without fear of reprisal. Managers who promoted intellectual stimulation and shared leadership through open and clear communication were portrayed as the most transformational and maintained a high level of staff satisfaction. Regarding professional growth, Kleinman (2004) concluded that healthcare administrators must develop effective leadership strategies to close the chasm between administration and staff nurses.

Spinelli (2006) reached similar results by conducting an empirical evaluation to determine the relationship of leadership behaviors in terms of transformational, transactional, and laissez-faire styles to the perceptions of their followers in the healthcare setting and the willingness of subordinates to exert extra effort for the leader. The MLQ (Form 5X) was administered to hospital Chief Executive Officers (CEOs) and 101 of their subordinates at five hospitals in Pennsylvania. Spinelli concluded that transformational leaders were stronger and more positive than transactional and laissez-faire counterparts. Spinelli (2006) noted “the more the subordinate manager perceived the leader as exhibiting transformational behaviors, the greater he or she reported exerting

extra effort, expressed satisfaction with the leader, and believed the leader to be more effective” (p. 13). On the other hand, Spinelli (2006) reported that transformational leadership works best when used in conjunction with transactional leadership styles, not alone. Spinelli (2006) concluded that passive/avoidant leadership plays no part in effective leadership and results in negative outcomes in regard to exerting extra effort or expressing satisfaction with the leader. As for professional growth Spinelli (2006) argued that CEOs must commit to identifying, recruiting, developing, and fostering future transformational candidates to become effective managers.

McGuire and Kennerly (2006) surveyed 63 nurse managers and 500 registered nurses using the MLQ (Form 5X) to determine the relationship between leadership styles of nurses managers and the organizational commitment of staff nurses. All participants had been in their current unit for at least six months and employed at one of 11 eligible hospitals in the United States Midwest. McGuire and Kennerly (2006) stated that transformational leaders move beyond “the management of transaction to motivate performance beyond expectations through the ability to influence attitudes” (p. 179) and boost staff commitment to their job. However, they mentioned that all leaders must accept the duality of being both transactional and transformational as long as they can continue to inspire, motivate, and “engender a sense of team spirit across the nursing unit on all shifts” (McGuire and Kennerly, 2006, p. 185). McGuire and Kennerly (2006) concluded that laissez-faire (passive/avoidant) leadership plays no part in effective leadership and noted that followers do not exist under this system because there are not any leaders. Passive/avoidant leadership eventually contributes to the organization’s

demise. As for professional growth, McGuire and Kennerly (2006) hypothesized that nurse managers can be taught transformational leadership skills, thus inspiring staff.

van Eeden, Cilliers, and van Deventer (2008) studied the personality traits of passive/avoidant, transactional, and transformational leaders in the workplace by surveying eight managers and an undisclosed number of employees at a factory in South Africa using the MLQ (Form 5X). The managers rated themselves and the employees rated their manager. Participants also completed the Occupational Personality Questionnaire version 32 (OPQ32) and the Sixteen Personality Factor Questionnaire, SA 1992 version (16PF, SA92). The researchers concluded the managers' personality traits matched their leadership style. The transformational leaders scored high in terms of personal responsibility and perseverance. They influenced others but also involved them in decision making. These leaders were also found to be caring. The transactional leaders were more task-oriented and directive rather than participatory. None of the leaders were considered truly laissez-faire. The researchers identified that the strongest leaders identified more with the person than with the goals. However, the researchers stated that the small sample size limited the results and if more managers had participated then results may have been more accurate.

### **Conclusion**

Multiple studies have been conducted regarding nurse perceptions of their managers' leadership styles based on Burns' transformational model with the studies consistently concluding that transformational leaders are perceived as more effective leaders than transactional and passive/avoidant leaders. Effective nurse leaders increase

morale, reduce job dissatisfaction, foster stronger relationships, and achieve high job performance among staff nurses.

## **CHAPTER III**

### **METHODOLOGY**

The purpose of this study was to determine if transformational nurse managers were perceived by their nursing staff as more effective leaders than transactional and passive/avoidant leaders. The following chapter presents the design, sample, setting, informed consent, data collection procedure, and data analysis procedure used in this study.

#### **Research Design**

This research study used a descriptive design to examine the relationship between the manager's self-perception of leadership behaviors and the nursing staff's perception of their unit manager's leadership behaviors.

#### **Sample**

Seven unit nurse managers and the corresponding staff nurses working on each unit participated in the study. Both registered nurses and licensed practical nurses were included. Nursing staff who worked  $\geq 21$  hours/week were eligible to participate. All shifts were included and gender or race was not a factor for exclusion. One hundred thirty-six of 269 staff nurses were contacted. Eighty nurses completed the survey for an overall return rate of 30%. Prior to the study the unit nurse managers were contacted by the primary investigator to participate. Managers voluntarily agreed to participate. No monetary or other compensation was awarded to any participant.

#### **Setting**

This study was conducted in an 800-bed acute care medical center in the Southeastern United States. The study included two intensive care units, one medical-

surgical unit, one medical-general unit, and three specialty units: cardiac, gastrointestinal, and neuroscience.

### **Informed Consent**

Prior to conducting the interviews, the primary investigator obtained permission from the Internal Review Board (IRB) at the University and the participating medical center. Potential participants were contacted through direct contact with the primary investigator. Initial contact by the primary investigator included obtaining consent (Appendix A) from the participant to participate in the study. During initial contact with the participant, the primary investigator obtained the participant's personal email address. The participant's personal email was used by Mind Garden, Inc. to distribute the surveys electronically. Any participants unwilling to provide their personal email address were not eligible to participate. Following collection of the data, Mind Garden, Inc. provided basic descriptive statistics to the primary investigator. Participants were asked not to discuss their answers or seek opinions from others in order to better assure independence and accuracy in answering. No deception was used in this study.

Informed consent was obtained from nurse managers and the nurses working on each unit prior to distributing the surveys. The informed consent provided details related to the purpose of the study and the rights of participants during the course of the study. Each participant had the opportunity to read and have explained the information on the consent form. All participants were informed that they may withdraw from the study at any time. A copy of the consent form was given to all participants at the time of initial contact with the primary investigator. The form provided the participant with contact

numbers of the primary investigator, the faculty advisor, and the Internal Review Board (IRB) at the University.

### **Data Collection**

The Multifactor Leadership Questionnaire (Form 5X) (Appendix C) was the primary instrument for data collection. The MLQ (Form 5X) is a 45-item self-report questionnaire that measures the full range of leadership behaviors through its 12 subscales. The MLQ (Form 5X) was designed by Bass and Avolio in 1995 and was last updated in 2003 (Bass & Avolio, 2004). The twelve subscales include idealized influence attributes, idealized influence behaviors, inspirational motivation, intellectual stimulation, individual consideration, contingent reward, management by exception (active), management by exception (passive), laissez-faire, extra effort, effectiveness, and satisfaction (Bass & Avolio, 2004). The MLQ (Form 5X) uses a 5-point Likert scale from 0 to 4. A score of 0 indicates the behavior did not happen at all and a score of 4 indicates the leadership behavior frequently, if not always happened. The MLQ (Form 5X) allows nursing staff to rate their immediate managers and for the managers to self-rate themselves. Participants read a brief descriptive statement about a specific leadership behavior and rate the frequency at which the behavior occurs based on the aforementioned scale. The MLQ (Form 5X) has well established reliability and validity. In its latest version of normative testing in 2003, conducted by Mind Garden, Inc., a sample 7,324 raters and 1,018 leaders from 11 countries were sampled out of a total of over 50,000 raters and 7500 leaders. The Root Mean Squared Error of Approximation was 0.05. The results were considered consistent and reliable (Bass & Avolio, 2004).

In addition, participating unit nurse managers and staff nurses were asked to complete a demographic questionnaire (Appendix D & Appendix E). Demographic information included the participant's age, sex, highest level of education, years of experience as a nurse, the amount of time in years and days working on the unit and with the current unit manager, and the participant's shift. Using a 5-point Likert scale, participants were asked to rate one's level of job satisfaction, the level of appreciation received from the manager, the manager's level of job competence, and one's feelings of liking the things done at work. Unit managers rated themselves on the same questions.

### **Data Analysis**

The raw data from the MLQ (Form 5X) and the demographics was analyzed through Mind Garden, Inc. Descriptive statistics were used to describe demographics of the participants, the nursing staff's perceived leadership behaviors of their managers, and the managers' perceived leadership behaviors of themselves. Statistical analysis correlated perceived leadership behaviors. The sub-scales Extra Effort, Effectiveness and Satisfaction from the raters' surveys describing their manager from the MLQ (Form 5X) will be the focus of presentation to determine managers' effectiveness of leadership style.

## CHAPTER IV

### RESULTS

The purpose of this study was to determine if transformational nurse managers were perceived by their nursing staff as more effective leaders than transactional or passive/avoidant leaders. The following chapter presents the results of the statistical analysis for this question. Descriptive statistics were used to determine the results.

#### Statistical Presentation

Data collection for this study was obtained from two groups: unit nurse managers and staff nurses. Of the eight unit nurse managers who agreed to participate in the study, seven completed the MLQ (Form 5X) for a return rate of 88%. Of the 269 staff nurses who agreed to participate in the study, 80 completed the MLQ (Form 5X) for a return rate of 30%.

#### Demographics for Nurse Managers

Managers' ages ranged from 27 to 59 years old with a mean age of 45.87 years ( $sd = 11.75$ ). Six (83%) managers were female and one (17%) male. Nurse managers were employed in one of the following units: Neurological Intensive Care Unit/Intermediate Critical Care Neurological Unit (ICUN/ICCN) ( $n = 1$ , 14.2%), Cardiac Intensive Care Unit (CICU) ( $n = 1$ , 14.2%), Gastrointestinal Unit (GI) ( $n = 1$ , 14.2%), Neuroscience Unit (Neuro) ( $n = 1$ , 14.2%), Innovation Unit ( $n = 1$ , 14.2%), Cardiac Unit ( $n = 1$ , 14.2%), or Surgical Unit ( $n = 1$ , 14.2%). Degrees held by nurse managers included associate ( $n = 1$ , 17%), bachelors ( $n = 4$ , 67%), and masters ( $n = 2$ , 33%). Results are displayed in Table 1.

Table 1

*Frequency Distribution of Demographic Variables of Nurse Managers (n = 7)*

Demographic Variable	<i>n</i>	%
Gender		
Female	6	83
Male	1	17
Type of Nursing Unit		
ICUN	1	14.2
CICU	1	14.2
GI	1	14.2
Neuroscience	1	14.2
Innovation	1	14.2
Cardiac	1	14.2
Surgical	1	14.2
Education		
Associate	1	17
Bachelors	4	67
Masters	2	33
Shift		
7a-3p		
8a-5p	3	43
3p-11p		
11p-7a		
7a-7p		
7p-7a		
Other	4	57

Years of nursing experience ranged from three to 38 years with a mean of 20.57 (*sd* = 13.75) years. Years of nurse management experience on their current unit ranged from 1 to 8 years with a mean of 4.43 (*sd* = 2.7). Years of nurse management experience outside their current unit ranged from 0 to 4 years with a mean of 0.86 (*sd* = 1.57).

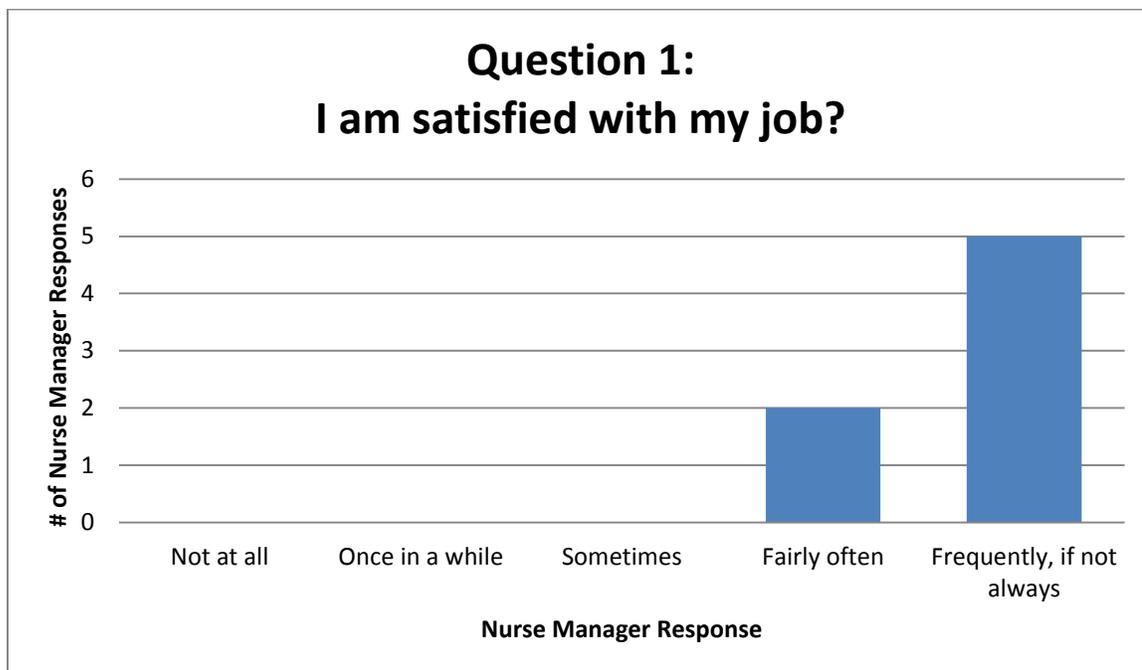
Results are presented in Table 2.

Table 2

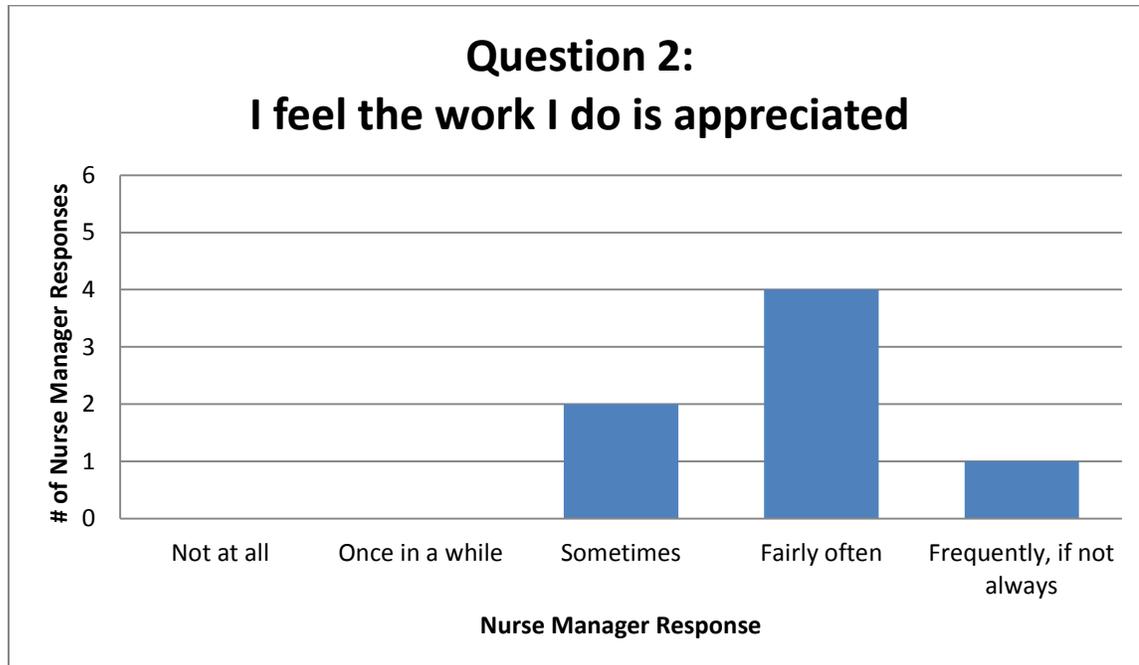
*Means and Standard Deviations of Experience of Nurse Managers (n = 7)*

Experience	<i>M</i>	<i>SD</i>
Years of Nursing Experience	20.57	13.75
Previous Years of Experience as Nurse Manager	0.86	1.57
Years of Experience as Nurse Manager on Current Unit	4.43	2.70

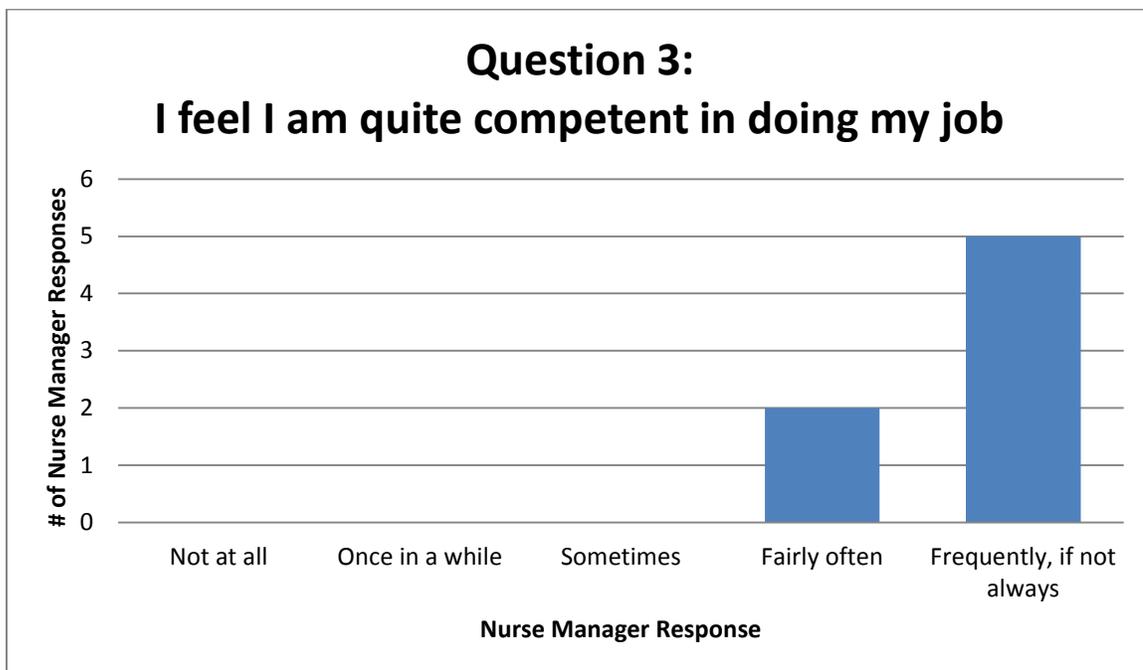
Frequency distributions were used to determine the range of responses related to the job satisfaction questions on the demographic survey. Two nurse managers were fairly satisfied with their job and five were frequently, if not always satisfied. Two managers felt the work they did was sometimes appreciated while four stated fairly often and one stated frequently, if not always. Two managers fairly often felt competent in doing their jobs while five frequently, if not always felt competent. Three managers reported like doing the work they did fairly often and four frequently, if not always liked the work they did. Results are presented in Figures 2-5.



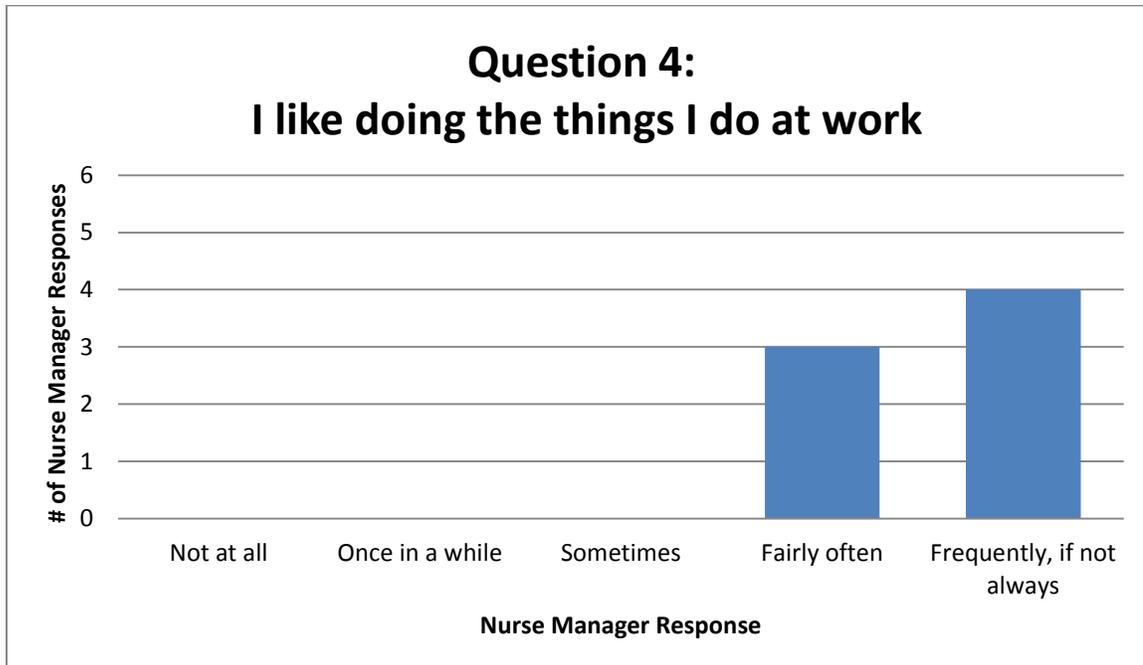
*Figure 2.* Nurse manager response to job satisfaction question on demographic survey.



*Figure 3.* Nurse manager response to work is appreciated question on demographic survey.



*Figure 4:* Nurse manager response to feeling competent in doing job question on demographic survey.



*Figure 5:* Nurse manager response to like doing the things done at work on demographic survey.

### **Demographics for Staff Nurses**

Staff nurse ages ranged from 21 to 61 with the mean age of 38.09 ( $n = 78$ ,  $sd = 11.13$ ). Eight (10%) nurses were male, 67 (84%) were female and five (6%) preferred not to answer. Staff nurses were employed in one of the following units: ICUN ( $n = 15$ , 18.8%), CICU ( $n = 17$ , 21.2%), GI ( $n = 7$ , 8.8%), Neuroscience ( $n = 11$ , 13.8%), Innovation ( $n = 5$ , 6.3%), Cardiac ( $n = 10$ , 12.5%), or Surgical ( $n = 15$ , 18.8%). Two (2.5%) nurses were diploma nurses, 28 (35%) held associate degrees, 44 (55%) held bachelor's degrees, 4 (5%) held master's degrees, one (1.25%) held a doctorate degree, and one (1.25%) answered Other. One (1.2%) nurse worked 11 pm – 7 am, 35 (43.8%) nurses worked 7 am – 7 pm, 34 (42.5%) nurses worked 7 pm – 7 am, six (7.5%) nurses specified “Other,” and 4 (5%) nurses did not respond. Results are presented in Table 3.

Table 3

*Frequency Distribution of Demographic Variables of Staff Nurses (n = 80)*

Demographic Variable	<i>n</i>	%
Gender		
Female	67	84
Male	8	10
Type of Nursing Unit		
ICUN	15	18.8
CICU	17	21.2
GI	7	8.8
Neuroscience	11	13.8
Innovation	5	6.3
Cardiac	10	12.5
Surgical	15	18.8
Education		
Diploma	2	2.5
Associate	28	35.0
Bachelor's	44	55.0
Master's	4	5.0
Doctorate	1	1.25
Shift		
7a-3p	0	0
3p-11p	0	0
11p-7a	1	1.2
7a-7p	35	43.8
7p-7a	34	42.5
Other	6	7.5

Years of nursing experience ranged from < 1 year to 39 years with a mean of 10.04 ( $n = 80$ ,  $sd = 10.25$ ). The length of time employed on the unit ranged from < 1 year to 32 years with a mean of 4.73 years ( $n = 80$ ,  $sd = 6.10$ ). The length of time working under their current unit manager ranged from < 1 year to eight years with the mean of 2.50 years ( $n = 80$ ,  $sd = 2.15$ ). Results are displayed in Table 4.

Table 4

*Means and Standard Deviations of Experience of Staff Nurses (n = 80)*

Experience	<i>M</i>	<i>SD</i>
Years of Nursing Experience	10.04	10.25
Years Working on Current Unit	4.73	6.10
Years Working Under Current Manager	2.50	2.15

Frequency distributions were used to determine the range of responses related to the job satisfaction questions on the demographic survey. Under the demographic question, “I am satisfied with my job” two nurses stated not at all, five stated once in a while, 17 stated sometimes, 23 stated fairly often, and 33 stated frequently, if not always. Under the demographic question, “I feel the work I do is appreciated” 4 nurses responded not at all, 13 responded once in a while, 13 responded sometimes, 26 responded fairly often, and 24 responded frequently, if not always. Under the demographic question, “My manager is quite competent in doing his/her job” two stated not at all, seven stated once in a while, 12 stated sometimes, 19 stated fairly often, 39 stated frequently, if not always and one preferred not to answer. Under the demographic question, “I like doing the things I do at work” two responded once in a while, 12 responded sometimes, 22 responded fairly often, and 44 responded frequently, if not always. Staff nurse responses are presented in Figures 6-9.



Figure 6. Staff nurse response to job satisfaction question on demographic survey.

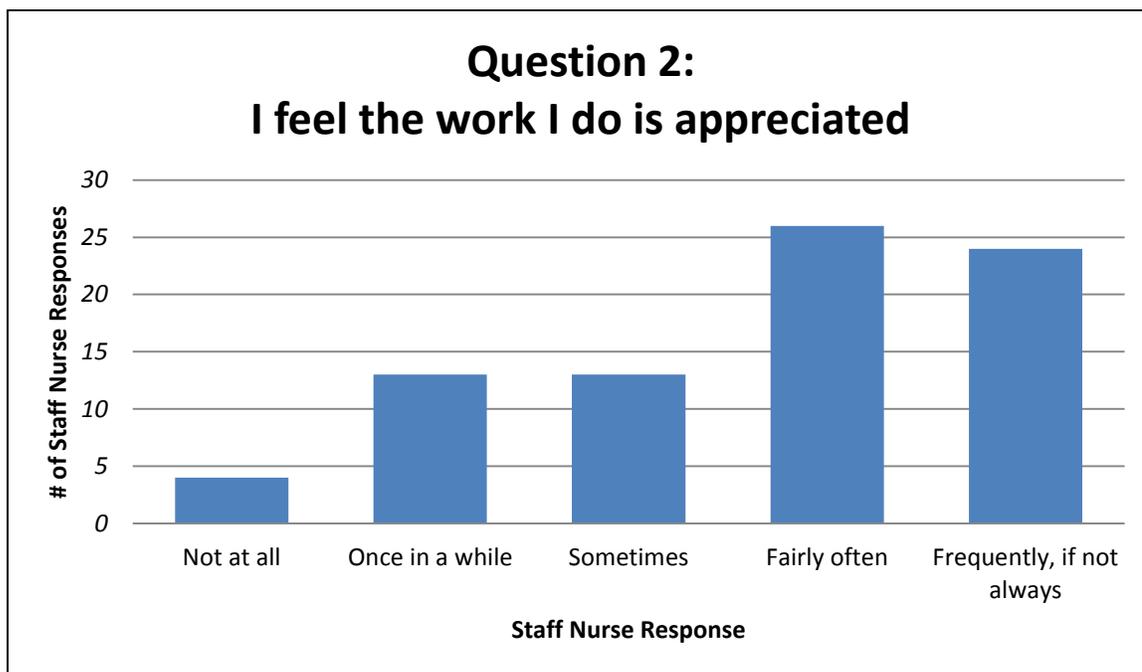
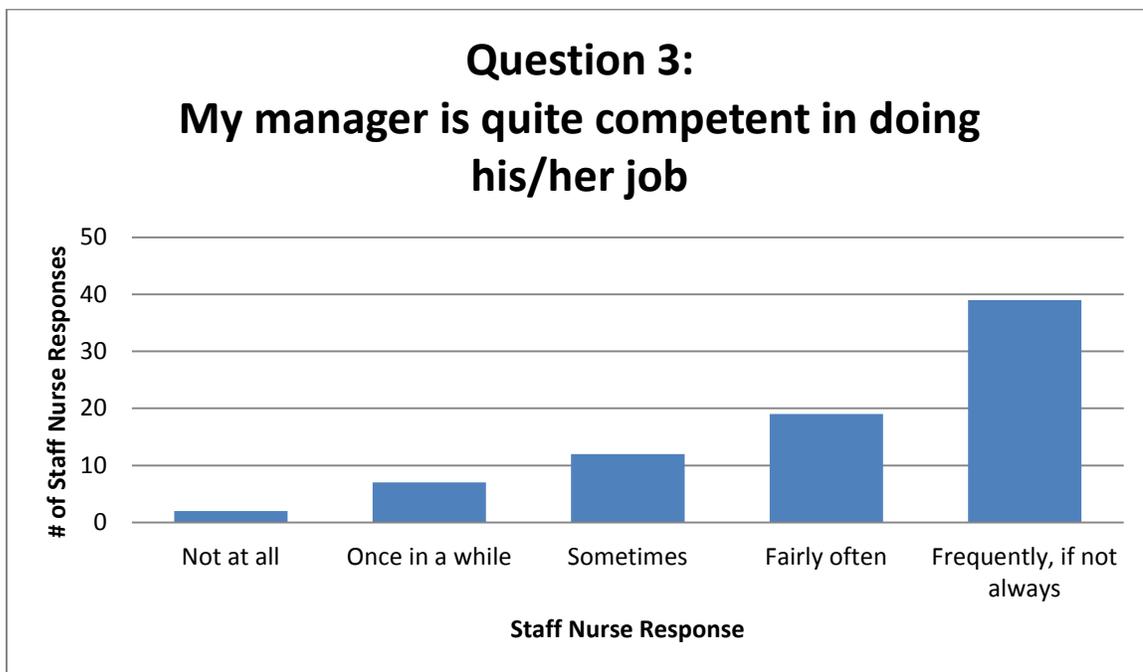
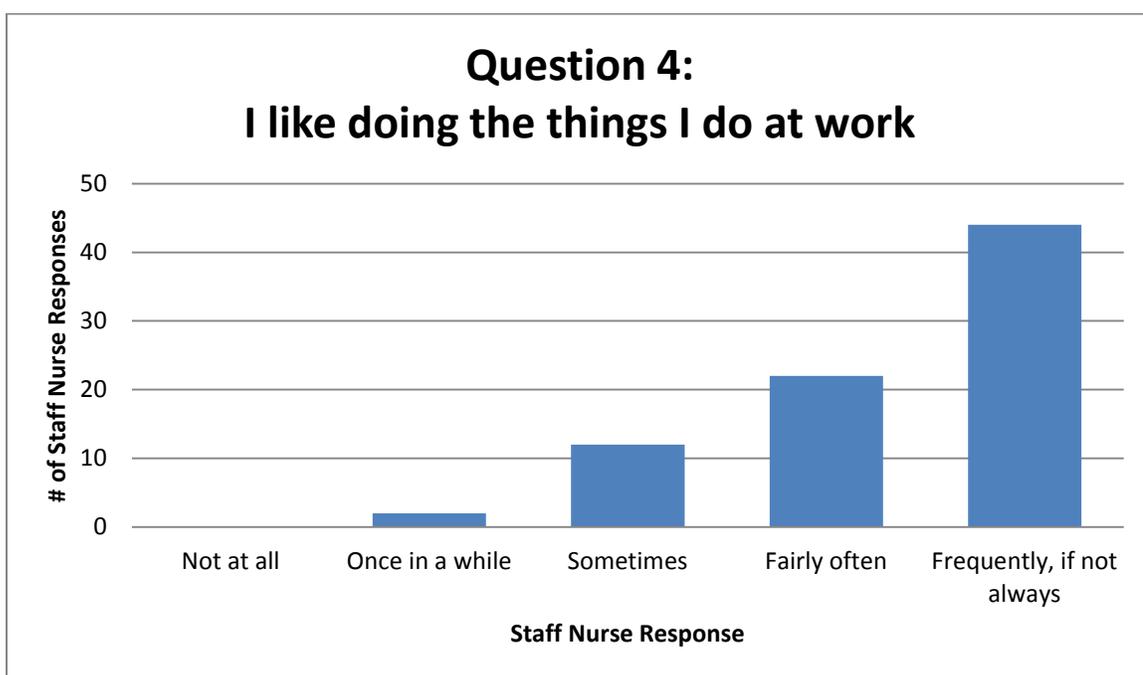


Figure 7: Staff nurse response to work is appreciated question on demographic survey.



*Figure 8:* Staff nurse response to feeling competent in doing job question.



*Figure 9:* Staff nurse response to like doing the things done at work.

### **Overall Nurse Manager Self Rating Using the MLQ (Form 5X)**

Descriptive statistics were used to determine the overall mean score of each nurse manager's response to questions on the MLQ (Form 5X) in regards to their own leadership style. Under transformational leadership qualities the nurse managers rated themselves as follows: Intellectual Stimulation (IS) scores ranged from 3.00 to 3.75 ( $m = 2.71$ ,  $sd = 0.27$ ), Idealized Behaviors (IB) ranged from 2.50 to 4.00 ( $m = 3.54$ ,  $sd = 0.57$ ), Inspirational motivation (IM) ranged from 2.50 to 4.00 ( $m = 3.36$ ,  $sd = 0.54$ ), Idealized Attributes (IA) ranged from 2.75 to 3.50 ( $m = 3.17$ ,  $sd = 0.30$ ) and Individual Consideration (IC) ranged from 2.75 to 3.75 ( $m = 3.29$ ,  $sd = 0.39$ ). Under transactional leadership qualities the nurse managers rated themselves as follows: Contingent Reward (CR) ranged from 2.25 to 3.00 ( $m = 2.71$ ,  $sd = 0.27$ ) and Management-by-Exception: Active (MBEA) ranged from 1.25 to 3.50 ( $m = 1.93$ ,  $sd = 0.81$ ). Passive/Avoidant leadership scores resulted in the following: Management-by-Exception: Passive (MBEP) ranged from 0.75 to 2.50 ( $m = 1.82$ ,  $sd = 0.64$ ) and Laissez-Faire (LF) ranged from 0.25 to 1.50 ( $m = 0.86$ ,  $sd = 0.43$ ). Four nurse managers rated themselves as more transformational and three as more passive/avoidant. No nurse managers rated themselves as primarily transactional leaders. Results are presented in Table 5.

Table 5

*Means and Standard Deviations of Leadership Qualities of Nurse Managers (n = 7)*

Leadership qualities	<i>M</i>	<i>SD</i>
Transformational		
Intellectual Stimulation (IS)	3.17	0.31
Behavior Idealized Influence (IB)	3.54	0.57
Inspirational Motivation (IM)	3.36	0.54
Attributed Idealized Influence (IA)	3.17	0.30
Individual Consideration (IC)	3.29	0.39
Transactional		
Contingent Reward (CR)	2.71	0.27
Management by Exception: Active (MBEA)	1.93	0.81
Passive/Avoidant		
Management by Exception: Passive (MBEP)	1.82	0.64
Laissez-faire (LF)	0.86	0.43

### **Individual Nurse Manager Rating Using the MLQ (Form 5X)**

**Nurse Manager A.** Nurse Manager A was 52 years old, with a master's degree in nursing, had been a nurse for over 30 years and in the role of unit nurse manager of the CICU for eight years. She had not been a nurse manager prior to this position. Nurse Manager A was in charge of 73 staff nurses.

***Nurse Manager A self rating.*** She rated herself as follows: transformational qualities – IS 3.25, IB 3.25, IM 3.25, IA 3.0 and IC 3.5, transactional qualities – CR 2.75 and MBEA 1.25, passive/avoidant qualities – MBEP 2.5 and LF 1.25. Results are displayed in Table 6.

***Staff nurse rating of Nurse Manager A.*** Seventeen nurses completed the MLQ (Form 5X) for a 23% return rate. Staff nurses rated Nurse Manager A in the following: transformational qualities – IS 0.25 to 4.00 ( $m = 2.64$ ,  $sd = 0.97$ ), IB 2.25 to 4.00 ( $m = 3.02$ ,  $sd = 0.51$ ), IM 2.25 to 4.00 ( $m = 3.18$ ,  $sd = 0.55$ ), IA 0.25 to 4.00 ( $m = 3.02$ ,  $sd =$

0.90) and IC 0.00 to 4.00 ( $m = 2.46$ ,  $sd = 0.97$ ); transactional qualities – CR 2.00 to 3.25 ( $m = 2.44$ ,  $sd = 0.44$ ) and MBEA 1.00 to 4.00 ( $m = 2.38$ ,  $sd = 1.01$ ); passive/avoidant qualities – MBEP 0.75 to 2.50 ( $m = 1.66$ ,  $sd = 0.62$ ) and LF 0.00 to 3.50 ( $m = 1.02$ ,  $sd = 1.19$ ). Results are displayed in Table 6.

Table 6

*Comparison between Staff Nurse and Unit Nurse Manager A Leadership Perceptions*

Leadership style	Unit manager		Staff nurse	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Transformational				
Intellectual Stimulation (IS)	3.25	0	2.64	0.97
Behavior Idealized Influence (IB)	3.25	0	3.02	0.51
Inspirational Motivation (IM)	3.25	0	3.18	0.55
Attributed Idealized Influence (IA)	3.0	0	3.02	0.90
Individual Consideration (IC)	3.5	0	2.46	0.97
Transactional				
Contingent Reward (CR)	2.75	0	2.44	0.44
Management by Exception: Active (MBEA)	1.25	0	2.38	1.01
Passive/Avoidant				
Management by Exception: Passive (MBEP)	2.5	0	1.66	0.62
Laissez-faire (LF)	1.25	0	1.02	1.19

The scores for Extra Effort ranged from 0.00 to 4.00 ( $m = 2.47$ ,  $sd = 1.39$ ), Effectiveness ranged from 2.50 to 4.00 ( $m = 3.40$ ,  $sd = 0.59$ ) and Satisfaction ranged from 0.00 to 4.00 ( $m = 2.94$ ,  $sd = 1.24$ ). The mean score of the three Outcomes of Leadership was 2.93. Results are displayed in Table 7.

Table 7

*Means and Standard Deviations of Staff Nurse Rating of Unit Nurse Manager (n = 17)*

Experience	<i>M</i>	<i>SD</i>
Extra effort	2.47	1.39
Effectiveness	3.40	0.59
Satisfaction	2.94	1.24

**Nurse Manager B.** Nurse Manager B was 59 years old, earned a bachelor's degree in nursing, was a nurse for 38 years and in the role of unit nurse manager of a surgical unit for seven years. She had not been a nurse manager prior to this position. Nurse Manager B was in charge of 52 staff nurses.

***Nurse Manager B self rating.*** She rated herself as follows: transformational qualities – IS 3.75, IB 4.00, IM 4.00, IA 3.60 and IC 3.75, transactional qualities – CR 3.00 and MBEA 3.50, passive/avoidant qualities – MBEP 2.00 and LF 0.50. Results are displayed in Table 8.

***Staff nurse rating of Nurse Manager B.*** 15 nurses completed the MLQ (Form 5X) for a 29% return rate. Staff rated Nurse Manager B in the following: transformational qualities – IS 0.00 to 3.50 ( $m = 1.99, sd = 1.15$ ), IB 0.50 to 3.50 ( $m = 2.35, sd = 1.12$ ), IM 0.50 to 3.75 ( $m = 2.07, sd = 1.00$ ), IA 0.00 to 3.50 ( $m = 2.06, sd = 1.34$ ) and IC 0.25 to 3.50 ( $m = 1.78, sd = 1.10$ ); transactional qualities – CR 0.50 to 3.25 ( $m = 1.88, sd = 0.79$ ) and MBEA 0.25 to 3.75 ( $m = 1.94, sd = 1.09$ ); passive/avoidant qualities – MBEP 1.00 to 2.50 ( $m = 1.59, sd = 0.49$ ) and LF 0.00 to 3.00 ( $m = 1.32, sd = 1.01$ ). Results are displayed in Table 8.

Table 8

*Comparison between Staff Nurse and Unit Nurse Manager B Leadership Perceptions*

Leadership style	Unit manager		Staff nurse	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Transformational				
Intellectual Stimulation (IS)	3.75	0	1.99	1.15
Behavior Idealized Influence (IB)	4.00	0	2.35	1.12
Inspirational Motivation (IM)	4.00	0	2.07	1.00
Attributed Idealized Influence (IA)	3.60	0	2.06	1.34
Individual Consideration (IC)	3.75	0	1.78	1.10
Transactional				
Contingent Reward (CR)	3.00	0	1.88	0.79
Management by Exception: Active (MBEA)	3.50	0	1.94	1.09
Passive/Avoidant				
Management by Exception: Passive (MBEP)	2.00	0	1.59	0.49
Laissez-faire (LF)	0.50	0	1.32	1.01

The scores for Extra Effort ranged from 0.00 to 3.00 ( $m = 1.76$ ,  $sd = 0.93$ ), Effectiveness ranged from 0.25 to 4.00 ( $m = 2.37$ ,  $sd = 1.28$ ) and Satisfaction ranged from 0.50 to 4.00 ( $m = 2.17$ ,  $sd = 1.37$ ). The mean score of the three Outcomes of Leadership was 2.09. Results are displayed in Table 9.

Table 9

*Means and Standard Deviations of Staff Nurse Rating of Unit Nurse Manager (n = 15)*

Experience	<i>M</i>	<i>SD</i>
Extra effort	1.76	0.93
Effectiveness	2.37	1.28
Satisfaction	2.17	1.23

**Nurse Manager C.** Nurse Manager C was 59 years old, with a bachelor's degree in nursing, had been a nurse for over 34 years, and in her current position as unit nurse

manager of the cardiac unit for almost six years. She had no nurse manager experience prior to this position. Nurse Manager C was in charge of 22 staff nurses.

***Nurse Manager C self rating.*** She rated herself as follows: transformational qualities – IS 3.00, IB 3.25, IM 3.00, IA 3.00 and IC 2.75, transactional qualities – CR 2.25 and MBEA 1.25, passive/avoidant qualities – MBEP 1.75 and LF 0.75. Results are displayed in Table 10.

***Staff nurse rating of Nurse Manager C.*** Ten staff nurses completed the MLQ (Form 5X) for a 45% return rate. Staff rated Nurse Manager C in the following: transformational qualities – IS 0.00 to 4.00 ( $m = 1.75$ ,  $sd = 1.28$ ), IB 0.00 to 4.00 ( $m = 2.19$ ,  $sd = 1.11$ ), IM 0.75 to 4.00 ( $m = 2.44$ ,  $sd = 1.11$ ), IA 1.00 to 3.00 ( $m = 2.13$ ,  $sd = 0.58$ ) and IC 0.50 to 4.00 ( $m = 2.06$ ,  $sd = 1.12$ ); transactional qualities – CR 0.25 to 3.25 ( $m = 1.91$ ,  $sd = 0.93$ ) and MBEA 1.50 to 3.00 ( $m = 2.56$ ,  $sd = 0.54$ ); passive/avoidant qualities – MBEP 0.75 to 1.75 ( $m = 1.25$ ,  $sd = 0.40$ ) and LF 0.00 to 2.50 ( $m = 0.86$ ,  $sd = 0.80$ ). Results are displayed in Table 10.

Table 10

*Comparison between Staff Nurse and Unit Nurse Manager C Leadership Perceptions*

Leadership style	Unit manager		Staff nurse	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Transformational				
Intellectual Stimulation (IS)	3.00	0	1.75	1.28
Behavior Idealized Influence (IB)	3.25	0	2.19	1.11
Inspirational Motivation (IM)	3.00	0	2.44	1.11
Attributed Idealized Influence (IA)	3.00	0	2.13	0.58
Individual Consideration (IC)	2.75	0	2.06	1.12
Transactional				
Contingent Reward (CR)	2.25	0	1.91	0.93
Management by Exception: Active (MBEA)	1.25	0	2.56	0.54
Passive/Avoidant				
Management by Exception: Passive (MBEP)	1.75	0	1.25	0.40
Laissez-faire (LF)	0.75	0	0.86	0.80

The scores for Extra Effort ranged from 0.00 to 2.67 ( $m = 1.41, sd = 0.95$ ), Effectiveness ranged from 0.00 – 4.00 ( $m = 2.08, sd = 1.17$ ) and Satisfaction ranged from 0.00 – 4.00 ( $m = 1.80, sd = 1.30$ ). The mean score of the three Outcomes of Leadership was 1.76. Results are displayed in Table 11.

Table 11

*Means and Standard Deviations of Staff Nurse Rating of Unit Nurse Manager (n = 10)*

Experience	<i>M</i>	<i>SD</i>
Extra effort	1.41	0.95
Effectiveness	2.08	1.17
Satisfaction	1.80	1.30

**Nurse Manager D.** Nurse Manager D was 43 years old, with a bachelor's degree in nursing, a nurse for 21 years, and in the current position of unit nurse manager of the gastrointestinal unit for five years. She was a unit nurse manager in a separate unit for

over four years prior to her current position. Nurse Manager D was in charge of 28 staff nurses.

***Nurse Manager D self rating.*** She rated herself as follows: transformational qualities – IS 3.25, IB 2.50, IM 2.50, IA 3.25 and IC 3.25, transactional qualities – CR 2.75 and MBEA 2.25, passive/avoidant qualities – *MBEP* 2.00 and *LF* 1.50. Results are displayed in Table 12.

***Staff nurse rating of Nurse Manager D.*** Seven staff nurses completed the MLQ (Form 5X) for a 25% return rate. Staff rated Nurse Manager D in the following: transformational qualities – IS 1.25 to 3.75 ( $m = 2.55$ ,  $sd = 0.99$ ), IB 1.00 to 4.00 ( $m = 2.31$ ,  $sd = 1.25$ ), IM 2.00 to 4.00 ( $m = 3.25$ ,  $sd = 0.83$ ), IA 0.50 to 4.00 ( $m = 2.40$ ,  $sd = 1.40$ ) and IC 0.75 to 4.00 ( $m = 2.50$ ,  $sd = 1.27$ ); transactional qualities – CR 1.75 to 3.00 ( $m = 2.15$ ,  $sd = 0.52$ ) and MBEA 0.75 to 3.00 ( $m = 2.25$ ,  $sd = 1.02$ ); passive/avoidant qualities – *MBEP* 0.50 to 1.75 ( $m = 1.06$ ,  $sd = 0.52$ ) and *LF* 0.00 to 3.75 ( $m = 1.08$ ,  $sd = 1.36$ ). Results are displayed in Table 12.

Table 12

*Comparison between Staff Nurse and Unit Nurse Manager D Leadership Perceptions*

Leadership style	Unit manager		Staff nurse	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Transformational				
Intellectual Stimulation (IS)	3.25	0	2.55	0.99
Behavior Idealized Influence (IB)	2.50	0	2.31	1.25
Inspirational Motivation (IM)	2.50	0	3.25	0.83
Attributed Idealized Influence (IA)	3.25	0	2.40	1.40
Individual Consideration (IC)	3.25	0	2.50	1.27
Transactional				
Contingent Reward (CR)	2.75	0	2.15	0.52
Management by Exception: Active (MBEA)	2.25	0	2.25	1.02
Passive/Avoidant				
Management by Exception: Passive (MBEP)	2.00	0	1.06	0.52
Laissez-faire (LF)	1.50	0	1.08	1.36

The scores for Extra Effort ranged from 0.00 to 3.67 ( $m = 1.76$ ,  $sd = 1.53$ ), Effectiveness ranged from 0.00 – 4.00 ( $m = 2.80$ ,  $sd = 1.41$ ) and Satisfaction ranged from 0.50 – 4.00 ( $m = 2.43$ ,  $sd = 1.13$ ). The mean score of the three Outcomes of Leadership was 2.33. Results are displayed in Table 13.

Table 13

*Means and Standard Deviations of Staff Nurse Rating of Unit Nurse Manager (n = 7)*

Experience	<i>M</i>	<i>SD</i>
Extra effort	1.76	1.53
Effectiveness	2.80	1.41
Satisfaction	2.43	1.13

**Nurse Manager E.** Nurse Manager E was 27 years old, with a master's degree in nursing, a nurse for a little over five years, and in her current position of unit nurse

manager of the Innovation Unit for one year. Nurse Manager E was in charge of 20 staff nurses.

***Nurse Manager E self rating.*** She rated herself as follows: transformational qualities – IS 3.00, IB 4.00, IM 4.00, IA 2.75 and IC 2.75, transactional qualities – CR 3.00 and MBEA 2.00, passive/avoidant qualities – MBEP 1.25 and LF 0.25. Results are displayed in Table 14.

***Staff nurse rating of Nurse Manager E.*** Five nurses completed the MLQ (Form 5X) for a 25% return rate. Staff rated Nurse Manager E in the following: transformational qualities – IS 1.00 to 3.00 ( $m = 2.13$ ,  $sd = 0.83$ ), IB 1.75 to 3.00 ( $m = 2.69$ ,  $sd = 0.63$ ), IM 2.25 to 4.00 ( $m = 3.00$ ,  $sd = 0.68$ ), IA 1.50 to 3.00 ( $m = 2.25$ ,  $sd = 0.74$ ) and IC 1.25 to 3.00 ( $m = 1.95$ ,  $sd = 0.78$ ); transactional qualities – CR 1.25 to 2.50 ( $m = 2.10$ ,  $sd = 0.52$ ) and MBEA 2.50 to 2.75 ( $m = 2.67$ ,  $sd = 0.14$ ); passive/avoidant qualities – MBEP 0.50 to 2.00 ( $m = 1.17$ ,  $sd = 0.76$ ) and LF 0.00 to 1.00 ( $m = 0.56$ ,  $sd = 0.43$ ). Results are displayed in Table 14.

Table 14

*Comparison between Staff Nurse and Unit Nurse Manager E Leadership Perceptions*

Leadership style	Unit manager		Staff nurse	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Transformational				
Intellectual Stimulation (IS)	3.00	0	2.13	0.83
Behavior Idealized Influence (IB)	4.00	0	2.69	0.63
Inspirational Motivation (IM)	4.00	0	3.00	0.83
Attributed Idealized Influence (IA)	2.75	0	2.25	0.74
Individual Consideration (IC)	2.75	0	1.95	0.78
Transactional				
Contingent Reward (CR)	3.00	0	2.10	0.52
Management by Exception: Active (MBEA)	2.00	0	2.67	0.14
Passive/Avoidant				
Management by Exception: Passive (MBEP)	1.25	0	1.17	0.76
Laissez-faire (LF)	0.25	0	0.56	0.43

The scores for Extra Effort ranged from 0.33 to 3.00 ( $m = 1.60$ ,  $sd = 1.06$ ), Effectiveness ranged from 1.00 to 2.75 ( $m = 2.15$ ,  $sd = 0.72$ ) and Satisfaction ranged from 1.00 to 3.00 ( $m = 2.00$ ,  $sd = 0.71$ ). The mean score of the three Outcomes of Leadership was 1.91. Results are displayed in Table 15.

Table 15

*Means and Standard Deviations of Staff Nurse Rating of Unit Nurse Manager (n = 5)*

Experience	<i>M</i>	<i>SD</i>
Extra effort	1.60	1.06
Effectiveness	2.15	0.72
Satisfaction	2.00	0.71

**Nurse Manager F.** Nurse Manager F was 44 years old, with an associate's degree in nursing, was a nurse for three and a half years, and the unit nurse manager of the neurological intensive care and step down units for almost two years. This was her

first experience as a unit nurse manager. Nurse Manager F was in charge of 47 staff nurses.

***Nurse Manager F self rating.*** She rated herself as follows: transformational qualities – IS 3.50, IB 4.00, IM 3.25, IA 3.50 and IC 3.50, transactional qualities – CR 2.50 and MBEA 1.25, passive/avoidant qualities – MBEP 0.75 and LF 1.00. Results are displayed in Table 16.

***Staff nurse rating of Nurse Manager F.*** Fifteen staff nurses completed the MLQ (Form 5X) for a 32% return rate. Staff rated Nurse Manager F in the following: transformational qualities – IS 0.25 to 3.50 ( $m = 1.95$ ,  $sd = 1.11$ ), IB 0.00 to 4.00 ( $m = 2.36$ ,  $sd = 1.39$ ), IM 0.25 to 4.00 ( $m = 2.67$ ,  $sd = 0.98$ ), IA 1.00 to 3.75 ( $m = 2.34$ ,  $sd = 0.93$ ) and IC 0.00 to 3.25 ( $m = 1.67$ ,  $sd = 1.13$ ); transactional qualities – CR 0.50 to 2.75 ( $m = 1.79$ ,  $sd = 0.83$ ) and MBEA 0.50 to 4.00 ( $m = 2.34$ ,  $sd = 0.92$ ); passive/avoidant qualities – MBEP 0.50 to 2.50 ( $m = 1.33$ ,  $sd = 0.67$ ) and LF 0.00 to 3.00 ( $m = 0.92$ ,  $sd = 0.98$ ). The scores for Extra Effort ranged from 0.00 to 3.33 ( $N = 15$ ,  $M = 1.72$ ,  $sd = 1.13$ ). Results are displayed in Table 16.

Table 16

*Comparison between Staff Nurse and Unit Nurse Manager F Leadership Perceptions*

Leadership style	Unit manager		Staff nurse	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Transformational				
Intellectual Stimulation (IS)	3.50	0	1.95	1.11
Behavior Idealized Influence (IB)	4.00	0	2.36	1.39
Inspirational Motivation (IM)	3.25	0	2.67	0.98
Attributed Idealized Influence (IA)	3.50	0	2.34	0.93
Individual Consideration (IC)	3.50	0	1.67	1.13
Transactional				
Contingent Reward (CR)	2.50	0	1.79	0.83
Management by Exception: Active (MBEA)	1.25	0	2.34	0.92
Passive/Avoidant				
Management by Exception: Passive (MBEP)	0.75	0	1.33	0.67
Laissez-faire (LF)	1.00	0	0.92	0.98

The scores for Extra Effort ranged from 0.00 to 3.33 ( $m = 1.72$ ,  $sd = 1.13$ ), Effectiveness ranged from 0.50 to 3.50 ( $m = 2.29$ ,  $sd = 0.91$ ) and Satisfaction ranged from 0.00 to 3.50 ( $m = 2.00$ ,  $sd = 1.24$ ). The mean score of the three Outcomes of Leadership was 2.00. Results are displayed in Table 17.

Table 17

*Means and Standard Deviations of Staff Nurse Rating of Unit Nurse Manager (n = 15)*

Experience	<i>M</i>	<i>SD</i>
Extra effort	1.72	1.13
Effectiveness	2.29	0.91
Satisfaction	2.00	1.24

**Nurse Manager G.** Nurse Manager G was 37 years old, earned a bachelor's degree in nursing, a nurse for 14 years and in his current position as unit nurse manager of the general neuroscience unit for almost five years. Prior to his current position, he

was a unit nurse manager on a separate unit. Nurse Manager G was in charge of 27 staff nurses.

***Nurse Manager G self rating.*** He rated himself as follows: transformational qualities – IS 3.25, IB 3.75, IM 3.50, IA 3.50 and IC 3.50, transactional qualities – CR 2.75 and MBEA 2.00, passive/avoidant qualities – MBEP 2.50 and LF 0.75. Results are displayed in Table 18.

***Staff nurse rating of Nurse Manager G.*** Eleven staff nurses completed the MLQ (Form 5X) for a 41% return rate. Staff rated Nurse Manager G in the following: transformational qualities – IS 1.75 to 3.25 ( $m = 2.64, sd = 0.54$ ), IB 0.00 to 2.00 ( $m = 0.84, sd = 0.80$ ), IM 2.25 to 4.00 ( $m = 3.33, sd = 0.55$ ), IA 1.75 to 4.00 ( $m = 3.41, sd = 0.65$ ) and IC 1.75 to 4.00 ( $m = 3.18, sd = 0.74$ ); transactional qualities – CR 0.00 to 4.00 ( $m = 2.82, sd = 1.25$ ) and MBEA 1.00 to 2.75 ( $m = 1.61, sd = 0.49$ ); passive/avoidant qualities – MBEP 1.50 to 4.00 ( $m = 2.91, sd = 0.80$ ) and LF 0.00 – 3.00 ( $m = 2.16, sd = 0.87$ ). Results are displayed in Table 18.

Table 18

*Comparison between Staff Nurse and Unit Nurse Manager G Leadership Perceptions*

Leadership style	Unit manager		Staff nurse	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Transformational				
Intellectual Stimulation (IS)	3.25	0	2.63	0.54
Behavior Idealized Influence (IB)	3.75	0	0.84	0.80
Inspirational Motivation (IM)	3.50	0	3.33	0.55
Attributed Idealized Influence (IA)	3.50	0	3.41	0.65
Individual Consideration (IC)	3.50	0	3.18	0.74
Transactional				
Contingent Reward (CR)	2.75	0	2.82	1.25
Management by Exception: Active (MBEA)	2.00	0	1.61	0.49
Passive/Avoidant				
Management by Exception: Passive (MBEP)	2.50	0	2.91	0.80
Laissez-faire (LF)	0.75	0	2.16	0.87

The scores for Extra Effort ranged from 2.00 – 4.00 ( $m = 3.03$ ,  $sd = 0.73$ ), Effectiveness ranged from 0.25 – 4.00 ( $m = 3.00$ ,  $sd = 1.12$ ) and Satisfaction ranged from 1.00 – 4.00 ( $m = 3.18$ ,  $sd = 0.96$ ). The mean score of the three Outcomes of Leadership was 3.07. Results are displayed in Table 19.

Table 19

*Means and Standard Deviations of Staff Nurse Rating of Unit Nurse Manager (n = 11)*

Experience	<i>M</i>	<i>SD</i>
Extra effort	3.03	0.73
Effectiveness	3.00	1.12
Satisfaction	3.18	0.96

## **CHAPTER V**

### **DISCUSSION**

The purpose of this study was to determine if transformational nurse managers were perceived by their nursing staff as more effective leaders than transactional or passive/avoidant leaders. This chapter presents the findings of this study and how they relate to nursing leadership.

#### **Implication of Findings**

Seven unit nurse managers participated in this study. The managers represented intensive care units, general-surgical units, and specialty units. Regardless of the unit, Outcomes of Leadership scores were low compared to the national norms. None of the unit managers scored consistently high. It seemed the nurse managers felt confident in their leadership style, but the scores resulted otherwise. The low scores reflected a lack of overall leadership. It may have been that the unit nurse managers did not clearly communicate their ideas to staff or staff felt their nurse manager was not an active enough participant in the day to day operations of the unit: They spent more time behind closed doors than being seen on the unit assisting nurses with patient care. Another possibility was, although unit nurse managers wanted to be more active on the unit, their schedule did not warrant it: Meetings, budgeting, staff reviews, committees, hiring and special projects, for example, ate into the day. Committing dedicated time to staff was nearly impossible.

#### **Nurse Manager A**

In her self-rating, Nurse Manager A demonstrated stronger passive/avoidant qualities versus transformational and transactional qualities. Staff nurses rated Nurse

Manager A as more transformational and transactional than passive/avoidant. However, Nurse Manager A's average transformational and transactional scores placed low compared to the national averages. The Outcomes of Leadership scores reflected the self-rating. Extra Effort fell in the 30<sup>th</sup> percentile of the national norm based on lower level employee ratings, Effectiveness rated 60<sup>th</sup> percentile and Satisfaction rated 20<sup>th</sup> percentile. Based on the results of the survey, it can be assumed staff was generally dissatisfied with Nurse Manager A's leadership behaviors, but still believed she was an effective leader.

### **Nurse Manager B**

In her self-rating, Nurse Manager B demonstrated stronger transformational qualities versus transactional and passive/avoidant qualities. On the other hand, staff nurses scored their unit nurse manager low in transformational and transactional qualities and high in passive/avoidant qualities, especially in laissez-faire. This was also reflected in the low Outcomes of Leadership scores with a mean Extra Effort in the 10<sup>th</sup> percentile, Effectiveness in the 20<sup>th</sup> percentile and Satisfaction in the 10-20<sup>th</sup> percentile nationally. Most probably, staff nurses perceived weak leadership behaviors and general dissatisfaction from their unit nurse manager.

### **Nurse Manager C**

In her self-rating, Nurse Manager C demonstrated stronger passive/avoidant qualities versus transformational and transactional qualities. Staff nurses agreed and scored relatively high scores for passive/avoidant leadership, especially Management by Exception: Passive, and low scores in the transformational and transactional leadership styles. Her Outcomes of Leadership scores may have reflected her perceived leadership style: Extra Effort ranked in the 10<sup>th</sup> percentile, Effectiveness in the 10-20<sup>th</sup> percentile

and Satisfaction in the 5<sup>th</sup> percentile nationally. Overall, it can be assumed that staff was not satisfied with the leadership behaviors of their unit nurse manager.

### **Nurse Manager D**

In her self-rating, Nurse Manager D demonstrated stronger passive/avoidant qualities versus transformational and transactional qualities. Unit staff nurses agreed and also rated her with strong Management by Exception: Active qualities. She, too, received low Outcomes of Leadership scores from her staff: Extra Effort fell into the 10<sup>th</sup> percentile, Effectiveness in the 40<sup>th</sup> percentile and Satisfaction in the 10<sup>th</sup> percentile. Based on these results, it can be assumed that staff was not satisfied with the leadership behaviors of their unit nurse manager.

### **Nurse Manager E**

In her self-rating, Nurse Manager E demonstrated stronger transformational qualities versus transactional and passive/avoidant qualities. Staff nurses rated her as passive/avoidant and a strong transactional Management by Exception: Active. Staff rated her transformational leadership style as overall low, except for Inspirational Motivation which rated above average. Outcomes of Leadership scores reflected staff dissatisfaction with her leadership behaviors. Extra Effort ranked in the 10<sup>th</sup> percentile, Effectiveness in the 10-20<sup>th</sup> percentile and Satisfaction in the 10<sup>th</sup> percentile.

### **Nurse Manager F**

Nurse Manager F demonstrated stronger transformational qualities versus transactional and passive/avoidant qualities. Staff nurses rated her as passive/avoidant and transactional with a high Management by Exception: Active rating. Based on her Outcomes of Leadership scores staff, too, was dissatisfied with her leadership behavior:

Extra Effort fell in the 10<sup>th</sup> percentile, Effectiveness in the 10-20<sup>th</sup> percentile and Satisfaction in the 10<sup>th</sup> percentile nationally. It can be assumed that staff was dissatisfied with the leadership behaviors of their unit nurse manager.

### **Nurse Manager G**

In his self-rating, Nurse Manager G demonstrated stronger transformational qualities versus transactional and passive/avoidant qualities. On the other hand, staff nurses rated him in the 95<sup>th</sup> percentile for each of the passive/avoidant categories, but he also received above average transformational Inspirational Motivation, Attributed Idealized Influence and Individual Consideration scores. Staff rated his Outcomes of Leadership scores as follows: Extra Effort ranked in the 50<sup>th</sup> percentile, Effectiveness ranked in the 50<sup>th</sup> percentile and Satisfaction ranked in the 30-40<sup>th</sup> percentile. Despite the dichotomy, it can be assumed that staff nurses were somewhat satisfied with Nurse Manager G's leadership style.

Unit nurse managers who rated themselves much higher with the individual transformational leadership factors than the transactional and passive/avoidant leadership factors were perceived by their staff nurses as more passive/avoidant and transactional than transformational. No unit nurse manager was perceived as a strong transformational leader. The unit nurse managers who fell into a stronger passive/avoidant role were also rated by their staff nurses being passive/avoidant. The results indicated that the unit nurse managers who believed they were transformational leaders were not perceived as such by their staff nurses. Unit nurse managers who indicated they were primarily passive/avoidant were perceived as passive/avoidant. However, no unit nurse manager

was perceived as overwhelming one leadership style over the other. Rather, a mix of all three leadership styles.

Staff nurse reports of their unit nurse manager demonstrated the lack of connection between the manager's self-perception of leadership and staff nurses. Four of the seven nurse managers rated themselves as transformational, but staff nurses rated them as more passive/avoidant with transformational and transactional qualities. Three nurse managers rated themselves as passive/avoidant and staff nurses also rated them as evenly divided among the three leadership styles. As a result, it was difficult to make a correlation between the nurse manager's leadership style and staff perception of their manager.

Scoring low on transformational behaviors and Outcomes of Leadership may make it harder for the unit nurse manager to be an effective leader. Staff nurses may not respect or hold their nurse manager to the highest esteem. They may not support the nurse manager's decisions and nursing staff may speak poorly about their manager. This may make it harder for the nurse manager to fill open shifts, to support change, or provide excellent nursing care. Ineffective leadership can also lead to increased staff nurse stress levels on the unit, especially if the nurse manager is unwilling to listen to staff grievances or intervene in staff disputes.

### **Research Question 1**

The purpose of this study was to determine if transformational nurse managers were perceived by their nursing staff as more effective leaders than transactional or passive/avoidant leaders.

The results of this project are inconclusive because no unit manager scored high enough on the Outcomes of Behavior or in the transformational leadership categories to be classified as predominantly transformational. Regardless of the leadership style the unit nurse managers self-reported, staff nurse believed they did not put out the extra effort to be deemed transformational. It may have been unit nurse managers did not allow staff nurses the chance to excel in their strengths or take the time to listen to staff nurse needs. If unit nurses managers did not demonstrate dedication to their jobs, staff nurses certainly would not dedicate themselves to their job.

Low effectiveness scores may have been the result of unit nurse managers not listening to staff nurse ideas or including staff nurses in the decision-making process. They may not have been demonstrating the leadership skills sought by staff nurses resulting in the lack of respect for their unit nurse manager. Stress levels could have been high and the unit nurse managers may not have understood the psychological or physiological needs of the staff nurses to diffuse negative feelings or feeling of mental tiredness or burnout.

The unit nurse managers' low satisfaction scores may have reflected on unit nurse managers' inability to please the majority of the nurses the majority of the time by making unit decisions without nurse input. Unit nurse managers may not have shown a clear, supportive or caring environment especially in the time of increased stress or patient loads. Additionally, staff nurses seek challenges. Without challenge and the opportunity for growth, staff nurses could have been bored or burned out. The combination of the low results may also have been from the leaders' inability and/or ineffectiveness in creating a team first attitude. Putting the team first is such an integral

part of transformational leadership, and the units lacked effective teamwork. On a lesser note, the lower scores may have been from a disproportionate amount of dissatisfied staff nurses completing the survey versus satisfied nurses. Dissatisfaction may have also been the result of staff perception of their unit nurse manager as an overbearing micromanager or, on the opposite end of the spectrum, secluded and distant.

The Outcomes of Behavior results were interesting because the demographics questions showed otherwise. Seventy percent of staff nurses scored themselves as satisfied with their job. If so satisfied, why such dissatisfaction with their unit nurse managers? Moreover, 62.5% of the surveyed staff nurses stated they felt their work was appreciated, 72.5% rated their manager as competent and 82.5% liked doing the things they did at work. If this were accurate, one could assume Outcomes of Behaviors scores would have resulted much higher. There was an unknown inconsistency between how staff nurses consciously felt about their job and unconsciously rated their manager's leadership.

Interestingly, unit nurse managers' level of education, years as a nurse, years as a manager or one's perception of leadership style did not play a significant role in the Outcomes of Behaviors. It could have been hypothesized that the greater the management experience or the longer the years of service as a nurse the better the scores. For this study, that was not the case. A nurse manager with one year of management experience scored statistically the same as a nurse manager with eight years management experience and a unit nurse manager with three years of nursing experience scored the same as a nurse with 38 years experience. This may have been the result of lack of leadership training for the newer unit nurse managers and no continuing leadership education for the

more seasoned ones. It could also have been the result of unit nurse manager burnout: The long days, the 24-hour accountability, the extra responsibilities, and the number of years working in the clinical setting.

### **Application to Theoretical Framework**

Bass and Avolio's theory of transformational leadership formed the theoretical framework for this study. The Multifactor Leadership Questionnaire (Form 5X) was used. Unit nurse managers self-rated their leadership style and staff nurses rated the leadership style of their unit nurse manager. Managers received a score identifying their self-scored predominant leadership style and received a leadership style score from their staff nurses. Staff nurses also determined their leader's extra effort, effectiveness, and staff nurse level of satisfaction with their leader's leadership behaviors. A transformational unit nurse manager was described as one who acts as a motivator, supports staff and places team before the individual. A transactional unit nurse manager was described as one who uses reward and punishment as the primary means to achieve goals and a passive/avoidant unit nurse manager was described as one who is rarely seen on the unit and avoids confrontation.

Regardless how unit nurse managers rated themselves, overall staff nurses rated their managers as using all three leadership styles fairly evenly. This led to a non-correlation of scores between unit nurse managers and staff nurses. Nurse managers rated themselves much higher on the transformational scale than staff nurses, with staff nurses assigning generally low leadership behavior scores.

Bass and Avolio made the assumption that leaders who scored as predominately transformational on the leadership scale would have higher Outcomes of Behavior scores

than those who scored lower on the scale. Leaders who tended to be more passive/avoidant would have lower Outcomes of Behavior scores. For this study all of the unit nurse managers, but one, scored exceptionally low on the Outcomes of Behavior score despite their self-rating as predominately transformational.

### **Implications for Nursing**

Poor leadership qualities result in many negative consequences: low nurse morale, high nurse turnover, decreased productivity, little respect for the leadership and poor patient outcomes (Chung-Kai & Chia-Hung, 2009; Kleinman, 2004; Nielson et al., 2008; Thyer, 2003; Wong & Cummings, 2007). McGuire and Kennerly (2006) state, "The way the manager implements the leadership role can have a significant impact on the work environment and organizational commitment" (p. 179). Nurses want to excel at their job. They work with patients to aid recovery and bring them back to an optimal level of health. Nurses do not appreciate a manager who holds them back and prevents them from performing to the best of their abilities. According to McGuire and Kennerly (2006) the nurse leader's role is to "[rebuild] the trust and respect that staff must have in managers at all levels of the organization" (p. 180). Nurses seek a leader who appreciates and supports the staff; a leader who allows the staff to think critically and make important and impactful nursing decisions. According to Welford (2002), "the staff will benefit from a leader who has the necessary knowledge and skills and who is co-operative, collaborative, consultative, courageous, and able constantly to regenerate his or her thinking" (p. 10). For these reasons, it is essential for healthcare facilities to employ nurse managers who emulate positive leadership styles in order to effectively retain nurses.

### **Limitations**

The study was not without its limitations. (1) On average, only 30% of eligible staff nurses participated in the study. With the limited participation rate, results may be skewed; (2) only generalizations can be made about unit nurse managers' perception by their nursing staff as more effective leaders than transactional or passive/avoidant leaders because correlational studies were not completed.; (3) none of the unit nurse managers rated themselves as a transactional leader, thus limiting one aspect of leadership styles; and (4) overall staff nurse scores of their unit managers was below national averages. This made it difficult to classify a unit nurse manager as transformational.

### **Recommendations**

Recommendations can be made as a result of this study. It is important that nurse managers are given the opportunity and training to grow their management skills. From the results of this study, it can be assumed even the most seasoned managers need continued leadership training. Unit nurse managers should attend classes and seminars about effective transformational leadership practices. Prior to completing a program unit nurse managers can administer the MLQ (Form 5X) to staff. One year post-leadership training, the MLQ (Form 5X) can be re-administered and the results compared to determine leadership growth over time.

Unit nurse managers should also seek continuous, anonymous and honest feedback from staff regarding leadership behaviors and use the data to become stronger managers. Staff should be encouraged to provide concrete examples of both positive and negative observed leadership behaviors of their unit nurse managers. With these

examples in hand the unit nurse manager can build off of the transformational examples and explore solutions to the transactional and passive/avoidant ones.

Future studies can explore why unit nurse managers rate themselves as predominately transformational when staff rates them differently. Research can explore why unit nurse managers perceive themselves as an effective leaders despite receiving low scores on the MLQ (Form 5X). A study can be developed to research the cause of the inconsistency between how staff nurses consciously felt about their job and unconsciously rated their manager's leadership behaviors. Finally, one can create a comparative study of leadership behaviors and outcomes among different types of nursing units such as the intensive care units, surgical units, specialty units, and procedural units.

### **Conclusion**

With the high cost of training new nurses, the need to retain seasoned staff and the high stress levels associated with working at the bedside stronger leadership qualities are needed among unit nurse managers. Although unit nurse managers see themselves as transformational leaders the data shows otherwise. Leaders need to be given the support, such as with transformational leadership programs, to be able implement a truly transformational work environment.

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APPENDIX A

Staff Nurse Informed Consent

***Consent to Participate in Research Study***  
**Staff Nurse Perception of Leadership Styles among Nurse Managers**

You are being invited to participate in a research study about staff nurse perceptions of leadership styles among nurse managers. This study is being conducted by Robert Jaffe, MSN Administration candidate from Gardner-Webb University.

You are being asked to complete the Multifactor Leadership Questionnaire (Form 5X). This is an online questionnaire asking you to indicate the leadership style you feel best describes your unit nurse manager. This questionnaire is anonymous. There is no identifying data on the questionnaire. Due to the online nature of this survey, you will give consent for the researcher to use your personal email address to send you the questionnaire and demographics survey via Mind Garden, Inc. Your email address will remain absolutely confidential and will not be used by either the principal investigator or Mind Garden, Inc. for purposes other than to send you the questionnaire. However, absolute anonymity cannot be guaranteed over the internet. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. Individuals from the Gardner-Webb and Forsyth Medical Center Institutional Review Boards may inspect these records. Should the data be published, no individual information will be disclosed.

There are no known risks if you decide to participate in this research study. There are no costs to you for participating in the study. The information you provide will be used to determine your perception of your unit manager's leadership style. The questionnaires will take approximately 20 minutes to complete.

Your participation in the study is voluntary. By completing and submitting the survey, you are voluntarily agreeing to participate. You are free to decline to answer any particular question you do not wish to answer for any reason.

If you have any questions about the study, please contact Robert Jaffe: (C) 336-970-1567, [rajaffe@novanthealth.org](mailto:rajaffe@novanthealth.org), or [rajaffe@yahoo.com](mailto:rajaffe@yahoo.com).

The Gardner-Webb University and Forsyth Medical Center Institutional Review Boards have reviewed my request to conduct this project. If you have any concerns about your rights in this study, please contact Dr. Tracy Arnold, Gardner-Webb University faculty advisor at 704-406-4359.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Personal email address to be used: \_\_\_\_\_

APPENDIX B

Permission to use Research Tool



855 Oak Grove Ave, Ste 215  
Menlo Park CA 94025, USA

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APPENDIX C

Staff Nurse Demographics

**Research Demographics / Job Satisfaction (To be administered by Mind Garden, Inc)****Nurse Rater**

1. Specify the type of nursing unit you work on:

- ICUN  
 CICU  
 GI  
 Neuroscience  
 Innovation  
 Pulmonary  
 Cardiac  
 Surgical

2. What is your age? \_\_\_\_\_

3. What is your sex?

- M  
 F

4. Indicate your highest level of education in nursing:

- Diploma  
 Associate  
 Bachelors  
 Masters  
 Doctoral  
 Other, please specify

5. In years & months, indicate how long you have been a nurse:

\_\_\_\_\_ years and \_\_\_\_\_ months

6. In years & months indicate how long you have worked on this unit:

\_\_\_\_\_ years and \_\_\_\_\_ months

7. In years & months indicate how long you have worked under your current nurse manager:

\_\_\_\_\_ years and \_\_\_\_\_ months

8. What shift do you work?

- 7a-3p  
 3p-11p  
 11p-7a  
 7a-7p  
 7p-7a  
 Other, please specify: \_\_\_\_\_

9. I am satisfied with my job?

- 0 = Not at all  
 1 = Once in a while  
 2 = Sometimes  
 3 = Fairly often  
 4 = Frequently, if not always

10. I feel the work I do is appreciated.

- 0 = Not at all  
 1 = Once in a while  
 2 = Sometimes  
 3 = Fairly often  
 4 = Frequently, if not always

11. My manager is quite competent in doing his/her job.

- 0 = Not at all  
 1 = Once in a while  
 2 = Sometimes  
 3 = Fairly often  
 4 = Frequently, if not always

12. I like doing the things I do at work.

- 0 = Not at all  
 1 = Once in a while  
 2 = Sometimes  
 3 = Fairly often  
 4 = Frequently, if not always

APPENDIX D

Unit Nurse Manager Demographic

**Research Demographics / Job Satisfaction (To be administered by Mind Garden, Inc)****Nurse Leader:**

1. Specify the type of nursing unit you manage:
- \_\_\_\_\_ ICUN  
 \_\_\_\_\_ CICU  
 \_\_\_\_\_ GI  
 \_\_\_\_\_ Neuroscience  
 \_\_\_\_\_ Innovation  
 \_\_\_\_\_ Pulmonary  
 \_\_\_\_\_ Cardiac  
 \_\_\_\_\_ Surgical
2. What is your age? \_\_\_\_\_
3. What is your sex?  
 \_\_\_\_\_ M  
 \_\_\_\_\_ F
4. Indicate your highest level of education in nursing:  
 \_\_\_\_\_ Diploma  
 \_\_\_\_\_ Associate  
 \_\_\_\_\_ Bachelors  
 \_\_\_\_\_ Masters  
 \_\_\_\_\_ Doctoral  
 \_\_\_\_\_ Other, please specify
5. In years & months, indicate how long you have been a nurse:  
 \_\_\_\_\_ years and \_\_\_\_\_ months
6. In years and months, indicate how long you have been in your current position as a unit manager:  
 \_\_\_\_\_ years and \_\_\_\_\_ months
7. In years and months, indicate your previous experience as a unit manager in another unit or at another facility. Do not include the time spent in your current unit:  
 \_\_\_\_\_ years and \_\_\_\_\_ months
8. What shift do you work?  
 \_\_\_\_\_ 7a-3p  
 \_\_\_\_\_ 8a-5p  
 \_\_\_\_\_ 3p-11p  
 \_\_\_\_\_ 11p-7a  
 \_\_\_\_\_ 7a-7p  
 \_\_\_\_\_ 7p-7a  
 \_\_\_\_\_ Other, please specify: \_\_\_\_\_
9. I am satisfied with my job?  
 0 = Not at all  
 1 = Once in a while  
 2 = Sometimes  
 3 = Fairly often  
 4 = Frequently, if not always
10. I feel the work I do is appreciated.  
 0 = Not at all  
 1 = Once in a while  
 2 = Sometimes  
 3 = Fairly often  
 4 = Frequently, if not always
11. I feel I am quite competent in doing my job.  
 0 = Not at all  
 1 = Once in a while  
 2 = Sometimes  
 3 = Fairly often  
 4 = Frequently, if not always
12. I like doing the things I do at work.  
 0 = Not at all  
 1 = Once in a while  
 2 = Sometimes  
 3 = Fairly often  
 4 = Frequently, if not always