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Nurse Manager Leadership Styles

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Nurse Manger Leadership Styles

by

Tristy Morrison

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

Boiling Springs, North Carolina

2019

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Abstract

Strong leadership skills are crucial to establish, grow, and sustain a healthy work environment in healthcare. Transformational leadership behaviors drive nursing teams to achieve higher levels of engagement, increased nursing satisfaction, increased retention rates, and higher commitment levels to the organization. The purpose of this research was to assess the transformational leadership characteristics among assistant nurse managers, managers, and directors, in a southeastern hospital in the United States. The Multifactor Leadership Questionnaire (MLQ-5X) was administered to evaluate the leadership characteristics. A convenience sample of 14 nurse leaders rated themselves as more transformational than the norm with an average score of 3.23 with a standard deviation of 0.18. The norm for transformational leadership is 2.99. The Full Range Leadership Model suggests leaders should use multiple leadership characteristics to successfully lead a team.

Keywords: nurse satisfaction, job satisfaction, nursing leadership, nursing leadership styles, nurses' perception of leadership, leadership theory

Acknowledgments

I would like to express my gratitude to many individuals for making this dream a reality for me. God has provided me the strength and endurance to complete this journey, for that, I am grateful. My wonderful husband, Timmy has supported me along the way offering patience, words of encouragement, and picking up extra responsibilities to make my goal obtainable. A heartfelt thank you to my amazing husband.

I would also like to thank my family for their kind words, love, and understanding when I was short on time and could not drop by for a visit. It has been hard on all of us. To my amazing coworkers who always offered assistance and frequently reminded me this was an endurance race.

Lastly, I need to express my appreciation for the faculty at Gardner-Webb University, especially Dr. Sharon Creed-Hall for her encouraging words, inspiration, and support during my graduate education. I could not have completed this journey without you and I am grateful for your support.

Tristy Morrison 2019

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CHAPTER I

Introduction

The health care environment faces multiple challenges. Constant change in technology, patient acuity, and financial pressures affect the stability of the nursing profession. The instability creates frustration for registered nurses (RNs), stress, job dissatisfaction, and turnover. Studies identify the work environment as having a large impact on nursing satisfaction and retention. Christmas (2008) suggests many factors that influence the work environment and job satisfaction, including the role of the nurse manager (NM) and peer relations. Research indicates effective leadership styles improve job satisfaction and decrease turnover.

O'Brien-Pallas, Duffield, and Hayes (2006) reports a correlation with the NMs leadership style and staff job satisfaction. NMs who adopt participatory leadership and empower staff by including them in the decision-making process have been linked to increased job satisfaction. Exploring nurses' perception of leadership influence with the NM's perceived leadership style may provide insight into job satisfaction opportunities. Characteristics of effective leadership strategies should be identified and considered per Force (2005) as they directly affect nurse job satisfaction and retention.

Relationships between the NM and the nursing staff are critical in transforming and managing change in today's health care system. Effective NMs that understand the needs of their employees and assist them in coping with the daily stressors may have more success as an effective leader as this aligns with transformational leadership. Transformational leaders allow staff to assist with decision-making and shared governance, resulting in higher rates of engagement and retention in registered nurses

(Kleinman, 2004). Higher rates of job dissatisfaction and turnover correlate with transactional, avoidant, and laissez-faire leadership styles (Bormann & Abrahamson, 2014).

Transformational, transactional, and laissez-faire are common leadership styles and have evolved for many years. Bass (1998) defines transformational leaders as individuals who motivate followers by appealing to higher morals and values, and as leaders who reward subordinates for compliance and reaching goals. Gardner (2010) defines laissez-faire leadership as a lack of involvement in decision-making.

Significance

NMs have a direct impact on the work environment in the health care setting. Effective leaders build relationships, inspire employees, and motivate staff. Prufeta (2017) summarizes the skills of an effective leader to include the ability to cultivate an environment that engages staff while providing a sense of purpose and value to their role, and providing the ability to connect and contribute to the organization's mission and vision. This leadership style aligns with a transformational leader. High turnover rates correlate with decreased job dissatisfaction, stress, high absenteeism, and ineffective communication (Huddleston, Mancini, & Gray, 2017). This leadership style aligns more closely with a transactional leader.

NMs are not always prepared to succeed as leaders as many are hired from staff level position. Most new NMs are offered a leadership role when they have displayed clinical expertise and favored by peers (Azaare & Gross, 2011). Expertise in the field is a great start; however, without tools to succeed, NMs face many challenges and stressors. Effective leaders must be equipped with tools to become effective leaders and promote a

healthy work environment in which nurses are satisfied with their role. Otherwise, employees who are not satisfied with their job will eventually leave the organization (Bormann & Abrahamson, 2014).

Nurses typically scrutinize the style of leadership displayed by their NM. Organizations should strive to understand their NMs leadership style as literature suggests leadership style affects nurse satisfaction, retention, and commitment to the organization. Job dissatisfaction tends to impact turnover, and attrition of staff creates a financial burden on the organization, ranging from \$42,000 – \$64,000 (Buffington, Zwink, Fink, DeVine, & Sanders, 2012). NMs must be aware of how their leadership style impacts job satisfaction and retention. The best job satisfier and retention tool is effective leadership. Therefore, the nurses' degree of job satisfaction with their NMs leadership style is crucial. An added benefit of nurse's job satisfaction is increased patients satisfaction and better patient outcomes, including mortality.

Nurse managers are essential in impacting staff satisfaction, morale, and retaining nurses. Relationships between nurses' perception of their nurse manager's leadership style and their perception of their work environment exist and affect job satisfaction (Brown, Fraser, Wong, Muise, & Cummings, 2013). It may be helpful to determine how NMs influence their staff through leadership styles.

Purpose

The purpose of this study was to examine the self-reported leadership styles of the NMs in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States.

Research Question

Data collection and analysis was conducted to answer the following question: What are the NM leadership styles in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States?

Theoretical/Conceptual Framework

Bass and Avolio's Full Range Leadership Model was used as the framework for this study. This model summarizes transformational leadership as a shared governance where leaders and followers work together for a common goal (Bass, 1990). Transformational leadership includes higher levels of thinking that includes moral values and motivates followers. The leader motivates employees to perform with a focus on benefitting the greater good and moves organizations forward through transforming leaders and empowering followers (Roussel, Thomas, & Ratcliffe, 2016). The leadership behaviors included in this model are transformational, transactional, and laissez-faire Leadership.

Figure 1 displays the full range of leadership behaviors included in the Full Range Leadership Model. The size of the box implicates the importance of the characteristic. Transformational leadership contains four behaviors that result in increased employee satisfaction, engagement, greater commitment to the organization, and lower turnover rates.

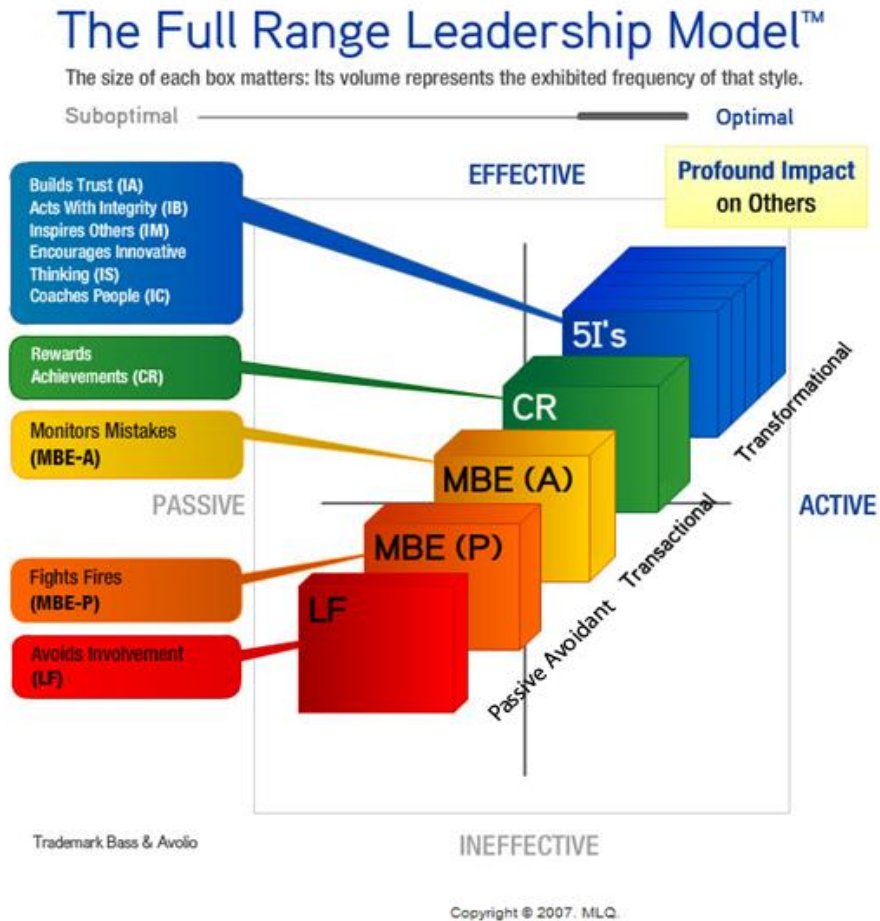


Figure 1. The Full Range Leadership Model (MLQ, 2014).

A transformational leader acts with integrity and builds relationships from collaboration, trust, communication, and compassion, resulting in cohesive teams that work together for common goals. Modeling positive behaviors of lifelong learning and remaining current on nursing practice, standards, and guidelines will inspire and encourage employees to emulate these behaviors (Mestas, Stockman, Thomas, & Roussel, 2016). A transformational leader also coaches employees and encourages setting goals, innovative thinking, expression of ideas, and ownership in decision-

making. These behaviors energize teams and increase nurse satisfaction and intent to stay.

Transactional leadership styles include passive and active management by exception and contingent rewards. These leadership styles are not highly favored by employees when used without transformational leadership skills, and studies report a decrease in job satisfaction rates and intent to stay rates. Passive and active leadership behaviors are reactive to situations; these types of leaders establish rules and guidelines and strictly enforce them (Gardner, 2010). A contingent reward manager will set clear goals and reward staff once achieved. This leadership style serves as an exchange relationship between leaders and followers (Antonakis & House, 2014).

The least desired and most ineffective leadership style is passive-avoidant (PA), also known as laissez-faire (Gardner, 2010). Bass (1998) summarizes the laissez-faire leadership style as one where leaders ignore responsibilities, do not make decisions, and do not carry out actions. Laissez-faire leadership is the absence of leadership and leads to employee dissatisfaction with the NM and the organization.

Concepts and Definitions

- Nurse Manager (NM) - Nurse Manager refers to Assistant Nurse Managers, Managers, and Directors for this study.
- Nurse Leader- Nurse Leaders was used interchangeably with Nurse Manager for this study.
- Transactional leadership (TAL) - leadership skills in which tend to be reactive to situations; they create rules and stick to them. Transactional leadership includes

passive and active management by exception and contingent rewards (Gardner, 2010).

- Transformational leadership (TFL) - leadership skills to motivate, empower, and encourages staff that leads to organizational commitment. Transformational leadership includes four types of leadership skills: idealized consideration, intellectual stimulation, inspirational motivation, and idealized influence (Bass, 1998).
- Laissez-faire (LF) leadership – lack of management (Gardner, 2010).
- Passive management-by-exception (MBE-P) – one of the three substyles of transactional leadership in which the deviations from the norm motivate the manager. The NM reacts to mistakes (Gardner, 2010).
- Active management-by-exception (MBE-A)- one of the three substyles of transactional leadership in which managers accurately monitor deviations from their standards (Gardner, 2010).
- Contingent reward (CR)- one of three substyles of transactional leadership in which the manager sets clear goals and rewards employee's achievements with tangible or intangible rewards (Gardner, 2010).
- Individualized consideration (IC) – one of four substyles of transformational leadership in which a NM shows concern for employees and listens to their ideas. Two-way communication is encouraged, and tasks assigned according to skill set (Gardner, 2010).

- Intellectual stimulation (IS) - one of four substyles of transformational leadership in which a NM encourages employees to think through their ideas and problems (Gardner, 2010).
- Inspirational motivation (IM) - one of four substyles of transformational leadership in which a NM motivates and encourages employees to act outside of their comfort level (Gardner, 2010).
- Idealized influence (II) - one of four substyles of transformational leadership in which NMs display excitement and strong moral values. The style displays confidence and uses their power to accomplish positive results, and also celebrates employee's success (Gardner, 2010).

Summary

As organizations continue to battle the challenges of the complex health care arena, it is imperative that health care facilities evaluate nurses' job satisfaction and perception of leadership style. Research reflects effective leadership styles that correlate with an increase in job satisfaction and decrease in turnover. Management styles that empower nurses and allow them to participate in decision-making processes will improve organizational commitment and nursing satisfaction, and result in increased nursing retention (Prufeta, 2017). The leadership skills of the NM make a positive impact on job satisfaction and in improving the morale of nurses. NMs are vital members of the leadership team and are important in creating and enhancing healthy work environments.

Replacing and filling vacant nursing positions is costly for organizations, taking time and energy from nursing activities on the unit. Research indicates transformational

leadership yields engaged, motivated staff, who are committed to the organization. This research study was designed to identify the self-reported leadership styles of the NM in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States.

CHAPTER II

Literature Review

The health care environment is complex, and nurses face daily challenges. The consequences of the frequently changing healthcare arena include patients with higher acuity levels, increased nursing ratios, nursing dissatisfaction, and higher turnover rates (Wood, 2009). As the nursing shortage continues to create deficiencies in nursing staff, it is critical for healthcare organizations to focus on improving nursing job satisfaction and leadership skills. Brewer et al. (2016) investigated the impact of transformational leadership on nurses and discovered lack of leadership support is one of the main reasons nurses become dissatisfied with their job. NMs must understand the reasons nurses are dissatisfied and question if their leadership style and skills have an impact on nurses' job satisfaction.

Research indicates leadership styles affect nurse satisfaction and there is concern facing health care due to ineffective leadership in most human institutions (Çitaku et al., 2012). Effective and competent nurse leaders in healthcare organizations are needed to help face the challenges and threats they are being faced with in the modern world. Effective leadership among healthcare practitioners is vital in strengthening the integration and quality care and to retain nurses as the nation continues to battle the nursing shortage (Sfantou et al., 2017). Organizations must consider the impact leadership has on nursing satisfaction. A literature review was completed using online databases, search engines, and printed journals. Databases searched included the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Nursing Resource Center (NCR), PubMed, Medline, ProQuest, EBSCOhost, and Google. The keywords

used in this search included nurse satisfaction, job satisfaction, nursing leadership, nursing leadership styles, nurses' perception of leadership, and leadership theory.

Association between Job Satisfaction and Leadership Style

Ahmad, Adi, Noor, Rahman, and Yushuang (2013) indicates providing quality services to hospitalized patients are vital when seeking improvements and success under the health care reform. Challenges under the health care reform become greater when organizations battle high turnover rates, and highly trained and experienced nurses leave their organization. Job satisfaction is one aspect that contributes to nursing turnover. Effective leadership styles may help enhance job satisfaction among employees and decrease the burden of turnover. Ahmad et al. (2013) conducted a study to investigate whether transactional and transformational leadership styles contribute to job satisfaction among nurses. Data were collected using questionnaires and the sample size was 115. Transformational leadership was found more effective in contributing to job satisfaction when compared to transactional leadership style. However, the authors concluded that transactional and transformational leadership were observed to be the most effective styles in achieving job satisfaction.

According to Ibrahim, El Sayed, Attala, and Elmezin (2016), a nurse functions as a leader after demonstrating leadership characteristics in their current role and leading their communities and other nurses in achieving the quality of healthcare. Effective nurse leaders understand what motivates and influences nurses while communicating effectively and managing resources appropriately. Transformational leadership enables nurse leaders to treat their subordinates with consideration and motivate them through intellectual stimulation. Transformational leaders grow their followers by giving them

more responsibilities and by having confidence they will fulfill the duties with self-inspiration and assurance. Transactional nurse leaders focus on day-to-day operations and adopt a caretaker role while setting goals, seeking control over the situation, rewarding follower's achievements, and giving direction. Ibrahim et al. (2016) completed a study to determine the association between NMs leadership styles and staff nurses' job performance. The data was collected using a performance evaluation list and leadership questionnaire and the sample included 110 staff nurses. No significant relationship existed between the nurse leadership style and the performance of the nurse. The recommendation included implementing training programs to advance leadership skills and styles.

Negussie and Demissie (2013) indicates leadership is the capability of influencing and pursuing followers by directing, motivating and guiding to achieve institutional effectiveness. Multiple researchers conclude effective leadership is associated with higher scores in nurse work satisfaction. Increased job satisfaction increases the likelihood that nurses will choose to stay in their profession and remain committed to the organization in which they work. The most effective leadership styles in healthcare institutions include transactional and transformational leadership characteristics. Negussie and Demissie (2013) suggests effective leadership styles among nurse leaders plays a vital role in job satisfaction among staff nurses in their study that defined the existing relationship between leadership style of NMs and job satisfaction among staff nurses. Their study employed a non-experimental correlation design and used the Minnesota Satisfaction Questionnaire and Multifactor Leadership Questionnaire for the data collection process. The sample size included 186 participants with 175

questionnaires returned and indicated nurses preferred and were more satisfied with transformational leadership style compared to transactional leadership. The final recommendation included nurses' leaders should use transformational leadership style in order to enhance job satisfaction among nurses.

Health care institutions encompass complex environments with different staff, consumers, and services (Alshahrani & Baig, 2016). Nurses are considered the backbone of health care, and it is vital that nursing leaders develop and maintain a healthy work atmosphere that encourages and supports nurses, and reduces nurse turnover. Research indicates nurses prefer to work in environments which encourage participation in decision-making and promote social relationship as research note this type of an environment improves their job satisfaction. Alshahrani and Baig (2016) reported transformational leadership style is more effective when compared to transactional leadership style. Their cross-sectional research, with a sample size of 89 staff nurses, was conducted with the aim of evaluating the effect of transactional and transformational leadership styles of nurse leaders on job satisfaction among staff nurses. The methodology utilized in data collection included the job satisfaction survey with demographics and Multifactor Leadership Questionnaire-5X (MLQ-5X). The results indicated nurse leaders demonstrated both transformational and transactional leadership style and nurses working under transformational leadership style had a higher rate of job satisfaction. The study concluded transformational leadership style in nurse leaders help with enhancing job satisfaction among staff nurses and recommended nurse leaders should be trained in transformational leadership style for effective management.

Enhancing job satisfaction among nurses is one of the major elements in meeting the challenges of retention of staff nurses, patient satisfaction, and quality outcomes in hospitals (Abualrub & Alghamdi, 2012). A descriptive correlational study with a sample size of 308 nurses was completed by Abualrub and Alghamdi (2012) to determine the impact of leadership styles of nurse leaders on job satisfaction among staff nurses and their willingness to stay at work. The data was collected using a demographic form, the McCain's Intent to Stay Scale, and the Multifactor Leadership Questionnaire- 5X (MLQ-5X). The research concluded with nurses reporting increased job satisfaction with nurse leaders using transformational leadership styles and were willing to remain in their current role. Transactional leadership style and transformational leadership style explained the variation of 32% in job satisfaction. The research highlighted the significance of transformational leadership style and its impact on nurses' job satisfaction, and indicated the need for training and developing effective leadership styles.

Abdelhafiz, Mah'd Alloubani, Klaledeh, Mutari, and Almkhtar (2015) suggests the more effective a leadership style becomes, the higher the level of satisfaction among nurses. With increasing nurse satisfaction, one will also note higher levels of patient satisfaction and improvement in organizational outcomes. Their research employed quantitative and descriptive methodology to demonstrate the impact of leadership styles of nurse leaders on job satisfaction. The results concluded the highest rated leadership style was transformational leadership, followed by transactional leadership, and then passive-avoidant (or laissez-faire). A positive relationship between transformational leadership style and job satisfaction among staff nurses were reported, and job

satisfaction among nurses was enhanced with improvements in transformational leadership attitude among nurse leaders.

Konstantinou and Prezerakos (2018) suggests over past few decades job satisfaction among employees continues to display significant issues for healthcare institutions and their NMs. The nursing sector battles this challenge due to the global nursing shortage. Researchers continue to study factors attributed to job satisfaction; leadership style is a significant characteristic attributed to nurses' job satisfaction. The main leadership styles include transformational, transactional, and laissez-faire leadership. Using the Multifactor Leadership Questionnaire (MLQ) and Minnesota Satisfaction Questionnaire (MSQ), Konstantinou and Prezerakos (2018) investigated the relationship existing between leadership styles of nurse leaders and job satisfaction among staff nurses. The mean scores indicated transformational leadership was more favorable than transactional leadership style and suggested most nurses preferred transformational leadership. The study concluded there was a significant relationship between leadership style of nurse leaders and job satisfaction among staff nurses, and recommended further studies on determining the perceptions of nurse leaders and staff nurses on the impact of various leadership styles.

Nurses' Perception of Leadership Style on Job Satisfaction

Literature suggests leadership styles of NMs have an impact on staff nurses' job satisfaction (Morsiani, Bagnasco, & Sasso, 2017). Limited research has been conducted on staff nurses' perceptions of the leadership styles of their NMs, and how they impact job satisfaction among staff nurses. A mixed method study using the Multifactor

Leadership Questionnaire-5X (MLQ-5X) was completed by Morsiani et al. (2017) to describe the nurses' perception of leadership styles employed by their NMs that identified the leadership style that guaranteed job satisfaction among staff nurses, and describe which behaviors NMs should change. The results yielded the majority of NMs displayed transactional leadership style with the objective to monitor errors and intervene to correct the errors and punish. This leadership style resulted in a negative effect on job satisfaction levels among staff nurses. Transformational leadership style, typically associated with job satisfaction, was rarely being displayed by NMs. The final conclusion summarized the transformational leadership style needed improvement and NMs needed skills to grow professional development and appreciation, increase caring behaviors and respect, and include nurses in the decision-making process.

Transformational leadership style has been proven to promote nursing excellence, according to Andrews, Richard, Robinson, Celano, and Hallaron (2012). Differences in perception of the NMs leadership styles from staff nurses and leaders may provide insight into satisfaction with leadership. Literature indicates satisfaction with leadership is a vital element in nursing retention. Using a demographic survey and the Multifactor Leadership Questionnaire-5X (MLQ-5X), a sample of 16 nurse leaders and 179 staff nurses were surveyed by Andrews et al. (2012) to evaluate the nurse leader and staff nurse perceptions of leadership style. The study concluded the staff nurses perceived leaders as employing transformative leadership strategies. However, the difference existed in nurse leader-staff nurse congruence in leadership style interpretation and as associated with the role of the leader. The differences in the interpretation of leadership style between nurse leaders and staff leaders were linked with reduced satisfaction with

leadership. Secondary results yielded the nurse leaders serving as assistant nurse leaders were viewed to be less transformative when compared to nurse leaders who maintained broader administrative roles.

Nursing is one of the most demanding jobs and nurse leaders are faced with challenges of improving outcomes. Focus is no longer on how care is delivered (Albagawi, Laput, Pacis, & AlMahmoud, 2017). Literature emphasizes the significance of effective leadership in healthcare and suggests, nursing leadership is vital as nurses represent the largest discipline in health care. Leadership is considered the most influential aspect in modeling institutional culture, and in making certain the required leadership qualities, strategies, and behaviors are developed within an organization. NMs are influential in facilitating changes as they are often considered change agents. Albagawi et al. (2017) used a Multifactor Leadership Questionnaire-5X (MLQ-5X) among nurse leaders and staff nurses to determine the leadership styles of nurse leaders and their outcomes. The perceptions of leadership styles by staff nurses and leaders were also evaluated. The study did not indicate a significant difference between how staff nurses and nurse leaders perceived leadership styles adopted by nurse leaders. In determining if there was a relationship between the perception of nurse leadership styles and the outcomes of leadership, there a significant association between transformational leadership style and the outcomes of leadership based on satisfaction, effectiveness, and extra effort. The information gained on the perception of nurse leaders of their own leadership style and the perception of staff nurses on the leadership style of their nurse leaders will provide direction for professional development and education of future nurse leaders.

In health care, effective leadership is vital in enhancing and improving efficiencies and effectiveness of the health care systems. Goh, Ang, and Della (2018) suggested transformational leadership refers to the capability of leaders to influence their followers towards achieving common goals and suggests it enhances job satisfaction among staff nurses. Rapid changes in the health care environment require NMs to possess effective leadership skills. A cross-sectional survey with a sample of 111 staff nurses completed the Multifactor Leadership Questionnaire-5X (MLQ-5X), Three-index item Questionnaire, and Organizational Commitment Questionnaire to assess the leadership styles of nurse leaders as perceived by staff nurses. Goh et al. (2018) concluded that staff nurses reported their nurse leaders had shown both transactional and transformational leadership styles, and to lesser extent laissez-faire. The nurse leaders in the study rated themselves higher than what others rated them. The results implied there is need a for incorporating self-awareness in development programs for nursing leaders.

Low satisfaction levels among nurses and the subsequent decision of nurses to leave the organization is currently a major concern in health care (Despres, 2011). A quantitative correlational survey was completed by Despres (2011) to determine the association between the perception of staff nurses on leadership styles of their nurse leaders and job satisfaction among staff nurses. The sample size included 83 full-time nurses surveyed using the Multifactor Leadership Questionnaire (MLQ) and Job Description Index for Jobs in General. The outcome supported a positive relationship between the perception of staff nurses on leadership styles of nurse leaders and job satisfaction. The nurse leaders with the highest ratings and satisfaction scores were those

who employed transformational leadership style and indicated a significant relationship between transformational leadership style and job satisfaction. The scores surpassed the passive-avoidant or laissez-faire leadership style. The study suggested healthcare institutions should hire transformational nurse leaders to enhance job satisfaction in staff nurses and also offer them opportunities for training and promotion.

Literature exists on the concept of leadership in several disciplines; however, few studies exist on the perception of nurse leaders on their leadership style. i Solà, i Badia, Hito, Osaba, and García (2016) conducted a study with an objective to describe and learn about the perception of leadership styles among NMs. Determining the impact of leadership style on willingness to work, efficiency, and job satisfaction, and evaluating the relationship that exists between transformational and transactional leadership styles were evaluated. The cross-sectional study used the Multifactor Leadership Questionnaire (MLQ) to collect data on leadership styles and included a sample population of 258 managers. The results indicated several leaders assessed themselves as transformational and transactional leaders. However, most NMs showed a higher transactional leadership style compared to transformational leadership style. The study also indicated both transformational and transactional leadership styles were associated with job satisfaction and efficiency. The perception of the NMs on their leadership style was transactional, although most of the nurse leaders had higher scores on transformational leadership style.

Strengths, Weaknesses, Gaps, and Limitation

The purpose of this research study was to examine the self-reported leadership styles of the Nurse Managers in a not-for-profit, nonteaching, rural hospital setting in the South Eastern United States. The extensive literature review presented provides a

foundation for study by identifying past research that contributes and explores the key concepts of nursing leadership. Strengths of the literature review included a wide range of research exploring nurses' perceptions of leadership style and job satisfaction. Limitations in the literature included the lack of extensive research comparing nurses' perceptions of leadership style and the NMs perception of their own leadership style with job satisfaction.

Ineffective leadership has been linked to decreased job satisfaction and turnover. Researchers indicated that effective leadership styles may help enhance job satisfaction among employees. It is crucial that organizations identify their Nurse Managers' leadership styles and understand how nurses' perceptions of leadership style may affect job satisfaction, retention, and commitment to the organization.

Researchers have extensively studied leadership styles that enhance job satisfaction among staff nurses. Researchers argue that the major leadership styles that encourage job satisfaction include transformational and transactional leadership styles. Most staff nurses who participated in past research studies rated transformational leadership style highly compared to transactional leadership style. Transformational leadership style was linked to enhancing job satisfaction among staff nurses. The primary tool used to explore leadership styles was the Multifactor Leadership Questionnaire- 5X (MLQ-5X), which was proven to have a high degree of reliability. Kanste, Miettunen, and Kyngas (2007) reported a Cronbach's alpha of 0.7 and deemed the MLQ-5X a reliable tool for measuring leadership styles.

The extensive synthesis of literature conducted for this study was vital in two aspects. First, the recommendations about the possible remedies for high turnover of

nurses due to low levels of job satisfaction touching on the suggestion that effective leadership styles can be used in enhancing job satisfaction among nurses. Secondly, literature about the perception of nurses and nurse leaders on leadership styles and its association with job satisfaction. More importantly, the synthesis of literature was crucial in identifying knowledge gaps in research. It was evident that organizations should be aware of their leadership styles and consider interventions and leadership training to shift the leadership style towards a more transformational leadership style.

CHAPTER III

Methodology

Improving job satisfaction is vital in health care as job dissatisfaction may decrease organizational commitment and increase turnover. One opportunity for improving job satisfaction that organizations should consider is leadership style. NMs influence staff nurses through their leadership. Health care facilities may benefit from evaluating the NMs leadership style. Assessment of leadership style could provide insight on areas where growth, awareness, or education is needed for NMs and could impact nurse satisfaction, retention, and commitment to the organization.

The purpose of this study was to examine the self-reported leadership styles of the NMs in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States. The nursing research was conducted to answer the following question: What are the NM leadership styles in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States?

Research Design

This thesis was a descriptive study to identify leadership styles reported by the NMs at one non-profit, nonteaching, rural hospital in the southeastern United States. The Nurse Managers' leadership styles were assessed using the Multifactor Leadership Questionnaire 5X Leader Form (MLQ-5X). Participation was voluntary, and consent was implied if the questionnaire was returned.

Setting

This research study was conducted in a 435-bed, not-for-profit, non-teaching acute care health care facility in the southeastern United States. The health care facility

was part of a larger healthcare system and included 46 physician practices, a skilled nursing facility, an in-patient Hospice House, Cardiac Health and Fitness Center, Diabetic Center, an outpatient rehabilitation center, and Oncology services. The integrated network expanded over two states and five counties.

The hospital system was the third largest employer in the county with more than 300 physicians on active staff and 4,200 employees. The hospital had four critical care units, four post-acute care units with telemetry monitoring, two medical-surgical units with telemetry, four medical units, one pediatric unit, one labor and delivery unit, one post-partum unit, one women's surgery unit, and one neonatal intensive care unit. The health care facility also had multiple outpatient departments, medical centers, and outpatient surgery centers.

Sample

The researcher used a voluntary convenience sample to evaluate the NM's leadership styles. NMs refer to nurse managers, assistant managers, and directors. NM's perceived leadership styles were evaluated by administering a voluntary questionnaire, the MLQ-5X Leader Form. The nurse researcher surveyed 48 NMs from the following inpatient departments: Medical, Surgical, Intensive Care Units and Post-Acute Care Units, Oncology, Women's Health, Pediatrics, and the Emergency Department.

Inclusion criteria for the leadership team included at least one year of leadership experience. Outpatient departments were excluded. The participants did not receive compensation or any gifts for their voluntary participation in the research study.

Design for Data Collection

The nurse researcher sent a packet of information regarding the research study through interoffice mail to all potential subjects. The packet was addressed to the nursing leader. The packet included a detailed letter explaining the nursing research study, the consent form, the MLQ-5X Leader Form, and a return envelope that was pre-labeled with only the nurse researcher's return information. No identifying information was included on the return envelope and the researcher was not able to trace the envelope to the NM.

Participants were given two weeks to complete the questionnaire. They were asked to return the survey to the researcher in the envelope provided, addressed to the nurse researcher, through interoffice mail. No identifying information was included in the questionnaire, or on the return envelope that could identify the individual completing the questionnaire. The only information on the return envelope was the researcher's name. The questionnaire was voluntary, and the participant was permitted to skip any question that caused discomfort.

Protection of Human Subjects

Human subjects were protected, as the researcher sought appropriate permissions to complete the study from the university's Institutional Review Board and the organization's Institution Review Board (IRB). The study did not begin until both entities had approved the research study. The Collaborative Institutional Training Initiative (CITI Program) was completed by the researcher before the research began. There were minimal risks to the subjects as the MLQ-5X questionnaire did not contain any identifying information. The questionnaire was voluntary, and the subjects were permitted to skip questions. All questionnaires and responses were placed in a sealed

envelope with only the researcher's return information to protect the privacy of the participant, and returned via interoffice mail to the nurse researcher. Data was stored in a locked filing cabinet and on the researcher's laptop that was encrypted and password protected. The password also included at least one capital letter and did not include any identifiable information that may be easily discovered or attributed to the researcher. Virus protection includes Kaspersky Total Security.

Once the MLQ-5X questionnaires were returned, the nurse researcher secured them in a locked filing cabinet until the results were entered into the electronic database used for data collection. The database used was a Microsoft Excel spreadsheet and version 22 of the Statistical Packages for Social Sciences (SPSS). Once the data was transferred to the electronic format, the paper copies were given to the researcher's thesis advisor and securely housed by the University for three years and then destroyed.

Timeline

Data collection began after approval from the IRB at the University, IRB approval from the research facility, and after approval from the Nursing Council for Research at the participating facility. Detailed information on the research study was sent as a packet to all potential subjects with the consent form and the MLQ-5X Leader Form. Questionnaires submitted within the two-week timeframe were used in this research study. The researcher presented the findings via a poster presentation at the University and the research facility in the spring of 2019. Future poster and podium presentations may be considered.

Data Analysis and Outcome Measurements

The research subjects were asked to complete the MLQ-5X Leader Form created by Bass and Avolio. Permission for using the MLQ-5X questionnaire was obtained. The MLQ-5X measures leadership behaviors using a 5-point Likert scale ranging from “not at all” to “frequently, if not always.” The participants read a descriptive statement about a specific leadership behavior and rated themselves on the frequency at which the behavior occurs. The MLQ-5X questionnaire measures the full range of leadership behaviors using 12 subscales and contains 45 self-reported questions. 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 are the 12 subscales. The subscales are then associated with the three leadership styles: Transformational, transactional, and passive-avoidant (MLQ, 2014). The MLQ-5X Leader Form scores were averaged for items on the scale. Scores will be calculated by adding the items and dividing by the number of questions contained in the subset.

The Multifactor Leadership Questionnaire instrument has been well-established in measuring leadership styles, specifically Transformational and Transactional leadership. The MLQ manual (2014) reports reliability scores for the subscales range from moderate to good. Kanste et al. (2007) reported a Cronbach's alpha of 0.7 and deemed the MLQ-5X a reliable tool for measuring leadership styles.

The MLQ-5X is not designed or intended to label a leader as transformational or transactional. It is more appropriate for group leaders as more transformational than the

norm or less transactional than the norm (MLQ, 2014). The scoring key from the MLQ-5X manual was used to score the questionnaires. The MLQ-5X scores were averaged for items on the scale. Scores were calculated by adding the items and dividing by the number of questions contained in the subset. The data was entered into an Excel spreadsheet and then into the SPSS system.

Summary

The intent of this nursing research study was to identify the NMs' leadership styles at a rural, non-profit, nonteaching hospital in the southeastern United States. The review of the literature revealed that nurses' perception of leadership style may affect job satisfaction and impact nursing turn over. Organizational awareness of NM leadership style may be helpful in future leadership training, and organizational growth towards self-governance as the organization moves forward with Magnet designation.

CHAPTER IV

Results

The purpose of this study was to examine the self-reported leadership styles of the NMs in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States. This chapter provides an analysis of the research study to answer the following questions: What are the NM leadership styles in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States?

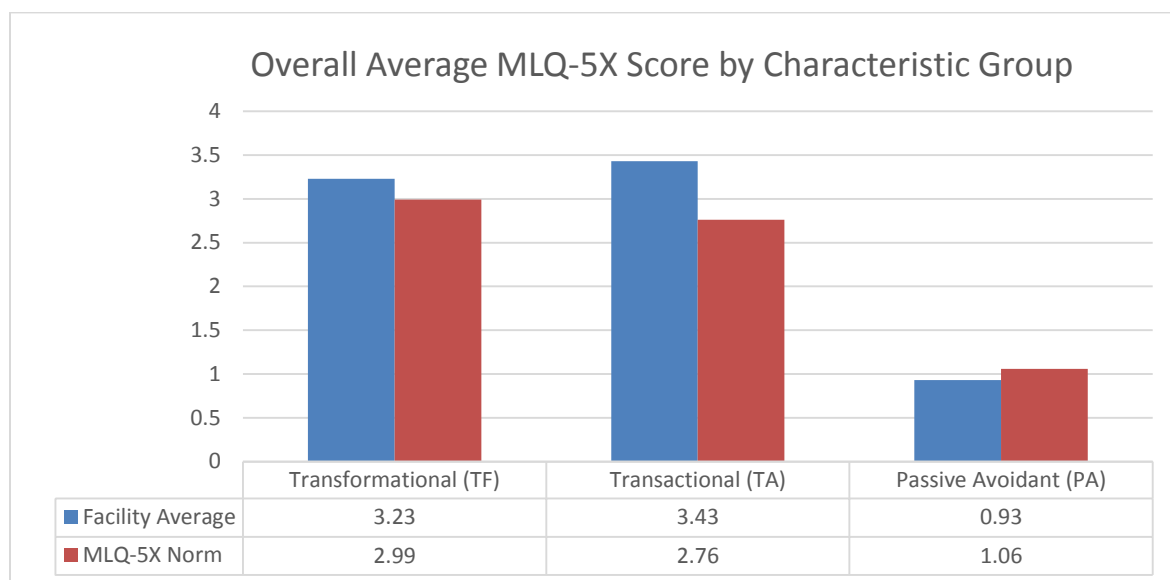
Sample Characteristics

There were 48 NMs invited to participate in this research study from a variety of inpatient departments including Medical, Surgical, Intensive Care Units, and Post-Acute Care Units, Oncology, Women's Health, Pediatrics, and the Emergency Department. The sample was a voluntary convenience sample of NMs. NMs with less than one year of experience in their current role were excluded. The participation rate was 29% as 14 NMs voluntarily participated in the MLQ-5X questionnaire with no participant withdrawing from the study (n=14). The questionnaires were sent to the NMs via interoffice mail on February 22, 2019. The questionnaire was available for participation for two weeks, before closing on March 8, 2019.

Major Findings

The MLQ-5X questionnaire was used to evaluate the NM's leadership behaviors using descriptive statistics and a global score from three leadership styles: Transformational, transactional, and passive-avoidant. This study showed the organization was more transformational at 3.23 than the norm of 2.99, more transactional at 3.43 than the norm of 2.76, and less passive-avoidant at 0.93 than the norm of 1.06. The mean

and standard deviations are located in Figure 2.

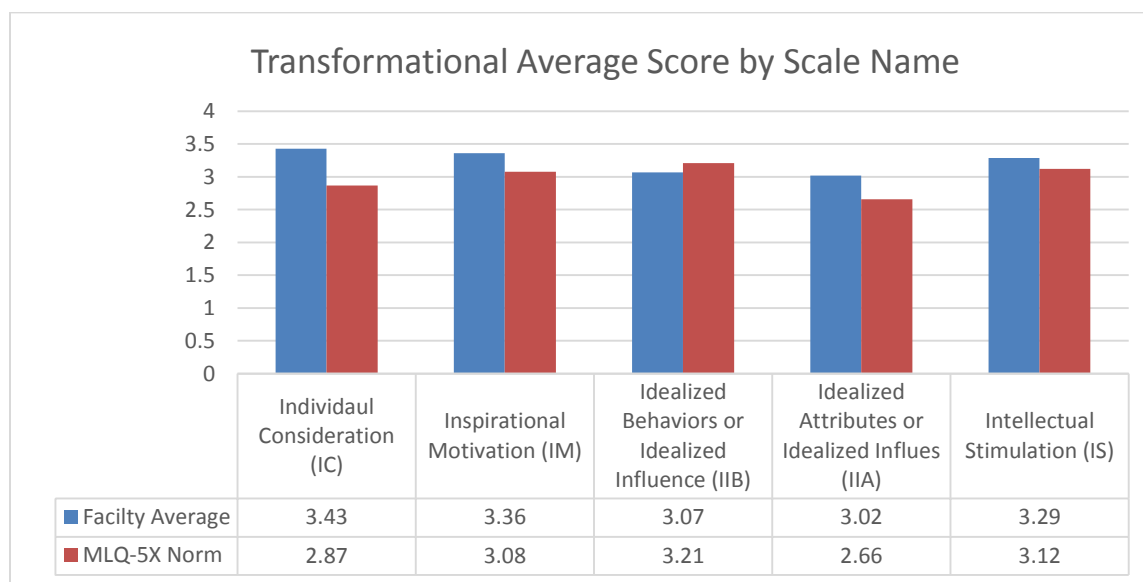


Leadership Style	Mean	Std. Deviation
Transformational (TF)	3.23	.18
Transactional (TA)	2.43	.76
Passive Avoidant (PA)	.93	.16

Figure 2. Of the 14 participants, the average score for TF was 3.23 with a standard deviation of 0.18. The average score for TA was 2.43 with a standard deviation of 0.76. The average score for PA was 0.93 with a standard deviation of 0.16. The MLQ-5X is scored on a 0-4 Likert Scale.

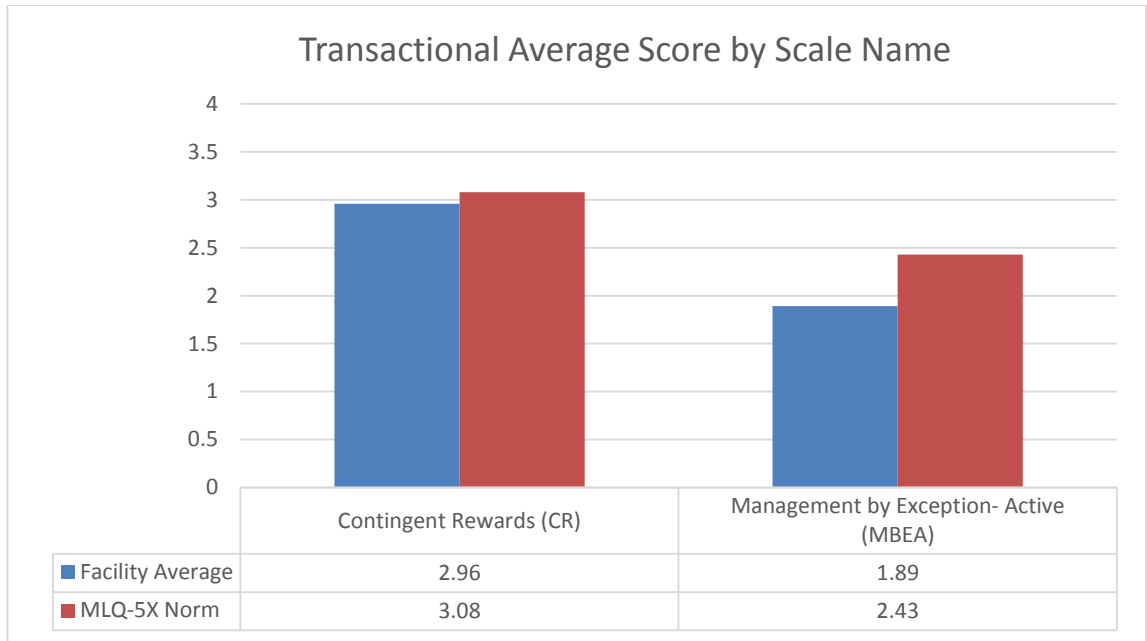
Transformation, transactional, and passive-avoidant characteristics were then evaluated using the full range of leadership behaviors and the 12 subscales. Transformational leadership was analyzed by evaluating the five major categories: Individual consideration (IC), inspirational motivation (IM), idealized behaviors or idealized influence (IIB), idealized attributes or idealized influence (IIA), and intellectual stimulation. This research yielded the facility scored higher than the norm on four out of five categories: IC, IM, IIA, and IS. Figure 3 displays the facility's mean, standard deviation, and the norm. Transactional leadership was evaluated using contingent rewards

and management by exception, active. Figure 4 summarizes the facility's mean, standard deviation, and the norm. Passive avoidant leadership was evaluated using management by exception–passive and laissez-faire. Figure 5 summarizes the facility's mean, standard deviation, and the norm.



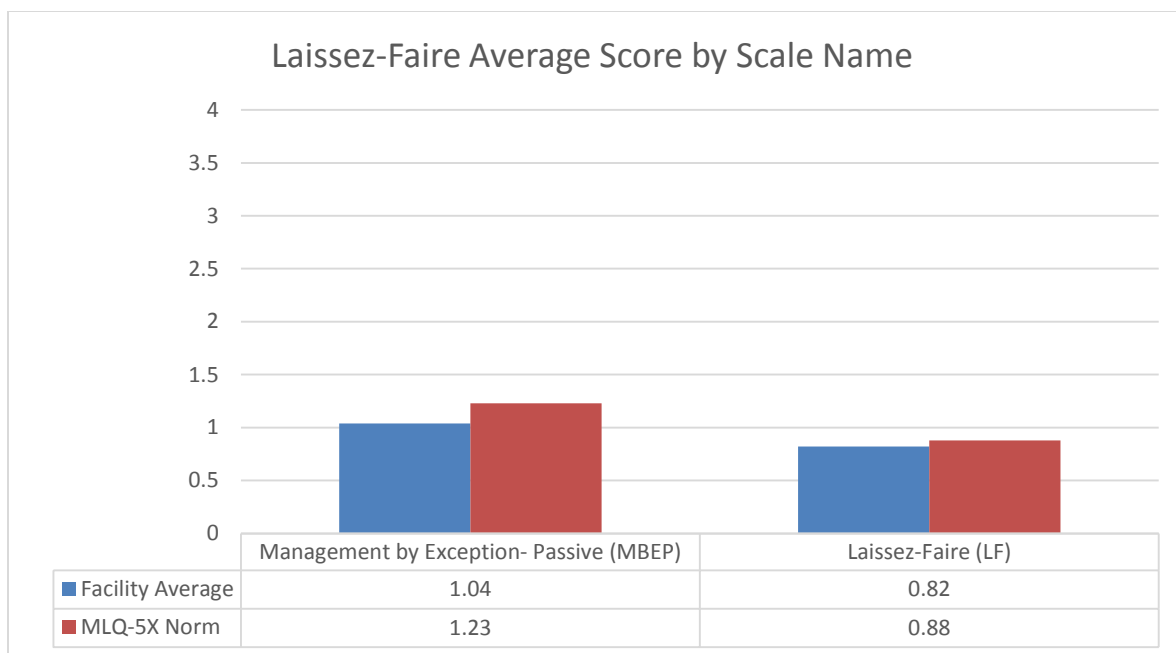
Leadership Style	Mean	Std. Deviation
Individual Consideration (IC)	3.43	.56
Inspirational Motivation (IM)	3.36	.47
Idealized Behaviors or Idealized Influence (IIB)	3.07	.57
Idealized Attributes or Idealized Influence (IIA)	3.02	.59
Intellectual Stimulation (IS)	3.29	.55

Figure 3. TF Average Score by Scale Name. The characteristic average of the 14 participants by subscale for TFL. IC had a mean of 3.43 with a standard deviation of 0.56. IM had a mean of 3.36 with a standard deviation of 0.47. IIB had a mean of 3.07, with a standard deviation of 0.57. IIA had a standard deviation of 3.02 with a standard deviation of 0.59. IS had a mean of 3.29 with a standard deviation of 0.55. Each subscale was scored on a 0-4 Likert Scale.



Leadership Style	Mean	Std. Deviation
Contingent Rewards (CR)	2.96	.81
Management by Exception- Active (MBEA)	1.89	.80

Figure 4. TL Average Score by Scale Name. The characteristic average of the 14 participants by subscale for TFL. CR had a mean of 2.96 with a standard deviation of 0.81. MBEA had a mean of 1.89 and a standard deviation of 0.80. Each subscale was scored on a 0-4 Likert Scale.



Leadership Style	Mean	Std. Deviation
Management by Exception- Passive (MBEP)	1.04	.63
Laissez-Faire (LF)	.82	.58

Figure 5. LF Average Score by Scale Name. The characteristic average of the 14 participants by subscale for TFL. MBEP had a mean of 1.04 with a standard deviation of 0.63. LF had a mean of 0.82 and a standard deviation of 0.58. Each subscale was scored on a 0-4 Likert Scale.

Summary

The purpose of this thesis was to examine the self-reported leadership styles of the NMs in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States. The data yielded 14 participating NMs identifying and aligning their leadership characteristics with being more of a transformational leader than the norm; transactional ranked second as being higher than the norm. Passive-avoidant was ranked as being lower than the norm.

CHAPTER V

Discussion

Identification and careful attention needs to be given to the characteristics of effective leadership strategies per Force (2005). NMs need to adopt leadership characteristics that are considered participatory and empower nurses to be part of the decision-making process as this will increase their satisfaction with their role. The purpose of this study was to examine the self-reported leadership styles of the NMs in a not-for-profit, nonteaching, rural hospital setting in the southeastern United States. Bruce Avolio and Bernard Bass's Full Range Leadership Model was used to distinguish leadership characteristics and engagement towards his or her team.

Implication of Findings

The participation rate was 29% for completion of the MLQ-5X questionnaire. Fourteen NMs participated in this self-reported leadership style questionnaire from the inpatient setting of this 435-bed facility in the southeastern United States. The purpose was to explore the leadership styles in this facility. The findings revealed the NMs in this facility were ranked more transformational than transactional, and less laissez-faire than both transactional and transformational. This organization rated themselves higher than the norm in transformational and transactional leadership behaviors, and lower than the norm in laissez-faire leadership behaviors.

The impact of transformational leadership on nurses was studied by Brewer et al. (2016) and they discovered a lack of leadership support was one of the main reasons nurses become dissatisfied with their job. Ahmad et al. (2013) completed research and suggested transactional and transformational leadership were observed to be the most

effective styles in achieving job satisfaction. This study concluded the NMs in this organization were more transformational than the norm followed by more transactional than the norm, and is consistent with other studies that suggest nurses are more satisfied with their role, more engaged, and display self-governance when their leaders are more associated with transformational and transactional leadership styles. More research is needed to determine the nurses' perception.

Application to Theoretical Framework

The Full Range Leadership Model by Bass and Avolio was used as the theoretical framework for this research study. Transformational leadership contains four behaviors that result in increased employee satisfaction, engagement, greater commitment to the organization, and lower turnover rates. Transformational leaders act with integrity and build relationships from collaboration, trust, communication, and compassion, resulting in cohesive teams that work together for common goals (Bass, 1990).

The NMs in this organization rated themselves higher than the norm in their transformational leadership characteristics. Brewer et al. (2016) investigated the impact of transformational leadership on nurses and concluded the lack of leadership support was one of the main reasons nurses become dissatisfied with their job. Theoretically, one may speculate that the nurses in this organization are satisfied in their role, engaged in their work, committed to the organization, and intend to remain in their position within the organization. However, more research would be needed to confirm this speculation.

Strengths and Limitations

The use of the Multifactor Leadership Survey was the major strength of the study as it is extensively accepted and validated tool in measuring leadership styles with

the MLQ-5X questionnaire. The reliability scores for the subscales ranged from moderate to good per the MLQ manual (2014), and a Cronbach's alpha of 0.7 in Kanste et al. (2007) research reported the MLQ-5X a reliable tool for measuring leadership styles.

Several limitations were noted with this study. The sample size was small with only 14 participants, and included only one hospital in the southeastern United States. This limited the study participants and any additional findings and limited the external validity due to the use of a convenience sample. Other limitations including excluding the outpatient settings of this organization and excluding NMs with less than one year of experience in their leadership role. The study also only focused on the NMs' self-rating of their leadership styles and did not include their nurses' perception of their leadership style, nursing satisfaction, nursing engagement, or intent to stay.

This research study did not analyze the questionnaires individually or by department which is another limitation. Another weakness included lack of a demographic questionnaire asking for information related to the NMs age, experience, and educational backgrounds. This limitation may have potentially limited understanding the varying responses to the leadership behaviors in the survey.

Implications for Nursing

Leadership styles are important in the health care setting and attention to growing and developing each NM's leadership skills should be a priority for new and seasoned NMs. Leadership style has been directly linked to multiple research studies and literature indicates transformational leadership correlates with increased nursing satisfaction, commitment to the organization, and intent to stay. Investing in NM leadership skills and training would benefit the organization financially by retaining employees, especially

experienced employees, as the nursing shortage continues to grow. Investing in NM leadership skills will increase the shared governance within the organization by allowing nurses to have a voice, which will make them feel valued. As a result, the nurses will transition into leaders instead of being followers, and organizational commitment will grow in conjunction with nursing satisfaction.

Recommendations

This research study provides insight and awareness into the NMs' leadership style at this rural hospital in the South Eastern United States. The knowledge gained in this research study will provide this organization with an idea of where opportunities for improvement in leadership style exist. This knowledge may also provide insight on future leadership training and educational needs for leadership growth and shared governance.

This research study focused on NM's self-rated leadership styles. A follow-up study where staff nurses rate their perception on their manager's leadership style is recommended. A comparison between the two would provide robust data and give the NMs a better understanding of how staff nurses perceive them. This may provide a more accurate representation of their leadership styles. Despres (2011) reported nurse leaders with the highest ratings and satisfaction scores were those who displayed transformational leadership styles, and he also indicated a significant relationship between transformational leadership style and job satisfaction.

This study was conducted at one rural health care organization in the southeastern United States. Follow-up studies in larger health care systems and in other parts of the United States are recommended.

Conclusion

Organizations will benefit from the knowledge of their NM leadership styles within their facility as leadership styles have been directly linked to employee engagement, job satisfaction, and intent to stay with the organization. Bass and Avolio's Full Range Leadership Model suggests shared governance plays a huge role in health care organizations as it empowers nurses to work with the leaders for a common goal (Bass, 1990). Identifying leadership styles in every organization may point to opportunities to develop leadership skills and increase nurse satisfaction. Benefits in nursing retention and engagement may also be noted with leadership development.

Abdelhafiz et al. (2015) summarizes the more effective a leadership style becomes, the higher the level of satisfaction among nurses. Leadership development is a lifelong process. In the past year, this organization in the southeastern United States dedicated two to three days per year to help leaders develop their leadership skills by requiring all NMs to attend leadership academy sessions.

Improving job satisfaction is vital in health care as job dissatisfaction may decrease organizational commitment and increase turnover. One opportunity for improvement all organizations should consider is leadership style. Assessment of leadership style could provide insight on areas of opportunities for growth, awareness, or education for NMs, and could impact nurse satisfaction, retention, and commitment to the organization. NMs' leadership styles should be the first step in determining how nursing leadership styles influence the staff nurse as employees who are not satisfied with their job will eventually become disengaged and leave the organization (Bormann & Abrahamson, 2014).

Nursing leadership style is not the only factor that will impact nurses' satisfaction, commitment to the organization, and intent to stay. Other factors play a role and include monetary considerations, personal or family concerns, work environment, educational opportunities, or advancement in their nursing career.

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