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# Impact of Nurse Managers' Leadership Styles on Staff Nurses' Intent to Turnover

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Impact of Nurse Managers' Leadership Styles on Staff Nurses' Intent to Turnover

by

Joseph Warren L. Perez

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

Boiling Springs

2014

Submitted by:

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Date

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## Abstract

Nurse Managers have the unenviable responsibility of ensuring that nursing staff are engaged and perform their duties to the best of their abilities. Maintaining an environment conducive to maximizing nurses' potentials resulting in retention may be a by-product of an effective leadership style. The purpose of this study was to determine whether nurse managers' leadership styles have an impact on nurses' intent to turnover. Nurse Managers with more than one year of management experience were asked to complete the Multifactor Leadership Questionnaire (MLQ-5X). The 45-item questionnaire rates the participant's leadership style based on the answers provided. Results were then compared to the nurses' intent to turnover scores taken from the Avatar Associate Engagement Survey conducted in March 2014. The overall nursing intent to turnover score was 41% while the best in class nursing score was 34% when compared to the AVATAR national database. For the purposes of this study, a score of 40% and below were categorized as below the norm or the better score.

*Keywords:* leadership styles, intent to turnover

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## **CHAPTER I**

### **Introduction**

According to O'Brien-Pallas, Duffield, and Hayes (2006), there is a direct correlation between a nurse manager's leadership style and staff nurse retention and job satisfaction. Nurse Managers must explore and adopt leadership practices that are considered participatory, whereby staff feel empowered and included in the decision-making process. Studies show that effective leadership styles are related to a decrease in turnover. Finding out the reasons nurses express their intent to turnover may effectively serve as an opportunity to initiate a dialogue with staff. It may also be an opportune time for the nurse manager to perform a self-assessment of his/her leadership style and discern whether that style creates an atmosphere of trust and engagement. According to Force (2005), identification and careful attention needs to be given to the characteristics of effective leadership strategies.

Leadership is a trait or concept that has been in existence for years and has continuously evolved over time. Common leadership styles include transformational, transactional, and laissez-faire.

- Transformational Leadership is a process that motivates subordinates by appealing to higher ideals and moral values (Sellgren, Ekvall, & Tomson, 2006). This style is also characterized by the individual attention given by a leader to a subordinate by recognizing his or her own strengths and weaknesses on the job (Force, 2005, p. 337). Weberg (2010) also described transformational leadership as a trait reflected by an overall awareness and commitment to the organizational mission and values and one that transcends



self-interests for the improvement of the team (p. 246). Bass and Avolio (1985) and Ward (2002) as cited by Sellgren et al. (2006), described four highly valued components of transformational leadership namely, inspirational motivation, idealized influence, intellectual stimulation and individualized consideration.

- Transactional Leadership is categorized by behavior that rewards followers for compliance and involves active discipline for failure to comply with rules (Bass, 1985 as cited in Raup, 2008). This leadership style focuses more on structure, role expectations, and possibilities to reward staff (Sellgren et al., 2006).
- Laissez-faire Leadership is defined as a lack of involvement in the decision-making process (Kleinman, 2004).

### **Problem Statement**

Nurse Managers are most often hired from among the ranks and have held roles as educator, charge nurse, leadership positions in committees, have displayed clinical expertise, or are favored and highly respected by peers. Although these roles can serve as a great jump-off point, nurse managers are not always equipped with the right tools to succeed as a leader. Furthermore, according to Azaare and Gross (2011) some nurses assume a leadership role by chance or on a temporary basis. That in itself presents its own challenges. With turnover as an issue, nurse managers must be able to lead effectively and provide a working environment where nursing staff are satisfied and have a sense of fulfillment in their job. Nurse Managers hold the key to retaining their employees through establishing and promoting retention strategies and ensuring job

satisfaction. Decreased job satisfaction can influence employees to leave the organization and eventually decide on leaving (Bormann & Abrahamson, 2014). Jones estimated total costs associated with nursing turnover in the United States, including pre-hire and post-hire costs, ranged from \$7,875,000 to \$8,449,000 (as cited in Ma, Yang, Lee, & Chang, 2009).

When nursing turnover occurs, existing staff are compelled to fill the void, which results in increased levels of stress and frustration, and eventually burnout leading to more turnover. Even when a vacancy is filled, current nursing staff is then expected to train new staff while still performing their duties and responsibilities related to direct patient care. During periods of high turnover, the quality of nursing care delivered may suffer as new nurses go through their own change process.

Various reasons for increased nursing staff turnover exist within healthcare systems. Several factors that may contribute to nursing staff turnover include the nurses' age, gender, socio-economic standing, family or domestic issues, maturity level of nurses, the work environment, and the leadership behaviors of the managers who oversee the nurses.

The nurses' intention to leave their organizations may serve as a barometer for the current work environment and when not effectively curtailed, will produce negative downstream effects not only in diminishing human and intellectual capital but also in the delivery of quality of care to patients. Understanding the reasons why nurses leave their jobs is a concern that managers should focus their attention on (Ma et al., 2009).

### **Justification of the Research**

The average cost to train a new nurse is about \$64,000 (O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010, p. 1074). In these times of economic uncertainty, and the addition of multiple government regulations tying performance to reimbursement, it is imperative that healthcare systems maintain or improve their retention rates. Nursing retention presents many challenges and can be affected by many variables including leadership styles (Force, 2005). Nurse Managers need to incorporate proven retention strategies and adopt effective leadership styles to decrease nurse turnover.

At the facility where this study will be conducted, the turnover rate for the past two years has averaged at 7%. The average tenure for those that left was five years. The time, effort, and cost to train nurses are of utmost consideration. Turnover of nurses also puts a strain on existing staff as they most likely end up having to work extra shifts which can potentially lead to burnout and further turnover.

Nurse retention is a key element in providing a workforce that is highly skilled and experienced to handle the complex issues that the patient population is faced with. Having an engaged workforce leads to more collaboration that contributes to patient safety and quality of the delivery of care. There are also significant financial implications to consider when nurse turnover occurs.

### **Purpose**

The purpose of this research study was to determine the impact of different leadership styles on nurses' intent to turnover.

### **Research Question**

This research study aims to answer the following research question:

Is there a relationship between the nurse manager's leadership style and staff nurses' intent to turnover?

### **Theoretical Framework**

The Bass and Avolio Full Range Leadership model was used as the framework for this study. This model consists of a range of leadership behaviors namely: transformational (idealized influence, intellectual stimulation, inspirational motivation, individualized consideration); transactional leadership (management by exception - passive and active and contingent reward); and laissez-faire leadership.

The diagram in Figure 1 illustrates the full range of leadership behaviors. Each characteristic's importance is depicted by the size of its box. The four behaviors that form transformational leadership result in high employee satisfaction, low turnover, and greater adaption to organizational changes.

# The Full Range Leadership Model™

The size of each box matters: Its volume represents the exhibited frequency of that style.

Suboptimal

Optimal

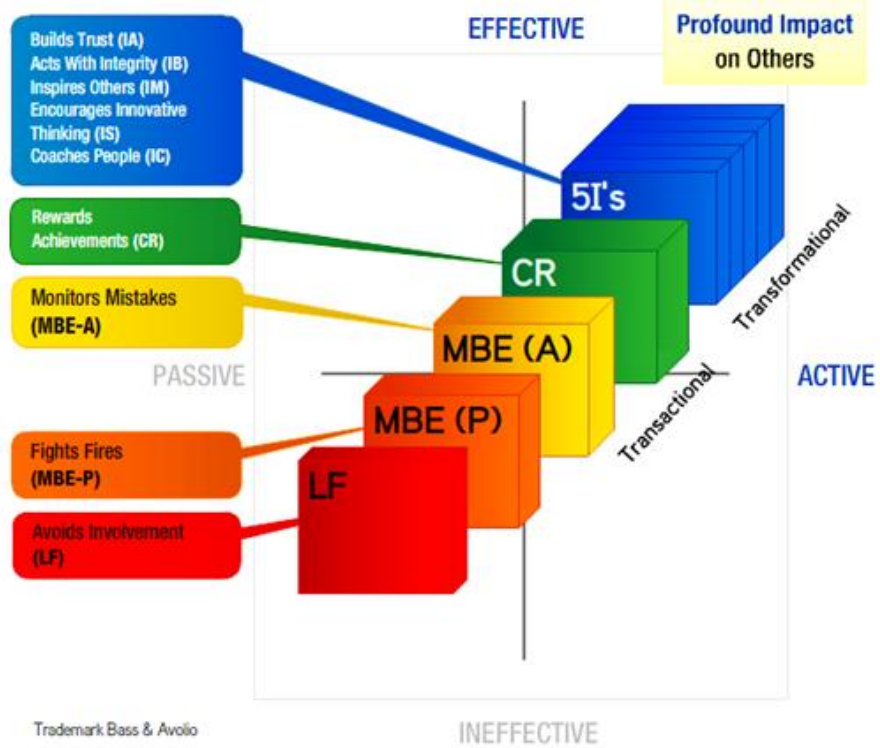


Figure 1. The Full Range Leadership Model. MLQ, (2014).

According to Kanste, Kaariainen, and Kyngas (2009), a transformational leader portrays idealized attributes and is perceived to be authentic and highly credible by followers. Behaviors displayed by this type of leader are emulated and bring about a higher degree of commitment by the followers. When high levels of trust exist, followers tend to identify with their leader and thereby share common goals.

A transformational leader empathizes with followers and displays a genuine, caring behavior, and connects with them, thus making them more enthusiastic about their roles and encourages them to achieve goals.

Leaders who demonstrate a passive or active management by exception are more acutely aware of their followers' mistakes and tend to react to correct those mistakes. This type of transactional leadership is about enforcing rules or setting standards and not being proactive. Management by exception is often related to poor job satisfaction, high employee turnover, and absenteeism (Barbuto & Cummins-Brown, 2007).

Another transactional leadership behavior is contingent rewards wherein the leader establishes achievement goals and attaches rewards or recognition upon accomplishment of those goals.

Laissez-faire leadership is the least desired and least effective leadership style. This is said to be leadership by avoidance whereby there is absence of interventions or a non-caring attitude.

### **Definition of Terms**

- Nurse Intent to Turnover – thought process that involves decision of nurses who are considering leaving their current job in the next six months

- Nurse Manager – one who directly supervises subordinates and is responsible for the planning, organizing, controlling, and allocating various resources to meet the needs of the organization. A manager sets operational goals, establishes action plans, solving problems, and monitoring results (Sellgren, Ekvall, & Tomson, 2008)
- Individualized consideration (IC) – one of the four transformational leadership substyles characterized by a leader's concern for employees reflected in behaviors such as active listening, encouragement of two-way exchange of views, and assignment of tasks according to skills (Gardner, 2010).
- Intellectual stimulation (IS) – another transformational leadership substyle displayed by leaders who encourage subordinates to think through problems (Gardner, 2010).
- Inspirational motivation (IM) – this transformational leadership substyle is depicted by leaders who are able to influence subordinates to act beyond their comfort zones and perform exceptionally well.
- Idealized influence (II) – the fourth transformational leadership substyle that is demonstrated by leaders who show charisma and key moral behaviors. These leaders display unusual competence and use their power to achieve positive results while, at the same time, celebrating subordinates' achievements (Gardner, 2010, p. 10).
- Passive management-by-exception (MBE-P) – this is one of the three substyles of transactional leadership whereby the manager is motivated by

deviations from the norm. This type of leader only reacts to mistakes being made (Gardner, 2010).

- Active management-by-exception (MBE-A) – is another transactional leadership sub style that can be seen in managers who display strong and accurate monitoring skills with their attention focused on any deviations from their personal standards (Gardner, 2010).
- Contingent reward (CR) – the third transactional leadership substyle demonstrated by leaders who provide clear goals with the intent of rewarding success. This type of leader rewards subordinates for achieving goals through incentives whether tangible or intangible (Gardner, 2010).

### **Summary**

Nurse retention is critical in the success of attaining organizational efficiency. When nursing staff leave, it leaves a void that cannot be easily be filled. One has to consider the amount of nursing clinical experience lost that needs to be reacquired, the cost of recruiting and hiring a replacement, as well as the cost of orienting a newly hired nurse.

This study seeks to determine whether the leadership styles or behaviors of nurse managers have an impact on the decision of staff nurses to leave the organization.



## **CHAPTER II**

### **Literature Review**

A literature review was conducted through the use of a variety of online databases, search engines, and printed text. Online databases such as Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Medline through EBSCOHOST as well as the Nursing Resource Center (NRC) database were utilized. Key terms used to search articles included nurse turnover, nursing leadership, leadership models, leadership theory, leadership styles, intent to turnover, and job satisfaction.

#### **Theoretical/Conceptual Literature Review**

Several studies were found that utilized one model or a combination of models related to leadership styles or behaviors. Transformational and Transactional leadership styles commonly appeared in studies by Dunham-Taylor and Klafehn as cited by Force (2005), Zampieron, Spanio, Bernardi, Milan, & Buja (2013), and Sellgren et al. (2006; 2008). The situational leadership model by Hersey and Blanchard was utilized by Schreuder et al. (2011). Studies by Raup (2008), Abualrub and Alghamdi (2011), and Kleinman (2004) were found to utilize the Full Range Leadership model by Bass and Avolio.

Force (2005) cited the work of Dunham-Taylor and Klafehn related to a 2-part non-experimental multi-method qualitative and quantitative cross-sectional survey of ‘exceptional’ nurse executives and their staff nurses. Part 1 of the study consisted of a homogenous, nonprobability sample of 81 nurse executives and an undisclosed number of staff nurses wherein content analysis was done on transformational and transactional leadership skills. Three separate characteristics were defined based on the self-rating and

staff rating of the leaders' skills. These were charisma, individualized consideration, and intellectual stimulation. Charisma leads to the ability to establish relationships with individual staff and improve engagement in their work. Recognizing individual strengths and weaknesses on the job is derived from the leader's ability to provide individual attention to each nurse. Intellectual stimulation allowed for the encouragement of professional development and strengthening staff nurses' clinical practice.

Part 2 of Dunham-Taylor's and Klafehn's study as cited by Force (2005), the same 81 nurse executives were utilized. The methodology used was a two open-ended question survey, namely: "What is excellent nursing leadership?" and "What are your strengths and weaknesses?" The study suggests that most effective leaders have leadership characteristics from both transformational and transactional leadership styles. The nurse leaders receiving the highest scores as rated by staff from both part 1 and part 2 of the study were identified as working toward a dynamic process of quality improvement and effectively communicating clear vision and values to staff. The results of the study also supported the notion that mentorship and guidance, preceptorship, obtaining a graduate degree, and promoting a work-life balance to maintain and enhance mental health among staff are important to nursing staff.

Zampieron et al. (2013) conducted a cross-sectional study to explore nurse managers and nursing staff's perception of leadership styles. The study was conducted at a 544 bed hospital in northeast Italy. Participants included 21 nurse managers at the hospital who had held authoritative responsibility of five or more subordinates for at least six months. All nurse subordinates including unlicensed direct-care support personnel were asked to participate. Because the original tool was in English and translated to

Italian for this study, a test study was conducted with two nurse managers and 54 subordinates at another hospital to ensure that the questions were clear. Participants were asked to complete Ekvall's and Avronen's (1991; 1994) questionnaire assessing three leadership domains, which included Change, Production and Employee relations or CPE. The questionnaire measures preferred and perceived leadership styles of the respondents and was used because it can identify nurse managers' leadership profiles. The questionnaire was composed of 30 items related to the three domains with each domain having 10 items and rated using a six-point Likert scale.

The study did not show any differences in the leadership style preferences by the nurse managers and subordinates for the Production and Change domains. The Employee relations domain had higher scores from the subordinates compared to the nurse managers with the analysis showing close to statistical significance. There was a statistical difference in the leadership preference of the nurse managers in the Employee relations domain with  $p = 0.007$  with higher scores depicted as the age of the nurse manager also increased.

Sellgren et al. (2006) explored nurse managers' leadership behaviors and their relationship to job satisfaction. A 30-item questionnaire based on the change, production, employee (CPE) model was distributed to 847 prospective participants of whom 492 (58%) responded. Out of the total respondents, 66 out of the 77 (86%) were nurse managers and 426 were subordinates. Of the subordinates, 268 were nurses/midwives, 126 were assistant nurses, 13 were secretaries, four were technicians or porters, six had another profession, and nine were unidentified. There was no difference in staff turnover between the units of responders and non-responders. The results of the study concluded

that there was a difference between the subordinates and nurse managers related to preferred leadership in the production domain. The principal investigators stated that this could indicate that the subordinates prefer a much clearer leadership style than what the nurse managers think of the leadership styles they have adopted.

In another study by Sellgren et al. (2008), researchers explored nurse managers' leadership styles and staff perceptions. The 30-item CPE questionnaire was distributed to 770 subordinates from a large university hospital in Sweden. The total number of respondents was 426 (55%), of whom seven did not complete the basic data questions. This study explored the relationships between leadership behavior and job satisfaction, work climate, and creative work climate and job satisfaction combined. In the relationship between leadership behavior and job satisfaction, the results showed that job satisfaction was significantly lower for staff with invisible managers than for those who had managers considered as middle of the road or super managers. Those with middle of the road managers also showed a lower job satisfaction than those with super managers.

Schreuder et al. (2011) used a cross-sectional study to explore leadership behavior related to the absences of nursing staff. The Leadership Effectiveness and Adaptability Description (LEAD) questionnaire which was distributed to 699 nurses at a Dutch hospital. The overall response rate was 570 (82%). The results of the study showed that leadership effectiveness was related to the occurrence of absences, in this case lower absenteeism rates were attributed to effective managers.

In the study by Raup (2008), researchers used a descriptive study to explore ED nurse managers' leadership styles and their impact on nursing turnover and patient satisfaction. Participants were asked to complete the Multifactor Leadership

Questionnaire (MLQ-5X) and a 10-item researcher-defined nurse manager role and demographics survey. A total of 101 eligible sites in the continental United States were contacted to participate in the survey. Of those sites, initial contact was made to 68 of the total 98 that expressed a desire to participate. The survey was composed of one manager survey and two staff nurse surveys. Forty-five total surveys were received which accounts for 15 manager surveys and 30 staff nurse surveys. The study revealed that there was no statistical significance on the impact of transformational leadership versus non-transformational leadership on staff nurse retention. The author felt that this may be due to a limited sample size. It was noticeable, however, that those who exhibited transformational leadership styles reflected a trend toward a low nurse turnover compared with hospitals with managers displaying non-transformational leadership styles. The study also revealed an interesting trend in the role and practice setting demographics of the nurse managers. Transformational leadership styles were seen in managers with an average age of 48.8 and an average of 9.6 years as a manager, while non-Transformational leadership styles were seen in those with an average age of 40.3 and had less experience with an average of 4.4 years.

A correlation between active management by exception, a leadership style described in the Full Range Leadership model, and staff nurse turnover was reported in the study by Kleinman (2004). The study consisted of staff nurses from a 465-bed community hospital in the Northeast. Survey questions based on the Multifactor Leadership Questionnaire (MLQ-5X) were distributed to 315 staff nurses and 16 nurse managers. Seventy-nine (25%) of the staff nurses' returned questionnaires were acceptable while the usable responses from nurse managers accounted for 62%.

Participants were provided brief descriptions of specific leadership behaviors and rated how often each behavior occurred by using a Likert scale from 0 through 4. A statistical analysis of the data included finding a correlation between leadership behaviors and turnover. In this study, Cronbach's alpha reliability estimates showed internal consistency ranging from  $\alpha = .68$  to  $\alpha = .89$ . Through this measure of reliability, it was determined that nurse turnover had a strong correlation with the management by exception leadership style.

Abualrub and Alghamdi (2012) used a descriptive correlational design to explore the relationship between leadership styles, job satisfaction, and turnover among Saudi Arabian nurses. Six hospitals from the three biggest cities in the Western Region were chosen to gather a convenience sample of 100 registered nurses from each hospital. Participants were asked to complete the Multifactor Leadership Questionnaire. Of the 600 questionnaires distributed, 308 (51%) participants responded. Participants ranged from 21 to 59 years of age with 71% belonging to the 21 to 29 age range. The study showed the relationship between transformational leadership style and the level of intent to stay was statistically insignificant ( $r = 0.08$ ,  $p = 0.14$ ). Likewise, the transactional leadership style did not have an effect on the level of intent to stay ( $r = 0.01$ ,  $p = 0.81$ ).

### **Strengths, Weaknesses, Gaps, and Limitations**

The strength of the study lies in the range of research conducted worldwide related to leadership styles and nursing intent to turnover, staff engagement, and job satisfaction. The fact that this type of study has been conducted worldwide provides an implication about the similarities in responses even among different cultures. Also, survey tools used in the studies were proven to have a high degree of reliability.

Although job satisfaction was one of the measures of effective leadership in the studies, the absence of a specific measurement for nurses' intent to turnover may be considered as a weakness. The limitations can be found in the fact that other factors that can lead to increased job satisfaction or employee engagement were not included.

## **CHAPTER III**

### **Methodology**

The purpose of this study was to determine whether there is a correlation between the nurse manager's leadership style and the nursing staff's intent to turnover. This chapter outlines the research design, setting, sample, protection of human subjects, instruments, data collection, and data analysis methods associated with this study.

### **Research Design**

This study used a descriptive, correlational design to assess self-rated perceptions of nurse manager's leadership styles and how each style impacts the nursing staff's intent to turnover.

### **Setting**

This research study was conducted in a 540 bed teaching and research hospital in the southeastern United States. The hospital traces its roots to 1921 when it was established as a 100-bed general hospital to serve the population of the city and the surrounding communities. From its humble beginnings, it grew to a fully integrated health care system providing programs and services such as a Level 1 Trauma Center, Chest Pain Center, Comprehensive Pain Center, Heart Center, Cancer Center, Women's and Children's Services, Stroke Center, Neonatal Intensive Care Unit (NICU), Surgical Services including minimally invasive and robotic surgery, advanced imaging services, and other health related programs.

The hospital is one of the larger employers in the area with a total of close to 6,000 employees. There are over 900 nurses holding various positions in the hospital with the majority serving in direct clinical care. This hospital holds the distinction of being the



first Magnet hospital in the state, an honor held only by 3% of hospitals nationwide, and was also recently named as the #1 hospital in the state by US News and World Report.

There are 25 inpatient and seven outpatient nursing departments in the hospital. Of the 25-inpatient departments, five are adult critical care, one is a Pediatric Intensive Care, and the other is a Neonatal Intensive Care Unit.

### **Sample**

This study used a convenience sample of 32 nurse managers of all inpatient and outpatient nursing departments. Inpatient departments included medical-surgical, telemetry, women's and children's, and all adult critical care units. Outpatient departments included the Rapid Treatment Unit, Wound Healing Center, Wound Consult Team, Endoscopy, Pre-admit/Pre-op, Post-Anesthesia Recovery Unit (PACU), and Surgery. Inclusion criteria for nurse managers was that they must have had at least one year of nurse manager experience on the respective unit prior to February 2014.

### **Protection of Human Subjects**

Appropriate permissions were obtained from the university's Institutional Review Board, the study hospital's Institutional Review Board (IRB), and its nursing research council. A conflict of interest disclosure form was also submitted to the hospital's IRB. The principal investigator completed the Collaborative IRB Training Initiative (CITI) course prior to conducting the study. No risks were identified for the subjects participating in the study and any demographic information requested were de-identified when cross-referenced with the AVATAR Associate Survey results. All survey responses were placed in a sealed envelope to protect the participants' privacy.

## **Instruments**

Participants were asked to complete a demographic form and the Multifactor Leadership Questionnaire (MLQ-5X) by Bass and Avolio. Permission from the authors of the MLQ-5X survey was obtained (Appendix A).

The demographic questionnaire (Appendix B) consisted of questions related to years of experience, age, education, and formal leadership training. Data was used to determine any commonalities between demographic data and self-reported leadership behaviors among the participants.

The MLQ-5X (Appendix C) is a 45-item self-report questionnaire that measures the full range of leadership behaviors through its 12 subscales. 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. Each of the subscales is associated with a leadership style – transformational, transactional, or passive-avoidant. The MLQ-5X measures leadership behaviors by having nurse managers self-reports their behaviors. Participants will read a brief descriptive statement about a specific leadership behavior and rate the frequency at which the behavior occurs based on a 5-point Likert scale ranging from “not at all” to “frequently, if not always.” An evaluation of the MLQ-5X reported a Chronbach’s alpha of 0.7 and was deemed a reliable tool for measuring leadership styles (Kanste, Miettunen, & Kyngas, 2007).

Scoring of the MLQ-5X is based on the scoring key provided in the MLQ-5X manual. The MLQ-5X scale scores are average scores for the items on the scale. The score can be

derived by summing the items and dividing by the number of items that make up the scale. The MLQ-5X is not designed to encourage the labeling of a leader as Transformational or Transactional. Rather, it is more appropriate to identify a leader or group of leaders as (for example) “more transformational than the norm” or “less transactional than the norm.”

Information related to each department’s intent to turnover was extracted from the 2014 Associate Engagement Survey (AES) administered by the research facility. The Associate Engagement Survey is an annual survey administered by Avatar Solutions, a third party survey administrator contracted by the research facility. This survey includes their standard Sweet 16® survey questions plus custom questions added by the research facility’s Human Resources department. The Sweet 16® “measures four key aspects of employee engagement designed to assess an individual’s loyalty, likelihood of giving extra discretionary effort, and personal commitment to the organization” (Avatar, 2014). For 2014, the total number of questions was 30. The participation rate for 2014 was 86%. For the purposes of this study, intent to turnover was measured by looking at the staff nurses’ response to the following question on the AES: “I have thought of resigning in the last six months.”

### **Data Collection**

Each nurse manager received a demographic form and the MLQ-5X survey via the hospital inter-office mail. Participants were given two weeks to complete the survey and were provided a return envelope for submission. The MLQ-5X scoring key was used to tabulate the scores and determine the leadership styles of the respondents. The results from the AVATAR Associate Engagement Survey conducted in March 2014 related to

the 'intent to turnover' category was also used to cross-reference with the identified leadership style of the nurse manager. The intent to turnover scores from the AVATAR Associate Engagement survey were obtained from the system administrator employed by the hospital.

### **Data Analysis**

Survey data was entered into an Excel spreadsheet and corresponding calculated scores based on the MLQ-5X scoring key were entered into a separate table. To aid with the data analysis, data was compiled and extracted from the Excel spreadsheet and populated into version 22 of the Statistical Packages for the Social Sciences (SPSS) software. Graphic representation and calculation of the correlation between the leadership styles and intent to turnover scores were performed using the Excel Analysis Tool Pack.

## **CHAPTER IV**

### **Results**

The purpose of this study was to determine if there was a relationship between the nurse manager's leadership style and staff nurses' intent to turnover. The following chapter outlines the statistical analysis for this question. At the hospital where this study was conducted, the nurse turnover rate for the past two years was 7%.

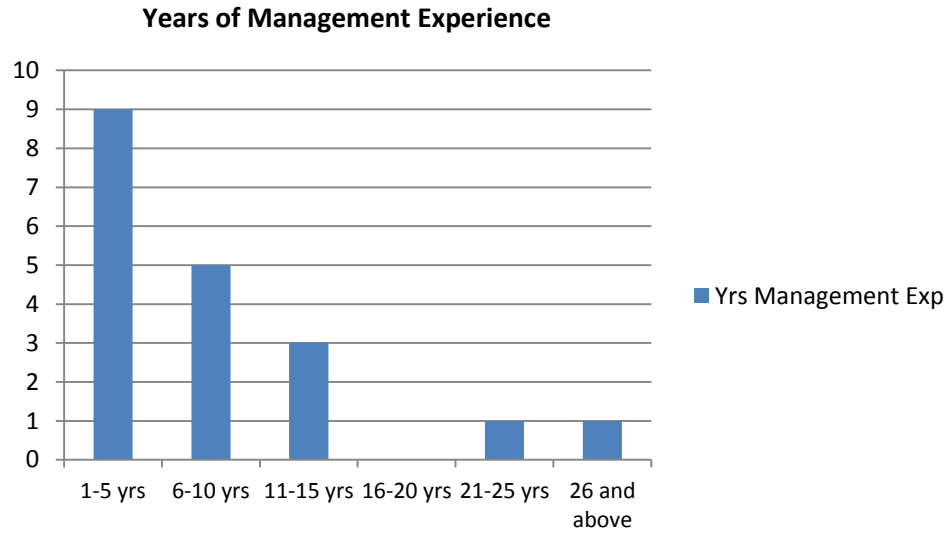
### **Sample Characteristics**

At the conclusion of the data collection process, the final sample size was 19 nurse managers with at least one year of experience as manager of their respective departments. These managers were from the inpatient and outpatient nursing departments. Of the 32 departments whose nurse managers were invited to participate in the study, two nurse managers had less than one year of experience as manager and therefore excluded from the study. Two other nursing departments at the time of the survey were without a permanent manager. A total of 19 nurse managers participated in the survey with no participant withdrawing from the process.

### **Major Findings**

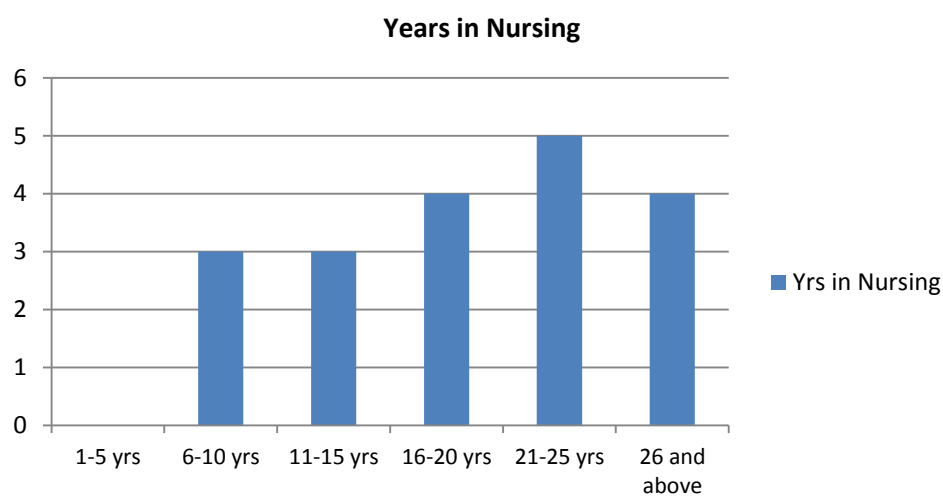
#### **Demographics**

Of the 19 nurse managers who responded to the survey, nurse manager experience ranged from 1.75 to 26 years with nine (47%) nurse managers having 1-5 years' experience, five (26%) with 6-10 years' experience, three (16%) with 11-15 years' experience, one (5%) with 21-25 years' experience, and 1 (5%) with 26 years of experience. Results are displayed in Figure 2.



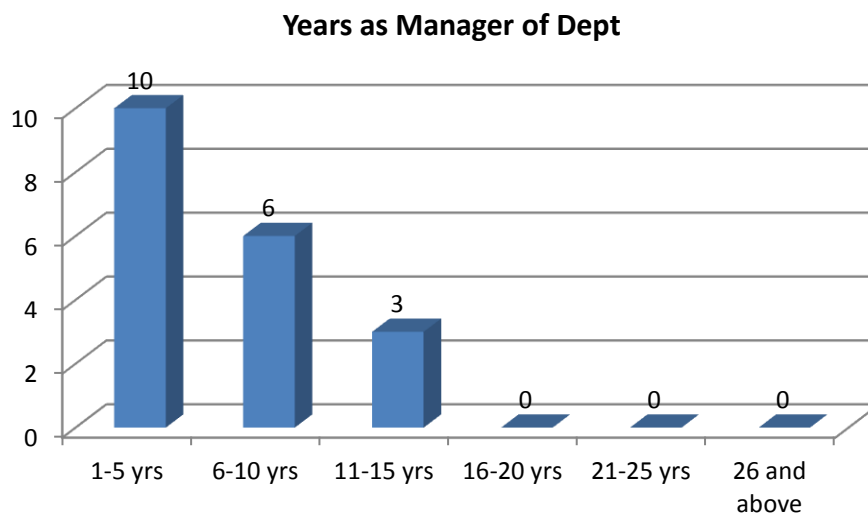
*Figure 2.* Years of Management Experience of Nurse Managers

All managers responding to the survey had five or more years of nursing experience. Three (16%) reported 6-10 years of nursing experience, three (16%) reported 11-15 years of nursing experience, four (21%) reported 16-20 years of nursing experience, five (26%) reported 21-25 years of experience, and four (21%) reported 26 years or more of nursing experience. Results are displayed in Figure 3.



*Figure 3.* Years of Nursing Experience of Nurse Managers

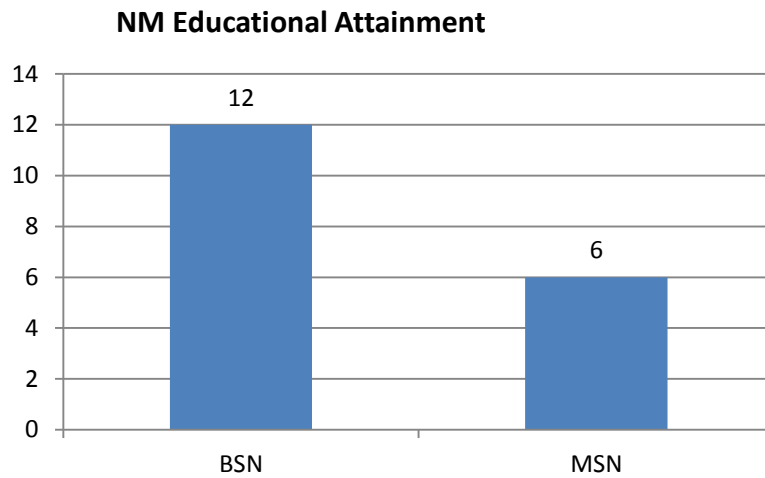
Ten (53%) nurse managers had been the nurse manager on their current unit for 1-5 years, six (31%) for 6-10 years, and three (16%) for 11-15. Results are displayed in Figure 4.



*Figure 4. Years as Manager of Current Department*



Twelve (63%) nurse managers held a Bachelor's of Science in Nursing (BSN), six (32%) held a master's of science in nursing (MSN) and 1 (5%) did not respond to the question. Results are displayed in Figure 5.

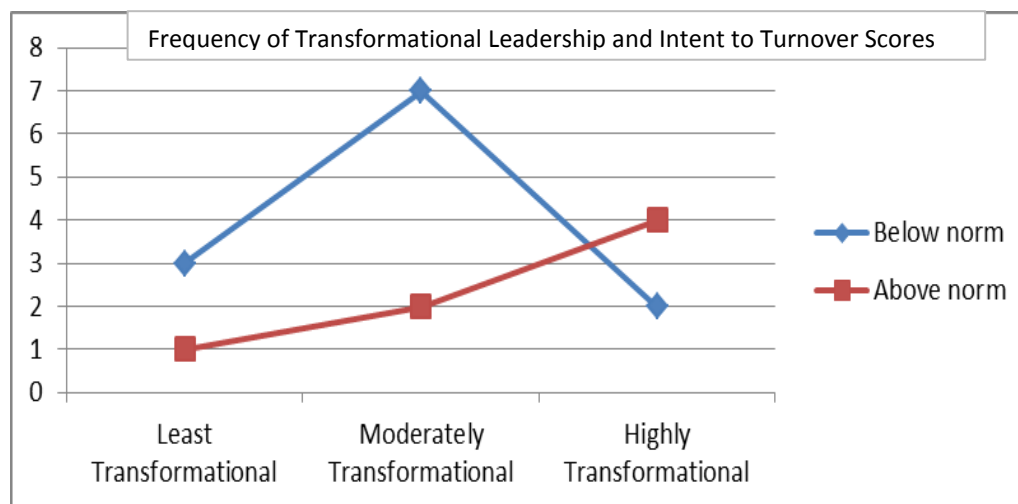


*Figure 5.* Nurse Managers' Educational Attainment

## Leadership Styles

Based on the scores derived from the nurse managers' responses, all 19 (100%) respondents ascribed to behaviors corresponding to a transformational leadership style. Four (21%) rated themselves as utilizing a transformational leadership style the least, although the rest of their scores did not show high scores for transactional or laissez-faire leadership style. Nine (47%) nurse managers showed that they manifested transformational leadership styles fairly often, and six (32%) showed that they exhibit transformational leadership styles frequently, if not always.

Of the four (21%) that utilized transformational leadership styles the least, their scores also revealed that they provide intellectual stimulation and individualized consideration fairly often. As shown in Figure 6, when compared to their respective department's intent to turnover score, all except one had a low intent to turnover score.



*Figure 6.* Frequency of Transformational Leadership Style Related to Intent to Turnover Score

One manager's response showed that the utilization of both transformational and transactional leadership styles. It was also interesting to note that managers whose score placed them in the moderately transformational group also scored high on the use of contingent rewards- a characteristic of transactional leadership. Thirteen (68%) of the nurse managers scored high on contingent rewards and low intent to turnover scores attributed to them.

A simple linear regression was calculated predicting nurse managers' leadership style and staff nurses' intent to turnover. The regression equation was not significant ( $F(1, 17) = 3.36, p > .05$ ) with an  $R^2$  of 0.16. Leadership style cannot be used to predict staff nurses' intent to turnover. Results are displayed in Figure 7.

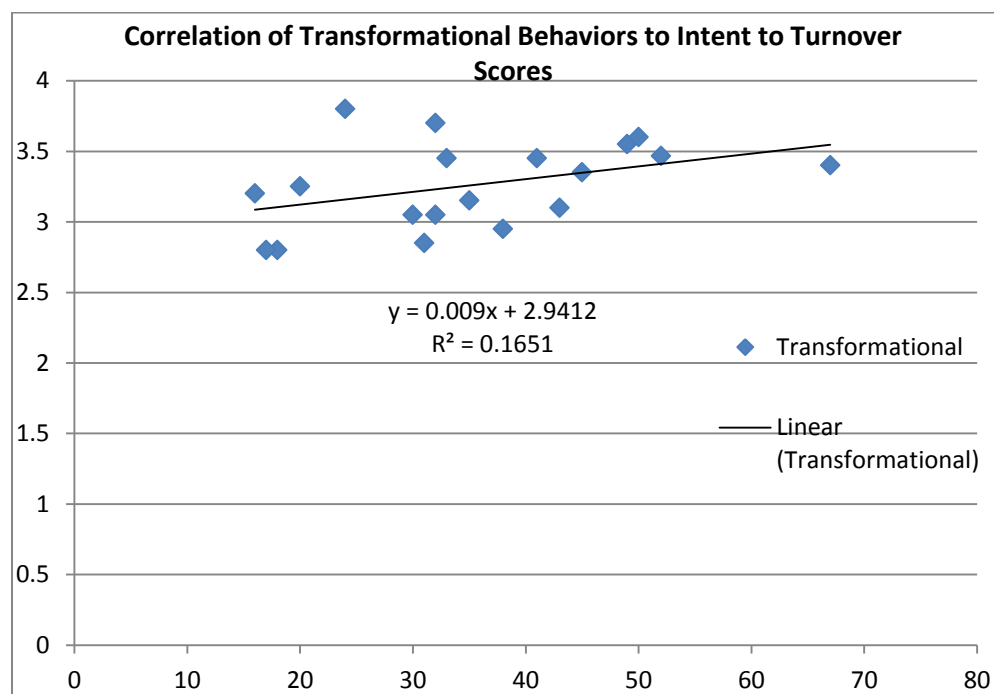


Figure 7. Correlation between Transformational Leadership Style vs Intent to Turnover Scores.

The relationships among the three groups are also represented in the Wilcoxon-Kruskal-Wallis test (Figure 8) where the mean scores of 9 for least transformational and 8.16 for moderately transformational showed that they were closely related to how they impact intent to turnover scores.

Wilcoxon / Kruskal-Wallis Tests (Rank Sums)					
Level	Count	Score Sum	Expected Score	Score Mean	(Mean-Mean0)/Std0
highly transf	6	80.500	60.000	13.4167	1.755
leasttransformational	4	36.000	40.000	9.0000	-0.350
mid-transf	9	73.500	90.000	8.1667	-1.307

1-way Test, ChiSquare Approximation		
ChiSquare	DF	Prob>ChiSq
3.2963	2	0.1924

Figure 8. Wilcoxon/Kruskal-Wallis Test and 1-way Test, ChiSquare Approximation

Using a pre-determined alpha level of significance as .05, a chi-square one-way test was also conducted which showed no statistically significant difference in the leadership style score and the intent to turnover score  $p = 0.194$  (Figure 8).

### Summary

Based on the data and results of the tests performed, the participating nurse managers all revealed that they utilized transformational leadership styles, although at different levels. However, upon closer scrutiny, those whose scores showed moderate transformational leadership accounted for lower intent to turnover scores. Those belonging to the group with the highest frequency of utilization of transformational leadership styles had the higher turnover scores.

## **CHAPTER V**

### **Discussion**

According to O'Brien-Pallas et al. (2006), there is a direct correlation between a nurse manager's leadership style and staff nurse retention and job satisfaction. Nurse Managers must explore and adopt leadership practices that are considered participatory, whereby staff feel empowered and included in the decision-making process. According to Force (2005), identification and careful attention needs to be given to the characteristics of effective leadership strategies.

### **Implication of Findings**

To be an effective leader, one must be able to display leadership characteristics that complement the staff's varying perceptions and acceptance of the behaviors displayed. Based on the results of the study, the transformational leadership style has not shown a significant impact on the intent to turnover scores. However, it is important to note that the overall leadership style of the nurse managers who participated in the survey revealed that transformational leadership was what was commonly practiced albeit at different levels. One must be able to exercise a range of styles as a more effective approach to the diverse characteristics of staff members.

### **Application to Theoretical Framework**

The Bass and Avolio Full Range Leadership Model was used as the theoretical framework for this study. In this model, the four behaviors that compose transformational leadership led to increased employee satisfaction, higher levels of engagement, and decreased staff turnover. Based on the scores as determined by the MLQ-5X scoring key, the 19 nurse managers were shown to project varying degrees of transformational

leadership style. However, a correlation between the identified leadership style and the intent to turnover score did not reveal a significant difference as evidenced by a  $R^2 = 0.16$ .

Nevertheless, as transformational leadership is widely believed to be the style that produces positive results in any organizational setting, it would be unwise to neglect this notion and attempt to adapt a style that has been proven not to be effective. It would be considered more prudent to adapt a transformational leadership style perhaps in varying degrees as seen with the results of the study. A balanced approach may need to be considered based on the staff being led and what a particular situation calls for.

### **Strengths and Limitations**

The major strength of the study was the use of the widely accepted and validated Multifactor Leadership Questionnaire (MLQ-5X). The other strength of the study lies in the utilization of survey results related to the question on “intent to turnover” in the AVATAR associate engagement survey. This annual associate engagement survey, called the Sweet 16 survey measures four key aspects of employee engagement including loyalty and personal commitment to the organization. One of the questions being asked of associates is to rate, on a Likert scale, whether they have thought about resigning in the last six months. The Avatar suite of survey tools are endorsed by the American Hospital Association (AHA) (Employee Engagement/Satisfaction Surveys, 2014).

The weakness in the study may be attributed to the demographics of the nurse respondents related to their age, maturity, and experience which may be underlying factors that contribute to different responses to a given leadership behavior.

A limitation of the study is the extent that the study was conducted which, in this case, only focuses on the nurse managers' self-rating of their leadership styles. One other notable limitation is the small sample size.

Furthermore, this study excludes income or monetary consideration as a determinant of nurse turnover and may also be considered as a limitation of the study.

### **Implications for Nursing**

Given that leadership styles are as important as financial or workplace environment considerations in ensuring that nurses' intent to turnover is maintained at a minimum, nurse managers or those aspiring to be one would benefit from learning and adapting leadership styles that have shown to be effective.

The culture of the current nursing workforce and the various demands put on nursing staff may also need to be considered by a nurse leader whose aim is to drive engagement, achievement of overall goals, and staff retention.

A well-balanced leadership approach is essential in ensuring that nursing staff remain committed to their profession and to the overall objectives of the organization.

### **Recommendations**

Although there was no strong correlation presented by the data, nurse managers may benefit from having an awareness of their leadership styles and how to best utilize those styles for any situation that they are faced with. Armed with this knowledge and self-awareness, it will also create a sense of what their opportunities for improvement are. This will in turn serve as their guide to aid them in processing information better before making decisions that affect staff.

Since this study was based on the nurse managers' self-rating of their leadership styles, a follow-up study that involves staff nurses' rating on what they perceive to be their manager's leadership styles is highly recommended. A comparison between the self-rating score and the staff's rating will provide managers a better idea of how they are perceived by staff, and will provide a more accurate representation of their leadership styles.

Other variables that may affect intent to turnover scores may also need to be considered for future studies. These variables may include, among others, professional advancement, family/personal issues, monetary/financial considerations, and environmental/work place concerns.

### **Conclusion**

Transformational leadership style is widely believed to be the most effective leadership style. Utilizing this style tends to bring about positive outcomes, increased job satisfaction, and decreased staff turnover.

Intent to turnover of staff may not be solely dependent on leadership styles as other factors may also impact one's decision to leave a job or workplace. These factors may include, but are not limited to, monetary considerations, personal or family issues, geographic factors, work environment, or career advancement opportunities.



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## Appendix A

### Permission to Use Survey

For use by Joseph Warren Perez only. Received from Mind Garden, Inc. on October 10, 2014



[www.mindgarden.com](http://www.mindgarden.com)

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material:

Instrument: *Multifactor Leadership Questionnaire*

Authors: *Bruce Avolio and Bernard Bass*

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for his/her thesis research.

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,

Robert Most  
Mind Garden, Inc.  
[www.mindgarden.com](http://www.mindgarden.com)

**Appendix B****Demographic Questionnaire****Research Study: Impact of Nurse Managers' Leadership Styles to Nursing Staff  
Intent to Turnover****Survey Questionnaire****Part I. Demographics**

Name of Nursing Department \_\_\_\_\_

Years of Nursing Experience \_\_\_\_\_

Years of Nurse Manager Experience \_\_\_\_\_

Years as manager of current department \_\_\_\_\_

Age \_\_\_\_\_

Highest Educational Attainment

Formal Leadership Course Taken Yes \_\_\_\_\_ No \_\_\_\_\_

## Appendix C

### Sample of Questionnaire

For use by Joseph Warren Perez only. Received from Mind Garden, Inc. on September 3, 2014

### Multifactor Leadership Questionnaire

### Leader Form

My Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization ID #: \_\_\_\_\_ Leader ID #: \_\_\_\_\_

This questionnaire is to describe your leadership style as you perceive it. Please answer all items on this answer sheet. If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits you. The word "others" may mean your peers, clients, direct reports, supervisors, and/or all of these individuals.

Use the following rating scale:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4
1. I provide others with assistance in exchange for their efforts .....	0	1	2	3 4
2. I re-examine critical assumptions to question whether they are appropriate .....	0	1	2	3 4
3. I fail to interfere until problems become serious .....	0	1	2	3 4
4. I focus attention on irregularities, mistakes, exceptions, and deviations from standards .....	0	1	2	3 4
5. I avoid getting involved when important issues arise .....	0	1	2	3 4

*Note: Only 5 sample items from the tool are allowed to be included in any thesis or proposal as stated in the permission to use document in Appendix A.*