
SCHOOL *of* GRADUATE STUDIES
EAST TENNESSEE STATE UNIVERSITY

East Tennessee State University
Digital Commons @ East Tennessee State University

Electronic Theses and Dissertations | Student Works

12-2016

Leadership Practices of Supervisory Employees: An Exploration of Current Practices at a Southeastern Veterans Affairs Medical Center

Melissa M. Zimmerman
East Tennessee State Universtiy

Follow this and additional works at: https://dc.etsu.edu/etd

 Part of the Nursing Administration Commons, and the Other Nursing Commons

Recommended Citation
Zimmerman, Melissa M., "Leadership Practices of Supervisory Employees: An Exploration of Current Practices at a Southeastern Veterans Affairs Medical Center" (2016). *Electronic Theses and Dissertations.* Paper 3149. https://dc.etsu.edu/etd/3149

This Dissertation - Open Access is brought to you for free and open access by the Student Works at Digital Commons @ East Tennessee State University. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact digilib@etsu.edu.

www.manaraa.com

Leadership Practices of Supervisory Employees:

An Exploration of Current Practices at a Southeastern Veterans Affairs Medical Center

---

A dissertation

presented to

the faculty of the Department of Nursing

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Doctor of Philosophy in Nursing

---

by

Melissa Zimmerman

December 2016

Dr. Janne Dunham-Taylor, Chair

Dr. Sally Blowers

Dr. Lisa Haddad

Dr. Shanyn Aysta

Keywords: Transformational Leadership, Organizational Culture, Nurse Job Satisfaction

www.manaraa.com

ABSTRACT

Leadership Practices of Supervisory Employees:

An Exploration of Current Practices at a Southeastern Veterans Affairs Medical Center

by

Melissa Zimmerman

The purpose of this study was to explore the current leadership practices of nurse management and non-nursing supervisory staff at a southeastern VA (Veterans Affairs) Medical Center.

Healthcare organizations are faced with implementing leadership strategies to enhance the overall patient experience. Successful achievement of such may depend on an organization's ability to accept and implement the tenets of transformational leadership.

The conceptual framework for the study was based on Burn's (1985) transformational leadership theory and explored the self-reported leadership practices of nurse management staff and non-nursing supervisory staff at a southeastern VA Medical Center using the LPI-Self developed by Kouzes and Posner.

Purposive sampling was used due to the specific characteristics of the population in relation to study intent. In order to reach multiple employees with a single attempt, an email was sent via the internal email system describing in detail the intent of the research study. The email included a link to the researcher's educational institution student research portal, which provided the LPI-Self and the demographic questionnaire.

It was concluded that nurse management staff self-reported as more transformational than non-nursing supervisory staff. Management or supervisory staff in their roles for less than 5 years self-reported more transformational practices while advanced degrees and formal leadership training positively affected transformational practices.

The results of this study described the current state of leadership at the facility and illustrated that while there was evidence of transformational practices among supervisory staff, further

www.manaraa.com

exploration was warranted in regards to investment in the development of a formal leadership curriculum, support for supervisory staff serving in that capacity for greater than 5 years and advocacy for advanced degrees.

www.manaraa.com

DEDICATION

The nursing profession saved me from a small town destiny that plagued many young women before me. I was lost until I became a nurse and *she* has taken me places that I never imagined I would go. For that reason, I dedicate this to *her* and vow to continue on with my life's work as a nurse with integrity, compassion, and trustworthiness just as it was envisioned over a century ago.

www.manaraa.com

ACKNOWLEDGEMENTS

To my dear husband Travis who, without faltering, has been by my side throughout this journey. He is a man of few words but his silent support means more than he will know. Without his love, loyalty, and unbridled honesty, I would be nothing.

To my best friend and the sister I never had, Jennifer who has viciously protected my time over the past 4 years in order for me to continue along this path uninterrupted. She is a proofreader like no other who has an eye for spaces, references, and sentences with far too many words. Always offering support and encouragement, she has been and always will be my biggest and most faithful cheerleader. Swish. Swish. Swish.

To my mother who made sure I read instead of watched television, wrote short stories instead of poems, and had more books than dolls. She pushed me in ways that often were intense, but it is that intensity that keeps me going today. I appreciate her more today than yesterday and not as much as I will tomorrow.

To my father who succumbs daily to internal forces beyond his control, who always ensured I had the best of what life had to offer. Although he is not the same man I knew then, I know if he were able he would fight his demons and stand with me along this journey.

www.manaraa.com

TABLE OF CONTENTS

www.manaraa.com

www.manaraa.com

www.manaraa.com

LIST OF TABLES

www.manaraa.com

www.manaraa.com

CHAPTER 1

INTRODUCTION

Paramount to the mission and purpose of the Department of Veterans Affairs is the provision of healthcare to every veteran, as voiced in the organization's motto, borrowed from the text of Abraham Lincoln's second inaugural address, "To care for him who has borne the battle and his widow and his orphan" (Hall, Sigford, & Sayer, 2010, p. 160). Established by President Hoover in the 1930s, the Veterans Healthcare Administration (VHA) was created to fulfill Abraham Lincoln's call to the nation to care for those who have selflessly served their country during both times of conflict and times of peace. Today, VHA continues to stand firm in its conviction to care for veterans through its operations in Veterans Affairs (VA) facilities in both urban and rural areas throughout 50 states, the District of Columbia, and U.S. territories.

As an employer, VHA has a considerably large federal staffing pool at approximately 340-thousand individuals serving over twenty-two million veterans nationwide (Brooks, 2016). It is the nation's largest employer of nursing personnel with more than ninety thousand Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Nursing Assistants (NAs). A significant portion of this workforce is rapidly approaching retirement age by the end of 2016 (Hall et al., 2010). The future of VHA relies on its ability to lead and manage change across the agency while motivating and inspiring staff at all levels. Future VHA leaders will need practical and strategic leadership development skills to ensure a satisfied workforce, a more solvent budget, better patient outcomes, and a more positive organizational culture.

In his book *Leadership* published in 1978, James MacGregor Burns introduced transformational leadership theory. His theory contended that leadership should promote positive changes by addressing the needs of both the leaders and followers while acting in the best

www.manaraa.com

interest of the group as a whole (Burns, 1978). Burns, a political scientist and historian, was interested in the leadership styles used by prominent historical figures including Mahatma Gandhi, Franklin D. Roosevelt, and John F. Kennedy. As a descriptive definition, transformational leadership occurs when two or more persons engage with others in such a way where the leaders and followers raise each other to higher levels of motivation, integrity, and awareness (Burns, 1978). Burns' theory differed significantly from older leadership theories as it proposed that meeting the needs of those being led, or *followers*, was vital to achieving high work performance (Bass & Avolio, 1994; Burns, 1978; Kouzes & Posner, 2007).

Historically, healthcare systems have focused their energies on motivating employees by addressing basic human needs described by psychologist Abraham Maslow as being "…physiological stability, safety, belongingness and love, self-esteem and self-actualization…" (Maslow, 1943, p. 381). His work became known as Maslow's Hierarchy of Needs. Burns' (1978) work was heavily influenced by Maslow's concepts. Familiar territories to the nursing profession, these needs are arranged in a hierarchical order starting with the need for physiological stability and ending with self-actualization. Generally speaking, higher-level needs are not seen as important until basic needs are fulfilled. For example, appropriate compensation allows employees to meet their basic physiological needs while employee safety is satisfied through a secure and psychologically safe work environment. Strategies such as shared governance, participatory management, and employee engagement promote a sense of belonging for employees, which results in the promotion of self-actualization (Anthony, Standing, Glick, Duffy, & Dumpe, 2005). According to Burns (1978), transformational leadership has the potential to motivate employees to satisfy higher-level needs, such as self-esteem and self-actualization. Those influenced by transformational leaders find significance in their work, and

www.manaraa.com

make noteworthy contributions to the mission of the organization (Burns, 1978; Loke, 2001; Meterko, Mohr, & Young, 2004).

Building upon the work of Burns, Kouzes, and Posner (1987) continued to explore transformational leadership in an effort to better understand the overall concept and its effects on an organization. While attending management development seminars, Kouzes and Posner began to query individuals regarding what they believed to be a *personal best* as a leader. As their work evolved, five common themes emerged that came to be known as the Five Practices of Exemplary Leadership:

1. Model the Way
2. Inspire a Shared Vision
3. Challenge the Process
4. Enable Others to Act
5. Encourage the Heart

Kouzes and Posner (1987) suggested that when these leadership practices existed, transformational leadership occurred.

There is a significant amount of empirical literature linking job satisfaction, patient outcomes, organizational culture, and budget solvency to transformational leadership in the private sector but no evidence suggesting the same in VHA (Baker, Sullivan, & Emory, 2008; Larrabee et al., 2003; Loke, 2001; McNeese-Smith, 1993; McNeese-Smith, 1995). According to Sherwin et al. (1992), high levels of absenteeism and staff turnover can negatively impact patient care and an organization's staffing budget. Studies have also shown a direct correlation between staff satisfaction and patient satisfaction (Larrabee et al., 2003; Loke, 2001; Sherwin et al., 1992). Organizations that can create work environments that attract, motivate, and retain hard-working

www.manaraa.com

individuals will be better positioned to succeed in a competitive health care environment that demands quality and cost-efficiency (Summer & Townsend-Rocchiccioli, 2003).

Due to the continually metamorphic nature of the nation's healthcare system, it is imperative for VHA healthcare leaders to employ a more transformational leadership style. The transition to a more transformational leadership model in VHA will allow for the development of environments that are conducive to a satisfied and productive workforce to ensure staff satisfaction, better budget control, and improvement in patient outcomes. Leaders who present as more transformational in nature inspire followers through creating a sense of organizational commitment (Baker et al., 2008). Adopting transformational qualities of leadership allows healthcare leaders to feel more comfortable and confident when engaging in the development of healthcare policies, implementing evolving healthcare technology, and mentoring their staff. VHA would benefit from such a shift in leadership paradigm.

Transformational leaders possess a certain level of uniqueness in their ability to lead that sets them apart from other leaders. With characteristics such as charisma, inspiration, intellectual stimulation, and individual consideration, transformational leaders have insight into their staff's needs and utilize this awareness to positively influence them (Hauck, Winsett, & Kuric, 2013). A transformational leader is motivational, sensitive, determined, and able to communicate the organization's vision, mission, and goals while encouraging a sense of organizational pride (Lukas et al., 2007). VHA can benefit from transformational leadership and begin to create these environments conducive to a satisfied and productive workforce as we move forward through the 21st century.

www.manaraa.com

Statement of the Problem

Effective leadership practices have become a focal point in contemporary healthcare literature. Transformational leadership has the ability to increase job satisfaction, promote positive patient outcomes, improve organizational culture, and support solvent organizational budgets (Casida, Crane, Walker, & Margo, 2012; Happell, Martin, & Pinikahana, 2003; McCutcheon, Doran, Evans, McGillis-Hall, & Pringle, 2009; McNeese-Smith, 1997; Meredith, Cohen, & Raia, 2010; Redman, 2006; Sarros, Cooper, & Santora, 2008; Tomey, 2009). As a leadership behavior, transformational leadership is well revered as the cornerstone to Magnet designation (McClure, 2005; Schwartz, Spencer, Wilson, & Wood, 2011).

As a designation awarded by the American Nurses' Credentialing Center (ANCC), Magnet status is achieved by healthcare organizations who satisfy a set of criteria designed to measure the strength and quality of their nursing. A Magnet organization delivers evidence based patient care with resulting excellent patient outcomes. To reach the goal of Magnet, organizations who strive for overall organizational excellence must begin to investigate the leadership abilities of those in leadership positions across the organization.

However, if leadership is a factor in improving healthcare organizations, examinations of current leadership practices of managers and supervisors across VHA organizations should occur. Through examinations of this nature, one can determine current leadership traits, practices, strengths, weaknesses, and professional development opportunities. Such assessments have the potential to create opportunities to develop existing transformational traits or begin to foster development of such behavior. As VHA works toward its strategic goal of overall organizational excellence, examinations of this nature are paramount to success.

www.manaraa.com

The current state of leadership at a southeastern VA Medical Center is one that is quickly evolving. However, there is not enough information or discussion regarding leadership practices among the facility's supervisory staff. As a result, members of the top management team cannot begin to plan leadership improvement activities geared towards cultivating a more transformational environment without first understanding the current trends in leadership practices within the organization. Through this study, the researcher addressed this lack of knowledge by examining current self-reported leadership practices of all supervisory staff at a southeastern VA Medical Center in an effort to ascertain whether transformational behavior existed. Subsequent recommendations based on statistical analysis of the data were also offered.

Research Questions

RQ1: What are the self-reported leadership practices of nurse management staff and non-nursing supervisory staff at a southeastern VA Medical Center measured by the Leadership Practices Inventory-Self (LPI-Self)?

RQ2: Is there a difference between the self-reported leadership practices of nurse management staff when compared to non-nursing supervisory staff?

RQ3: Does formal leadership training or education impact the self-reported leadership practices of all nurse management and non-nursing supervisory staff?

RQ4: What is the relationship, or lack thereof, of the presence of self-reported transformational leadership practices and a supervisor's gender, leadership training, and degree earned?

www.manaraa.com

Significance of the Study

The study explored self-reported leadership practices of nursing and non-nursing supervisory staff at a southeastern VA Medical Center by means of the LPI-Self. This exploration included an analysis of self-reported strengths, limitations of the research process, implications of the data, and opportunities for further research. The study included demographic data including: age, gender, time spent in a supervisory position, formal leadership development, and highest degree earned. The results provided insight into current leadership practices of nurse management staff and non-nursing supervisory staff. It also allowed exploration of the potential need for formal curriculum development for professional leadership practice at a southeastern VA Medical Center. Ultimately, the study added to the body of knowledge regarding leadership practices and the effects of such leadership practices on both staff and the organization as a whole.

Assumptions, Limitations, and Delimitations

This study assumed that the leadership roles of nurse management staff and non-nursing supervisory staff are similarly defined within the organization as noted through position descriptions and functional statements. It also assumed that the magnitude of associated responsibilities of each role was similar in definition provided by established guidelines of local Human Resource Management and American Federation of Government Employees (AFGE). Limitations of the study included the self-reporting nature, the small number of nurse management staff (n=38) at the proposed research site, and that the reliability of the data were dependent upon the cooperation, honesty, and perceptions of the participants. Efforts in delimitations include inclusion of all other supervisory staff including nurse managers, chief nurses, service level supervisors, and service chiefs (N=221) at the research site, acquisition of

www.manaraa.com

Medical Center Director support through official endorsement (Appendix A) and concurrent review of the local Research and Development Committee.

Definitions of Terms

The following definitions are included for clarification:

Department of Veterans Affairs (VA): provides federal benefits to veterans and their dependents and includes nationwide programs in health care, financial assistance, and national cemeteries (Department of Veterans Affairs, 2002). VA is used loosely to refer to the Department of Veterans Affairs and its federal programs.

Veterans Healthcare Administration (VHA): one of the major operating units of the U.S. Department of Veterans Affairs (VA). VHA refers to the veterans' healthcare system (Department of Veterans Affairs, 2002; Kizer, 2001).

Exemplary leadership practices: developed by Kouzes and Posner (2003a), the five leadership practices include model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart.

Nurse manager: the individual assigned to oversee all functions of a particular patient care area of each service division (Acute Care Service, Surgical Service, Mental Health and Behavioral Science Service, Primary Care Service and Geriatric and Extended Care Service), which includes all human resource, labor management and employee relation responsibilities.

Service level supervisor: the individual assigned to oversee all functions of a particular non-patient care area of each service division (Health Administration Service, Health Information Management Service, Food and Nutrition Service, Logistics, Environmental Management Service, Engineering Service, Supply and Processing, Volunteer Service

www.manaraa.com

and Workforce Development Service), which includes all human resource, labor management, and employee relation responsibilities.

Service chief: the individual assigned to oversee all functions of a particular non-patient care service division (Health Administration Service, Health Information Management Service, Food and Nutrition Service, Logistics, Environmental Management Service, Engineering Service, Supply and Processing, Volunteer Service and Workforce Development Service).

Chief nurse: the individual assigned to oversee all functions of a particular patient care service division (Acute Care Service, Surgical Service, Mental Health and Behavioral Science Service, Primary Care Service and Geriatric and Extended Care Service).

Supervisory staff: includes all staff with supervisory responsibilities (nurse manager, service level supervisor, chief nurse, and service chief).

Top management team: executive level governing team of a medical center (includes the medical center director, chief of staff, associate director, assistant director, and executive nurse).

Professional development: additional skills and knowledge gained by participating in educational programs, conferences, workshops, and self-directed learning.

Transformational leader: a leader who creates a vision, inspires, and empowers followers to emulate the leader and attain a higher level of achievement (Northouse, 2008).

Transformational leadership: a form of leadership occurring when two or more persons engage with others in such a way where the leaders and followers raise each other to higher levels of motivation, integrity, and awareness (Burns, 1978).

www.manaraa.com

Personal best: the recollection of a time during a leadership activity where the leader feels as if his or her leadership practices were exceptional and should be modeled (Kouzes & Posner, 1987).

Philosophical Underpinning

The researcher identified with the perspective of the positivist approach to inquiry. As a philosophy, positivism adheres to the view that only factual knowledge gained through observation, including measurement, is trustworthy (Neuman, 2000). In studies underpinned in positivism, the role of the researcher is limited to data collection and explanation through an objective approach. The research findings are usually discernible and quantifiable.

According to the principles of positivism, quantifiable observations lead to statistical analysis. This type of philosophy is in agreement with the empiricist view that suggests all understanding stems from human experience (Merton & Kendall, 1946). Positivism has the ontological view of the world as encompassing discrete, observable elements and events that interact in an observable, determined, and regular manner (Collin, 2011). In general, positivism refers to philosophical positions that emphasize empirical data and scientific methods. This tradition holds that the world consists of regularities and that these regularities are subsequently detectable. Thus, the researcher can infer knowledge about the real world by simply taking the time to observe it (Somekh & Lewin, 2005).

Overview of the Study

The study explored self-reported leadership practices of all supervisory staff at a southeastern VA Medical Center by means of the LPI-Self. For means of this study, supervisory staff was divided into two overarching categories: nurse management staff and non-nursing supervisory staff. Nurse management staff included nurse managers and chief nurses while the

www.manaraa.com

non-nursing supervisory staff including service level supervisors and service chiefs. This exploration included self-reported strengths, weaknesses, and areas for improvement in leadership practices and the identified potential needs for leadership curriculum development.

www.manaraa.com

CHAPTER 2

LITERATURE REVIEW

The literature review includes the following: transformational leadership, impact of transformational leadership on (a) nursing job satisfaction, (b) patient care outcomes, (c) organizational culture, (d) organizational budget, and the measurement of self-reported transformational leadership practices using the Leadership Practices Inventory (LPI-Self).

Search History

An exhaustive literature search was completed using the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, PubMed, the Cochrane Database of Systematic Reviews and the Nursing and Allied Health Collection. The electronic databases were queried for documents using the following keywords: *transformational leadership, nursing leadership, Magnet hospitals-leadership, transformational leadership theory, transformational leadership-organizational climate, organization culture, organizational "bottom-line" and impact of transformational leadership traits on: organizational culture, budget and nursing job satisfaction*. Each term was searched independently and in combination with the phrase *transformational leadership in nursing*. The initial search prior to delimitation efforts yielded over 4,000 full text documents. After narrowing the search to include only peer reviewed professional journal articles, 1,837 documents remained for review. As a result of the large volume of full text documents noted, further delimitation efforts were required and the following additional inclusion criteria were created to include: documents authored by RNs in the US, published dates between 1990-2015 (excluding only the original work by James McGregor Burns from the late 1970s) and research documents. The secondary search narrowed the literature to 256 full manuscripts. After removal of duplicates, 156 documents were reviewed

www.manaraa.com

and evaluated across the selected databases: CINAHL with 62 full texts, PubMed with 34 full texts, Nursing and Allied Health with 38 full texts and Cochrane Database of Systematic Reviews with 22 full texts.

Evaluation and Analysis of Literature Review

Concurrent reviews and evaluations of the 156 full texts and reference lists were completed over the course of several months. Each document was printed, read, and analyzed. The research literature was critiqued using Quality Criteria by Whittemore (2005). During this critique process, documents were coded based on the following: study design, sample size, data sources, purpose, instruments, and results (Whittemore, 2005).

Employing a method for evaluating the quality of quantitative and qualitative research allows for the selected body of literature to play a greater role in evidence-based practice (Whittemore, 2005). By using the Whittemore Quality Criteria method of integrative review, a thorough analysis of the research literature was completed for quality. The research literature was scored on a scale of 1-11 and categorized as *excellent* (score of 9 or greater) or *good* (score of 7 or greater). Studies that were not considered *excellent* or *good* were then excluded. Of the 156 full texts documents, 43 were considered *excellent* or *good*. During the evaluation and analysis phase of this process, it quickly became apparent that sorting the documents based on a categorized scheme was needed to organize the volume of documents. After review of the 43 manuscripts, four common categories or themes emerged regarding the positive impact of transformational leadership: improved staff satisfaction, better patient outcomes, enhanced organizational culture and increased budget solvency.

www.manaraa.com

Impact of Transformational Leadership on Nurse Job Satisfaction

The impact of transformational leadership on nursing job satisfaction was the most frequently examined outcome in the literature (n = 21). Quantitative research design was more prominently used (n = 18) than qualitative research design. Nineteen studies concluded that transformational leadership has a significant impact on the level of job satisfaction for nursing staff (Dunham & Klafehn, 1990; Dunham-Taylor, 1995; Dunham-Taylor, 2000; Failla & Stichler, 2008; Fletcher & Cunningham, 2001; Force, 2005; Gullo & Gerstle, 2004; Happell et al., 2003; Larrabee et al., 2003; Loke, 2001; McNeese-Smith, 1993; McNeese-Smith, 1995; McNeese-Smith, 1997; Morrison, Jones, & Fuller,1997; Munir, Nielsen, Garde, Albersten, & Carneiro, 2012; Needleman & Buerhaus, 2003; Raup, 2008; Sellgren, Ekvall, & Tomson, 2006; Sorrentino, 1992; Upenieks, 2003a; Weberg, 2010; Wilson-Evered, Hartel, & Neal, 2001).

Larrabee et al. (2003) investigated predictors of RN job satisfaction and intentions to leave among ninety RNs in a university medical center. Variables included nurse attitudes, care delivery structure, and context of care. Staff empowerment as a result of transformational leadership had a noteworthy effect on job satisfaction, accounting for 54% of the variance (Larrabee et al., 2003). The authors concluded that transformational leadership practices of the nurse leader exert the majority of influence on nursing job satisfaction indirectly through influence on psychological empowerment.

Morrison et al. (1997) conducted a comparative study to explore the relationship between leadership styles and empowerment and its effect on job satisfaction among the nursing staff of a regional medical center. The two leadership styles compared were transactional leadership (a leadership style with a system of rewards and punishments for staff who do not meet established goals) and transformational leadership. The study found transformational leadership explained

www.manaraa.com

30% of the variance of job satisfaction and empowerment explained 17%. Accordingly to Morrison et al. (1997), both transactional and transformational leadership positively correlated to job satisfaction. However, transactional leadership had no significant effect on nursing staff empowerment while transformational leadership clearly did.

Additional evidence (Failla & Stichler, 2008; Loke, 2001; McNeese-Smith, 1997; Sellgren et al., 2007) supports Morrison et al. (1997) findings that suggest transformational leadership is more often associated with higher levels of nursing job satisfaction than other styles of leadership. McNeese-Smith (1997) conducted a descriptive design study with semi-structured interviews to query nurses' perception of factors that influence job satisfaction including the leadership practices of the nurse leader (n = 30). The research found managerial behaviors affected job satisfaction among 83% of the nurses queried (Larrabee et al., 2003). Loke (2001) reported similar results through a study that examined the effects of leadership on individual nurse outcomes (n = 100). Regression analysis indicated that 29% of job satisfaction, 22% of organizational commitment, and 9% of productivity were explained by leadership behavior. The results demonstrated that leadership behavior effects staff turnover through improvement of job satisfaction (Loke, 2001). In comparison, Sellgren et al. (2007) found strong correlations between leadership behavior, work climate, and job satisfaction. The authors also concluded that staff turnover showed statistically significant correlations with the job satisfaction variable ($p<0.005$).

There was only one study that demonstrated a correlation between transformational leadership and improved perceptions of work-life balance and overall employee well-being. Munir et al. (2012) conducted a longitudinal study exploring the effects of transformational leadership on work-life conflict, job satisfaction and psychological well-being of Danish nurses

www.manaraa.com

working in long term care (n=188). Regression analyses showed that transformational style was directly associated with perceptions of work-life conflict, job satisfaction, and overall psychological well-being of the nurses. The findings suggested transformational leadership style improved perceptions of work-life balance and employee well-being while increasing overall job satisfaction (Munir et al., 2012). In addition to these findings, further research efforts suggested that with transformational leadership, higher employee satisfaction was achieved as was staff empowerment and organizational wellness (Gullo & Gerstle, 2004; Munir et al., 2012; Raup, 2008; Trofino, 2000; Wilson-Evered et al., 2001).

Gullo and Gerstle (2004) conducted a descriptive correlational design study to determine whether the transformational behaviors of the nurse leader correlated to an increase in empowerment and job satisfaction of staff nurses in a hospital nursing department undergoing restructuring (n = 46). The study revealed that staff nurses' sense of empowerment can be enhanced by transformational behaviors of the nurse leader. The authors concluded that due to the current nursing shortage, increase in nurse burnout coupled with national healthcare infrastructure changes, efforts to empower staff RNs should be a major priority for all nurse leaders (Gullo & Gertsle, 2004).

Raup (2008) noticed similar results in a descriptive correlational study involving 15 emergency department nurse managers and forty-four staff nurses they supervised. The results showed with a 98% confidence interval that nurse managers who exhibited transformational leadership traits were able to empower staff resulting in a 13% turnover rate, which was well below the national average of 21.3%. Although the leadership style did not appear to have an effect on patient satisfaction, the results clearly supported the reoccurring theme throughout the

www.manaraa.com

literature regarding the positive correlation between transformational leadership practices and increased job satisfaction of RNs (Raup, 2008).

In summation, the literature demonstrated a consistent positive correlation between transformational nursing leadership and job satisfaction in both early and recent studies. The evidence overwhelmingly supports the positive effects of transformational leadership on job satisfaction of nursing staff.

Impact of Transformational Leadership on Patient Outcomes

The impact of transformational leadership on patient care outcomes was the second outcome examined in the literature (n = 10). Quantitative research design was more prominently used (n = 9) than qualitative research design. Ten studies concluded that transformational leadership practices had a significant impact on patient outcomes (Aiken, Clarke, & Sloane, 2000; Cummings, Hayduk, & Estabrooks, 2005; Cummings et al., 2010; Dunham-Taylor, 2000; Laschinger, Wong, Grau, Read, & Stam, 2012; McCutcheon et al., 2009; McNeese-Smith, 1997; Meredith et al., 2010; Purdy, Laschinger, Finegan, Kerr, & Olivera, 2010; Rosengren, Athlin, & Segesten, 2007; Wong, 2007).

Workplaces where staff members report a feeling of empowerment support positive outcomes for both nurses and patients. However, perceptions of work place environment may influence behavior (Gullo & Gerstle, 2004). Purdy et al. (2010) conducted a study to determine the relationship between nurses' perceptions of their work environment and quality or risk outcomes for patients and nurses in acute care settings. A multi-level quantitative design was used to collect data from nurses (n = 679) and patients (n = 1005) within 61 medical and surgical units in 21 hospitals in Canada. Using multi-level structural equation modeling, results showed that empowering workplaces had positive effects on nurse-assessed quality of care and predicted

www.manaraa.com

fewer falls and nurse-assessed risks as mediated through group processes. These conditions positively impacted individual psychological empowerment, which in turn had significant direct effects on empowered behavior, job satisfaction, and care quality (Purdy et al., 2010).

The effects of organizational climate and transformational leadership on patient care outcomes are not new. Dunham-Taylor (2000) conducted a study of 396 randomly selected nurse executives and 1,115 nurses reporting directly to them to explore transformational leadership style, stages of power and organizational climate. As nurse executives were rated more transformational, increases in staff satisfaction, staff extra effort and work group effectiveness were noted. Transformational leadership practices of senior nurse managers or executives were reported to empower middle managers. When middle managers are empowered, staff has an increased perception of organizational support and they themselves feel empowered (Dunham-Taylor, 2000). When nursing staff is empowered and more satisfied with their job, nurse-patient interactions are more therapeutic, which increases the overall level of patient satisfaction (Aiken et al., 2000; Cummings et al., 2005; Cummings et al., 2010; Laschinger et al., 2012 Rosengren et al., 2007).

McNeese-Smith (1997), Meredith et al. (2010), and Purdy et al. (2010) found that transformational nurse leaders empower, support and encourage staff while promoting healthy workplaces and work environments. The authors concluded that nurses working in both physically and psychologically healthy environments tend to be more productive, have a greater intent to stay with their current organization and have a higher level of engagement. The research literature demonstrated that by creating and cultivating healthy nursing work environments, there are positive effects to quality of care by means of fewer predicted falls, decreased patient mortality, decreased hospital-acquired infections, less medication errors and nurse-assessed risks

www.manaraa.com

(Aiken et al., 2000; Laschinger, Finegan, Shamian, & Wilk, 2009; McNeese-Smith, 1997; Meredith et al., 2010; Tomey, 2009). Healthy workplace conditions positively impact individual psychological empowerment, which in turn has a significant positive correlation on empowered behavior, job satisfaction, and overall patient care quality (Cummings et al., 2010; Meredith et al., 2010; Trofino, 2000).

According to Meredith et al. (2010), infusing a work environment with supportive and encouraging traits of transformational leadership has positive effects on an organization's staff, culture, and patient outcomes. As a result, managers who employ strategies to create more empowered workplaces have the potential to improve individual nursing outcomes that support higher quality care, less patient risk and fewer adverse events (Cummings & Estabrooks, 2003; McNeese-Smith, 1997; Purdy et al., 2010; Trofino, 2000). In addition, Cummings et al. (2010) reported a significant correlation between transformational leadership behaviors and improved patient outcomes. Among the outcomes improved through transformational leadership practices included decreased patient mortality rates, reduced negative patient safety outcomes, and decreased adverse events such as patient falls, medication errors, post-operative complications (including post-operative pneumonia) and urinary tract infections.

In summation, there is reliable evidence in the nursing research literature concluding that a healthy work environment's positive impact on staff satisfaction and retention improves patient outcomes and an organization's overall performance (Aiken et al., 2000; Cummings et al., 2005; Cummings et al., 2010; Dunham-Taylor, 2000; Laschinger et al., 2012; McCutcheon et al., 2009; McNeese-Smith, 1997; Meredith et al., 2010; Purdy et al., 2010; Rosengren et al., 2007). The establishment of a healthy work environment requires strong nurse leadership deeply rooted in transformational techniques and behaviors at all levels of the organization. However, it is

www.manaraa.com

essential that transformational leadership be present at the point of care or unit level where front-line staff work and patient care is delivered.

Impact of Transformational Leadership on Organizational Culture

The impact of transformational leadership on organizational culture was the third outcome examined in the literature (n = 8). Quantitative research design was more prominently used (n = 7) than qualitative research design. Eight studies concluded that transformational leadership has a significant impact on organizational culture (Al-Mailam, 2005; Block, 2003; Casida et al., 2012; Casida & Pinto-Zipp, 2008; Gullo & Gerstle, 2004; Hauck et al., 2013; Manojlovich, 2005; Sarros et al., 2008).

The culture of any organization has the potential to impact a variety of organizational outcomes such as commitment, performance, productivity, and ethical behavior (Denison, 1996; Block, 2003; Casisda et al., 2012; Casida & Pinto-Zipp, 2008; Gullo & Gerstle, 2004; Hauck et al., 2013). Development of a positive and more engaged culture in a healthcare setting occurs in the same manner as it does in other industries (Manojlovich, 2005; Sarros et al., 2008). Further analysis of the evidence found effective healthcare organizations have nurse leaders who demonstrate transformational practices and create an empowering vision while interacting with others inside and outside the organization (Al-Mailam, 2005; Block, 2003).

Due to the ever-changing environment of healthcare, innovative thinking and continuous process improvement are a necessity (Redman, 2006). Sarros et al. (2008) conducted a study on 1,158 nurse leaders to examine the organizational culture as an indicator for an organization's capacity to become more innovative. The authors found that transformational leadership behaviors were most strongly related to competitive, performance-oriented organizational culture. The study also found that the Transformation Leadership trait of *setting high performance*

www.manaraa.com

expectations was positively related to a strong and effective organizational culture (Sarros et al., 20008).

In comparison, Casida and Pinto-Zipp (2008) conducted a descriptive and exploratory correlational design to describe the types of leadership practices of nurse leaders and the organizational culture of their place of employment. The nature of the relationship between nurse leadership practices and the culture of the nursing unit were systematically examined within the organizational performance framework. The authors uncovered a positive correlation between nurse leadership practice and the development of an effective culture. The authors further postulated that organizational culture plays an important role in patient care milieus (Casida & Pinto-Zipp, 2008). From a general organizational performance standpoint, evidence suggested that the transformational leadership practices of the nurse leader created and shaped an effective organizational culture on the nursing unit and was characterized by high levels of positive cultural traits such as mission, adaptability, involvement and consistency (Al-Mailam, 2005; Block, 2003; Casida et al., 2012; Casida & Pinto, 2008; Gullo & Gerstle, 2004; Hauck et al., 2013).

While achieving and maintaining a positive organizational culture remained a priority for the senior level healthcare executive, Casida et al. (2012) suggested that new organizational models are now focused on front-line nursing staff to better promote transformational practices at the point of care. As a result, patient outcomes were improved through work context and nurse behaviors associated with improving the organizational culture through transformational leadership (Casida et al., 2012; Casida & Pinto-Zipp, 2008). Hauck et al. (2013) further concluded that if a nursing staff was led by transformational nurse leaders there was support of, and advocacy for, the implementation of a more evidence based strategic plan. Development and

www.manaraa.com

implementation of such plans have the ability to improve organizational readiness and overall organizational culture (Hauck et al., 2013).

Impact of Transformational Leadership on Organizational Budget

The impact of transformational leadership on organizational budget was the fourth outcome discussed in the literature. Again, quantitative research design was predominantly used (n = 3) rather than qualitative research design. Four studies concluded that transformational leadership has a significant impact on organizational budget (Dunham-Taylor et al., 1993; Salvona, Lorente, Chambel, & Martinez, 2011; Upenieks, 2003b Zwingman-Bagley, 1999).

A transformational leader is proficient in mastering organizational change, communicating a vision, and engaging in systems redesign with continuous process improvement activities (Kouzes & Posner, 2002). Research illustrated that when transformational leadership principles are in place, job satisfaction, job engagement and organizational commitment significantly increase while fiscal concerns decrease (Larrabee et al., 2003; Loke, 2001; McNeese-Smith, 1997; Morrison et al., 1997; Munir et al., 2012). Conversely, when employees experience a sense of job dissatisfaction, they tend to leave the agency causing a negative effect on the organization's budget (Salvona et al., 2011; Zwingman-Bagley, 1999). Salvona et al. (2011) conducted a recent cross sectional design study that suggested by having transformational nurse leaders on nursing units, the extra effort of the nursing staff increased as did the overall hospital efficacy. The authors concluded that the power of transformational leadership attracted and retained highly motivated nursing staff, enhanced safety and patient outcomes and improved the overall cost-effectiveness of the organization. Further data analyses noted that transformational leadership explained extra-role performance through self-efficacy

www.manaraa.com

and work engagement concluding that transformational nurse leaders enhance staff performance, which in turn increased hospital efficacy (Salvona et al., 2011).

Dunham-Taylor et al. (1993) postulated that business astuteness, effective multi-disciplinary collaboration and a strong central belief and value system were important roles of the nurse as the value-added and cost-savings component of healthcare. Dunham-Taylor et al., (1993) also concluded that when nurse leaders have a more robust business acumen they contribute to cutting healthcare costs by increasing dialogue with business leaders on effective cost-cutting measures. Their involvement in wellness and health promotion or disease prevention programs and support for more home health activities can also be viewed as sound management of healthcare costs. Although Dunham-Taylor (2000) noted that the best leaders display attributes of both transactional and transformational leadership, increases in staff satisfaction, staff extra effort and workgroup effectiveness were strongly correlated to transformational practices. While transactional leadership was concerned with accomplishing day-to-day operations, contingent reward and managing by exception, transformational leadership was visionary, inspiring, empowering, charismatic, and entrenched in values (Dunham-Taylor, 2000).

Cost of RN turnover in the organizational budget forces managers to focus on retention (Upenieks, 2003a). RNs play a pivotal role in the financial performance of a healthcare organization. The financial cost of losing an RN has been calculated to equal about twice the RN's annual salary (Jones, 2008). The average hospital is estimated to lose about $300-thousand per year for each percentage increase in annual nurse turnover (Blegen, Vaughn, & Vojir, 2008). The huge recurring expense created by this turnover offers opportunities to improve employee satisfaction, increase quality and cut costs by diverting the current financial drain into programs

www.manaraa.com

and policies that encourage retention. This can be achieved through the implementation of transformational leadership (Salvona et al., 2011; Zwingman-Bagley, 1999).

Healthcare organizations who want to showcase their nursing excellence have the potential to do so through achievement of the American Nurse Credentialing Center (ANCC) Magnet designation. The Magnet model emphasizes the significance of having nurse leaders who practice transformational leadership (Messmer & Turkel, 2010). Evidence suggested that healthcare organizations who have achieved Magnet status through ANCC have nursing staff that perceived better working conditions, which translated into higher retention rates (Trinkoff et al., 2010). Although ANCC does not specifically provide benchmarks for staff retention and turnover, the Magnet designation creates a positive energy for nursing staff and provides an autonomous environment in which to practice; thus making the facility more attractive for nurses (Messmer & Turkel, 2010). A significant amount of organizational pride can be found in a Magnet organization, which has the potential to improve retention and turnover rates (Horstman et al., 2006).

In summation, nurse staff turnover was reported to be significant when related to budget solvency of a healthcare organization (Salvona et al., 2011; Zwingman-Bagley, 1999). To decrease nurse staff turnover, job satisfaction and organizational commitment must be addressed. As discussed in this analysis, research has consistently shown transformational leadership behaviors have the potential to address these issues.

Transformational Leadership

Transformational leadership has been recognized as a model of leadership since the mid-1980s (Bass & Avolio, 1993). As its name implies, transformational leadership *transforms* individuals simply through the attitudes, behaviors, and leadership practices of their leaders

www.manaraa.com

(Bass & Avolio, 1995). Bass's (1985) transformational leadership theory encompasses multiple facets of leadership. The theory posits that robust interaction between leaders and followers focused on managing organizational functions can inspire followers to go beyond their self-interests in support of the organizational interests. This leadership style involves sincerity, ethical behavior, charisma, clear and transparent communication, and a willingness to pursue change (Bass, 1985; Bass & Avolio, 1994, 2002; Northouse, 1997). According to Bass (1985), a transformational leader focuses on the followers' needs and raises awareness through communication and modeling. Bass (1996) also suggested that transformational leadership can bring about significant changes in organizations and could make a difference in organizational performance. Positive correlations have been reported between transformational leadership practices and job satisfaction, employee productivity, commitment, and organizational effectiveness (Dunham-Taylor, 2000; McNeese-Smith, 1996; Taylor, 1996).

An application of Bass's theory in an organizational leadership framework demonstrates that organizational interests can be developed if leaders intellectually stimulate followers, recognize and develop their potentials, create and communicate targeted goals, and motivate them to think beyond their self-interest (Avolio, Zhu, Koh, & Bhatia, 2004; Bartram & Casimir, 2007). When transformational processes are properly implemented, employees gain a sense of empowerment, which ultimately affects staff engagement and overall job performance (Kirkman, Gilad, Jiing-Lih, & Lowe, 2009; Lashley, 1999; Spreitzer, 1995). As a result, organizational commitment soars as does performance across the agency (Avolio et al., 2004; Kark, Shamir & Chen, 2003).

As stated, transformational leadership involves values, trust, integrity, fairness, ethics, vision, charisma, motivation, communication, and clear performance standards and goals (Avolio

www.manaraa.com

& Bass, 2002; Bass, 1985; Henagan, & McFadden, 2009; Northouse, 2008). It focuses on the needs of the followers and depends on a high level of engagement with and exchange between their leaders (Avolio et al., 2004; Bass, 1985; Northouse, 2008). Traditionally, healthcare leaders have used management techniques ranging from an autocratic style to a laissez-faire style (Curtin, 1997; Marshall, 2011; Tomey, 2009). However, contemporary health care calls for leaders to familiarize themselves with current leadership theories due to the direct effect leadership has on staff satisfaction, staff retention and patient satisfaction (Meredith et al., 2010; McCutcheon et al., 2009; Laschinger et al., 2009; McClure, 2005; McNeese-Smith, 1997; Redman, 2006; Tomey, 2009; Weberg, 2010).

According to Gowin et al. (2009), a transformational leader portrays trustworthiness and serves as an inspiration to others. They promote healthy work environments through an optimistic, positive, and encouraging outlook for the staff. As a result, the immediate work unit and the organization as a whole are higher functioning (Cooper, Rousseau, & Grint, 2001; Gowin et al., 2009). Transformational leaders raise consciousness through articulation, role modeling, critical conversations, and challenging the status quo (Gowin et al., 2009; Jooste, 2004; Kirk, 2008; Kouzes & Posner, 2003a; McCroskey, 2010; Northouse, 2008).

Leadership Practices Inventory Self (LPI-Self)

The Leadership Practices Inventory-Self (LPI-Self) is an instrument to measure self-reported leadership practices. It has been used extensively across both business and human resource sectors. Since 1995, there has been a notable increase in the frequency in which the LPI-Self is used in nursing research (Kouzes & Posner, 1995). Kouzes and Posner (1987) used evidence regarding transformational leadership and conducted both quantitative and qualitative

www.manaraa.com

inquiry to attempt to understand the overall concept of leadership and its effects on an organization.

While attending management development seminars, Kouzes and Posner began to query individuals regarding what they believed to be a *personal best* as a leader. Defined as an experience where they were able to accomplish something extraordinary, a *personal best* was an experience in which leaders felt they had led, not managed, their project to plateaus beyond conventional expectations (Kouzes & Posner, 1987).

The initial Personal Best Survey was a quantitative tool that was 12 pages long with a total of 37 open-ended questions. Although the process was considered cumbersome, over 650 surveys were completed (Kouzes & Posner, 2002). Recognizing that the participation rate had improvement opportunities, Kouzes and Posner developed a short form of the Personal Best Survey and received an additional 450 responses from their efforts. Stemming from the data collection, Kouzes and Posner also engaged in a qualitative inquiry by conducting 38 in-depth interviews with leaders from a variety of public and private sector companies. Both sets of data were analyzed for content reliability and validity (Kouzes & Posner, 1987).

As a result of the data analyses of both the Personal Best Survey quantitative and qualitative research, Kouzes and Posner (1987) noted commonalities in the data that suggested five specific leadership practices indicative of transformational leadership. These commonalities were used to create the five measurement scales of the LPI-Self and became known as the Five Practices of Exemplary Leadership. These practices include: *model the way*, *inspire a shared vision*, *enable others to act*, *encourage the heart*, and *challenge the process*.

Leaders who are able to effectively *model the way* are clear about their own values and leadership philosophy (Northouse, 2008). More important, their actions and behaviors set

www.manaraa.com

precedence and allow for a trusting and credible relationship with staff (Benson & Dundis, 2003). Credibility and trust are earned through a set of behaviors that are viewed as consistent and transparent and have been found to be the foundation to effective leadership (Benson & Dundis, 2003; Kouzes & Posner, 2003a). Common values are shared with others and behaviors are consistent with the values (McCroskey, 2010). There is a spirit of collaboration and commitment focusing on specific goals that are supported by everyone (Jooste, 2004). By clarifying values, setting precedence and practicing consistent behavior, the exemplary leader models the way for others under their tutelage. In summation, Kouzes and Posner (2007) stated that modeling the way is about earning the right and the respect to lead. They concluded that people will first follow the person, and then they will follow the plan (Kouzes & Posner, 2007).

Leaders who *inspire a shared vision* imagine a stimulating, highly attractive future for their organization, which is filled with potentials, possibilities, and the active recruitment of others through motivating dialogue (Kouzes & Posner, 2003a). Envisioning the future and enlisting others through a common vision that is clear and focused is key (Benson & Dundis, 2003). Exemplary leaders thrive on change and passionately believe they can make a difference and accomplish that change (Benson & Dundis, 2003; Jooste, 2004; Kouzes & Posner, 2003a). These leaders know their employees and are able to relate well to the overall mission of the agency (Kouzes & Posner, 2003a; Loke, 2001; McCroskey, 2010). Exemplary leaders who inspire a shared vision among others in their organization challenge them to exceed the status quo (Northouse, 2008).

Leaders who *enable others to act* do not do it alone (Kouzes & Posner, 2003a). Exemplary leadership requires the effort of a team, making it possible for everyone to do extraordinary work (Benson & Dundis, 2003; Jooste, 2004; Kouzes & Posner, 2003a;

www.manaraa.com

McCroskey, 2010). Through the creation of a trusting environment and mutual respect that values the team, exemplary leaders can get extraordinary accomplishments to occur (Kouzes & Posner, 2007; Northouse, 2008). By creating a relationship-based environment founded on trust and confidence, leaders empower the staff to take greater risks (Kouzes & Posner, 2003a). It is during this time that great change can occur.

Leaders who *encourage the heart* recognize the success and contributions of others. They show appreciation for individual excellence and celebrate all victories (Benson & Dundis, 2003; Jooste, 2004; Kouzes & Posner, 2003a; Loke, 2001; McCroskey, 2010). Through this behavior, staff shares in the reward, which creates a sense of community across the organization. The exemplary leader sets high standards with even higher expectations of their organizations. Despite the high expectation, they offer encouragement, pay attention, show appreciation, and maintain a positive outlook that creates and supports a team spirit (Northouse, 2008). Kouzes and Posner (2007) concluded that effective leaders could appreciate that celebrations of success and rewards are essential when there is authenticity and it comes from the heart. Building a strong sense of collective identity and community can assist an organization through tough times (Kouzes & Posner, 2007).

Leaders who *challenge the process* seek out opportunities to change the status quo of an organization (Kouzes & Posner, 2007). This practice involves the ability to grow and to see growth potential in staff and the organization as a whole. Always looking for innovative ways to improve, leaders who can successfully challenge the process do so through experimentation and risk taking. Although risk taking behaviors involves potential mistakes and failures, those who challenge the process will acknowledge the disappointments as learning opportunities (Kouzes & Posner, 2007).

www.manaraa.com

Gaps in Current Literature

During the literature review and evaluation phase it was noted that transformational leadership style, benefits, and implementation strategies were all well documented and researched in the contemporary health care literature. In efforts to describe the history and evolution of the leadership style, researchers across multiple disciplines have for decades defined and refined the concept of transformational leadership accordingly.

Despite the research efforts noted throughout the literature addressing transformational leadership and its effect on job satisfaction, patient care outcomes and organizational culture and budget, the federal health care system seemed to be largely underrepresented. Although VHA is the largest employer of nursing personnel in the nation (Hall et al., 2010), there was no evidence suggesting that the transformational leadership practices of VHA leadership had been explored. There was also no evidence addressing whether or not there was an impact of formal leadership training on the transformational leadership practices of VHA leaders or the potential correlation of such practices with the presence of an advanced degree. Lastly, no evidence was found addressing the potential dissimilarities between VHA nurse management staff and non-nursing supervisory staff with regards to their transformational leadership practices. The aims of this study addressed these gaps in the literature and offered new knowledge regarding VHA leadership practices.

www.manaraa.com

CHAPTER 3

METHODOLOGY

The Chapter 3 discussion contains a description of the research study design, population, instrumentation, and data collection process. The statistical analysis plan for the research questions is also presented.

Description of the Study

The research design of this study was a quantitative exploration of the self-reported leadership practices of nurse management staff and non-nursing supervisory staff at a southeastern VA Medical Center using Leadership Practices Inventory Self (LPI-Self) developed by Kouzes and Posner (1987). Subjects self-reported strengths, weaknesses, and areas for improvement in leadership practices were identified as well as potential needs for leadership curriculum development. Four research questions were used to guide this study.

RQ1: What are the self-reported leadership practices of nurse management staff and non-nursing supervisory staff at a southeastern VA Medical Center measured by the Leadership Practices Inventory-Self (LPI-Self)?

RQ2: Is there a difference between the self-reported leadership practices of nurse management staff when compared to non-nursing supervisory staff?

RQ3: Does formal leadership training or education impact the self-reported leadership practices of all nurse management and non-nursing supervisory staff?

RQ4: What is the relationship, or lack thereof, of the presence of self-reported transformational leadership practices and a supervisor's gender, leadership training, and degree earned?

www.manaraa.com

Ethical Considerations

The researcher followed ethical guidelines by obtaining Institutional Review Board (IRB) permission from the researcher's educational institution and the IRB Governing Council at the southeastern VA Medical Center through internal organizational processes and protocols. Submission to the facility's Research and Development Committee for review and approval also occurred per established protocols within the organization. Due to the nature of the data collection, formal discussion with Local American Federation of Government Employees (AFGE) 659 was conducted to ensure transparency in the survey process and to elicit support.

Conceptual Framework

The conceptual framework for the study was based on Burn's (1985) transformational leadership theory. According to this theory (Bass, 1985; Burns. 1978), a transformational leader focuses on the followers needs and raises awareness through communication and modeling. The theory posits that robust interaction between leaders and followers focused on managing organizational functions can inspire followers to go beyond their self-interests in support of the organizational goals. This leadership style involves sincerity, ethical behavior, charisma, clear and transparent communication, and a willingness to pursue change (Avolio et al., 2004; Bass, 1985; Northouse, 1997).

An application of Bass's theory in an organizational leadership framework demonstrates that organizational interests can be developed if leaders intellectually stimulate followers, recognize and develop their potentials, create and communicate targeted goals, and motivate them to think beyond their self-interest (Avolio et al., 2004; Bartram & Casimir, 2007). Building upon the work done by Bass, Kouzes and Posner (1987) continued to observe, operationally define, and measure transformational practices of leaders. Much like positivism, their results

www.manaraa.com

were discernible and quantifiable suggesting that understanding and knowledge were obtained by distinctively observing interactions between elements as they occur in their natural environment (Collin, 2011). Through these observations, Kouzes and Posner (1987) identified five common practices or clusters of behavior consistent with transformational leadership. These five practices became known as the Five Practices of Exemplary Leadership. As a result of the identification of these five common practices, Kouzes and Posner (1987) translated the information into five scales of measurement in the development of the Leadership Practices Inventory (LPI). The LPI serves as a valid measurement tool to discern the presence or perceptions of transformational leadership practices. The Five Practices of Exemplary Leadership and subsequent scales of the LPI include:

1. C*hallenging the Process*: challenging others to be creative, to take risks, be proactive in their thinking, and generate new ideas.
2. *Inspiring a Shared Vision*: helping others to create meaning and shared goals.
3. *Enabling Others to Act*: fostering collaboration to improve performance and share information and resources.
4. *Modeling the Way*: setting examples and building commitment to shared goals.
5. *Encouraging the Heart*: providing timely feedback and showing that they truly care about their followers by functioning as coaches.

The specific aims of the research are:

1. To examine the current state of leadership among nurse management and non-nursing supervisory staff at a southeastern VA Medical Center.
2. To understand how current nurse management and non-nursing supervisory staff at a southeastern VA Medical Center perceive their leadership style.

www.manaraa.com

3. To examine the relationship, or lack thereof, between the presence of transformational behaviors and a supervisor's gender, leadership training and degree earned.
4. To use the findings to assist the Top Management Team at a southeastern VA Medical Center in discerning the current state of leadership within the organization and to plan improvement activities and future research accordingly.

Sampling Plan

The following provides discussion on the recruitment, research population, and data collection of the study. Instrumentation used in the study is also included.

Recruitment

Also known as judgmental sampling, purposive sampling is a non-probability technique that involves the conscious selection by the researcher of certain people to include in a study (Collin, 2011). The researcher selected this method of sampling due to the specific characteristics of the population in relation to the proposed research questions and study intent. Initially, the researcher planned to include only nurse managers in the sample. However, due to the potentially small sample size (n=38) and the intent to examine non-nurse VHA leadership practices at the facility, all supervisory staff at the research site (n=221) were included. Medical center director support as well as IRB approval from the researcher's educational institution and the facility's IRB Governing Committee was obtained prior to recruitment (Appendix A). As an additional recruitment effort, the researcher attended multiple executive level committee meetings at the research site. The committees included: Executive Leadership Board (ELB), Administrative Executive Board (AEB), Clinical Executive Board (CEB), and Organizational

www.manaraa.com

Health Committee (OHC). During these meetings, the researcher discussed the study, its purpose, and the potential to add to the knowledge of leadership practices in VHA environments.

Research Population

The research population consisted of those employees who serve in a supervisory staff capacity. Supervisory staff was divided into two overarching categories: nurse management staff and non-nursing supervisory staff. Nurse management staff included nurse managers and chief nurses while the non-nursing supervisory staff included service level supervisors and service chiefs. These positions are similarly defined within the organization according to position descriptions and functional statements. Both nurse management staff (n=38) and non-nursing supervisory staff (n=183) at the southeastern VA Medical Center were invited via the facility's internal email system to participate in this study. Completion of the survey instruments (LPI-Self and demographic survey) implied participant consent.

Data Collection

Due to the capability to reach multiple employees with a single attempt, an email (Appendix B) was sent via the internal email system used at the southeastern VA Medical Center to all nurse management staff (n=38) and all non-nursing supervisory staff (n=183) describing in detail the intent of the research study. The email included a link to the researcher's educational institution student research portal, which provided the LPI-Self and the demographic questionnaire. The site was secure and anonymous for subjects. The research participants were asked to complete the two questionnaires within 10 days and submit responses electronically via the link provided. Completion of the surveys implied consent. A follow-up email was sent after the initial 10-day period in an effort to elicit further responses. After a total of 15 days, the link

www.manaraa.com

became inactive and concluded the data collection portion of this study. There were no incomplete surveys noted in the sample.

Anonymity was protected by use of the student research portal. There were no names associated with the questionnaires nor was there demographic information used that could be specifically linked to any one participant. At the conclusion of the study, communication regarding the post-study information was shared with all nurse management staff and non-nursing supervisory staff. Among this post-study information, the researcher included an abstract of the study, letter of appreciation (Appendix C), and study-related statistical information in an effort to share findings, create transparency, and extend appreciation.

Research Design

A quantitative design was used in this research study, which included exploratory descriptive research methods to further examine the self-reported leadership practices and development needs of the nurse management and supervisory staff at a southeastern VA Medical Center. Statistical analysis was conducted using correlational and descriptive statistics to sort, organize, analyze, summarize, and report the resulting data (Gall, Borg & Gall, 1996).

Instrumentation

An established survey instrument, the LPI-Self, was used to collect data on self-reported leadership practices from all nurse management and supervisory staff at a southeastern VA Medical Center. Permission to use the LPI-Self was granted by James M. Kouzes and Barry Z. Posner via Wiley Publications through electronic mail conversations with Elle Peterson, Wiley Permissions Editor and can be found as in Appendix D. A variety of demographic information was collected and can be found in Appendix E. The LPI-Self Assessment form used can be found in Appendix F.

www.manaraa.com

Kouzes and Posner (2003b) have established internal reliability for the most current revised version of the LPI-Self instrument. These results were compared to the internal reliability results of the original LPI-Self developed in 1987. When the findings were compared, consistency was noted and reported (Kouzes & Posner, 2003b). Through the use of Cronbach's alpha, the LPI-Self was well above the acceptable internal reliability level (Gall et al., 1996) and was reported as a considerably strong and highly positive (Abrams, Ando, & Hinkle, 1998).

Construct validity establishes that the instrument measures an established construct (Gall et al., 1996). Independent reviewer Leong (1995) noted strong evidence for the discriminant validity of the LPI-Self in its capability to examine managerial effectiveness. Kouzes and Posner (2003b) also noted that test-retest reliability for the five leadership practices has been consistently strong when comparing the LPI-Self scores every 2 years.

The psychometric properties of the LPI-Self are strong (Posner & Kouzes, 1988). Researchers have field-tested the LPI-Self and found it to be reliable in identifying leadership behaviors that make a difference in leaders' effectiveness (Carless, 2001). More than 200,000 respondents have completed it. Internal reliability is strong, with scores for the LPI-Self above 0.75 and test-retest scores being in the 0.90 plus range (Posner & Kouzes, 1993). No significant social desirability bias has been found. Investigators have also evaluated the validity of the LPI-Self to determine how scores correlate with other measures such as employee satisfaction and productivity (Carless, 2001). Results indicate the LPI-Self is consistently associated with positive employee and organizational outcomes, a finding that crosses all industries, disciplines, demographics, and countries (Carless, 2001; Kouzes & Posner, 2003a). According to Kouzes and Posner (2003a), the LPI-Self has good internal consistency, with a Cronbach alpha coefficient consistently reported above 0.75.

www.manaraa.com

Data Analysis

The findings of this study were analyzed using descriptive statistics through the use of the Statistical Package for Social Sciences (SPSS) 22.0.0.0 software (Gall et al., 1996). Specific statistic testing selections were completed for each individual research question based on the intent of the question itself. Research question one was analyzed using descriptive statistics to determine the mean and standard deviation. These statistical tests were conducted to ascertain not only the measurement of the center (average) of the numerical data set, but also how close to the center (average) the scores actually were. Research questions two, three, and four were analyzed using the Levene's independent two-sample t-test. Because these research questions sought to compare the mean between two independent groups on the same continuous, dependent variable, the independent two-sample t-test was the most appropriate to yield valid and useful data. Research question three was also analyzed using univariate linear regression analysis. This statistical test was selected because of the presence of one independent variable and the assumption that a relationship between the independent and dependent variables existed. Lastly, research question four was also analyzed using the chi-square test of independence. This statistical test was used to conclude if there was a significant relationship between the two nominal variables. The four research questions analyzed through this research endeavor.

RQ1: What are the self-reported leadership practices of nurse management staff and non-nursing supervisory staff at a southeastern VA Medical Center measured by the Leadership Practices Inventory-Self (LPI-Self)?

RQ2: Is there a difference between the self-reported leadership practices of nurse management staff when compared to non-nursing supervisory staff?

www.manaraa.com

RQ3: Does formal leadership training or education impact the self-reported leadership practices of all nurse management and non-nursing supervisory staff?

RQ4: What is the relationship, or lack thereof, of the presence of self-reported transformational leadership practices and a supervisor's gender, leadership training, and degree earned?

www.manaraa.com

CHAPTER 4

RESULTS

Introduction

The purpose of this study was to explore self-reported leadership practices of management and supervisory staff at a southeastern VA Medical Center using the LPI-Self. This chapter includes an analysis of leadership strengths and perceived weaknesses, and opportunities for improvement in leadership practices, as well as the evidence of a need for leadership curriculum development. Correlations between demographic factors and leadership practices are also presented. The results provide insight into current leadership practices and behaviors of nurse management and non-nursing supervisory staff and suggest the potential need for formal curriculum development for professional leadership practice at a southeastern VA Medical Center.

Instrument Reliability

Kouzes and Posner (2002) established reliability through use of Cronbach alpha for the LPI-Self. These data are presented in comparison to current data gleaned from this research in Table 1. As noted, the reliability analysis of this original research (Cronbach alpha) was 0.75 or above for each of the five scales of the LPI-Self. Current research reliability analysis (Cronbach alpha) for each LPI-Self scale for supervisory staff at the southeastern VA Medical Center is 0.80 or above for *challenging the process*, *inspiring a shared vision*, *enabling others to act*, *modeling the way*, and *encouraging the heart*. The reliability analysis (Cronbach alpha) for the LPI-Self scales of the supervisory staff is offered in comparison to Kouzes and Posner's data regarding reliability in Table 1. There are no noted inconsistencies isolated when comparing

www.manaraa.com

original reliability testing versus current testing. Therefore, it was postulated that all current data exploring the self-reported leadership practices of nurse management and non-nursing supervisory staff at a southeastern VA Medical Center are reliable as Cronbach alpha scores are well above 0.80.

Table 1

Reliability Analysis (Cronbach Alpha) for the Supervisory Staff LPI Scales Compared to Kouzes and Posner (2002) Data

	Supervisory Staff Data		Kouzes and Posner Data
LPI-Self Scale	Alpha	N	Alpha (n=2072)
Challenging the Process	0.88	113	0.80
Inspiring a Shared Vision	0.94	113	0.87
Enabling Others to Act	0.84	113	0.75
Modeling the Way	0.80	113	0.77
Encouraging the Heart	0.97	113	0.87

Sample Description

The research population consisted of employees who serve in a supervisory staff capacity. The supervisory staff was categorized in two groups: nurse management staff and non-nursing supervisory staff. Nurse management staff included Nurse Managers and Chief Nurses while the non-nursing supervisory staff included Service Level Supervisors and Service Chiefs. These positions carried similar levels of responsibility within the organization. It was assumed that the magnitude of associated responsibilities of each role was similar in definition as provided by established guidelines of local Human Resource Management and American Federation of

www.manaraa.com

Government Employees (AFGE) as previously noted on page 13 of chapter one in section *Assumptions, Limitations, and Delimitations*.

Both nurse management staff (n=38) and all other non-nursing supervisory staff (n=183) at a southeastern VA Medical Center were asked to participate in this study. Completion of the survey instruments implied consent. Fifty-one percent of all supervisory staff (nursing and non-nursing) completed the surveys. There were no incomplete surveys noted. The sample (n=113) was divided into two sub-groups: nurse management staff (nurse managers and chief nurses) for further data analysis. Fifty-one of the respondents (45%) were categorized as nurse management staff. Sixty-two responses (54%) were categorized as non-nursing supervisory staff. Seventy-three (64.5%) of the respondents were female. Forty (35%) of the respondents were males. The ages of study respondents varied greatly from 29 to 51 years of age (M=48.9). Slightly more than 14 percent (14.7%) of respondents reported having graduate degrees, whereas 61.1% reported having undergraduate degrees.

Quantitative Analyses of Research Questions

The findings of this study were analyzed using descriptive statistics and the Statistical Package for Social Sciences (SPSS) 22.0.0.0 software (Gall et al., 1996). Research question one was analyzed using descriptive statistics. Research questions two, three, and four were analyzed using the Levene's independent two-sample t-test. Research question three was also analyzed using the univariate linear regression analysis. Lastly, research question four was also analyzed using the chi-square test of independence. This statistical test was used to conclude if there was a significant relationship between two nominal variables.

www.manaraa.com

Research Question 1

RQ1: What are the self-reported leadership practices of nurse management staff and non-nursing supervisory staff at a southeastern VA Medical Center measured by the Leadership Practices Inventory-Self (LPI-Self)?

Mean scores describing self-reported practices are presented in Table 2. Staff (nursing and non-nursing) scored the highest in *enabling others to act* (M=6.974), *modeling the way* (M=6.708) and *encouraging the heart* (M=6.432). These three scales indicate a fostering of collaboration to improve performance and share information and resources (*enabling others to act),* setting examples and building commitment to shared goals (*modeling the way),* and providing timely feedback and showing that leaders truly care *(encouraging the heart).*

Table 2

Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff

LPI-Self Scale	N	Minimum	Maximum	Mean	Std. Dev.
Challenging the Process	113	1.17	9.83	5.7993	2.48329
Inspiring a Shared Vision	113	1.00	9.83	5.9018	2.53836
Enabling Others to Act	113	3.00	10.00	6.9749	1.91838
Modeling the Way	113	2.83	9.83	6.7080	2.00811
Encouraging the Heart	113	1.33	10.00	6.4322	2.22950

The sample scored slightly lower in *inspiring a shared vision* (M=5.902) and *challenging the process* (M=5.799). The difference between the higher three scores (*enabling others to act*, *modeling the way*, and *encouraging the heart)* and the lower two scores (*inspiring a shared vision*, and *challenging the process*) is not statistically significant. Results demonstrated that both nurse management and non-nursing supervisory staff rated themselves as effective leaders as

www.manaraa.com

indicated by Kouzes and Posner (2003b) percentile rankings with *enabling others to act* as the highest. Leaders who *enable others to act* do not do it alone (Kouzes & Posner, 2003a). As noted throughout the literature, exemplary leadership requires the effort of a team, making it possible for everyone to do extraordinary work (Benson & Dundis, 2003; Jooste, 2004; Kouzes & Posner, 2003a; McCroskey, 2010). The data supported the presence of organizational teamwork through the higher mean scores of *enabling others to act*, *modeling the way*, and *encouraging the heart*. Kouzes and Posner (2007) supported the premise that without collaboration, support, and trust, leaders cannot accomplish extraordinary goals within organizations. They contend the presence of collaboration, support, and trust can be effectively measured through the LPI-Self scales *enabling others to act* and *modeling the way*. Therefore, the highest scored scales of *enabling others to act* and *modeling the way* demonstrate the presence of teamwork among all nurse management and non-nursing supervisory staff at the research site.

Research Question 2

RQ2: Is there a difference between the self-reported leadership practices of nurse management staff when compared to non-nursing supervisory staff?

The second research question explored the differences between the self-reported leadership practices of nurse management staff compared to non-nursing supervisory staff at the research site. Results of this analysis are presented in Tables 3 and 4. Nurse management staff self-reported leadership practices reflective of all five LPI-Self scales with higher mean scores when compared to the LPI-Self scales of non-nursing supervisory staff. The following demonstrates mean scores for nurse management staff and non-nursing supervisory staff respectively: *challenging the process* (M=6.4523 and M=5.2621), *inspiring a shared vision* (M=6.4092 and M=5.4844), *enabling others to act* (M=7.2778 and M=6.7258), *modeling the*

www.manaraa.com

way (M=7.1176 and M=6.3710) and *encouraging the heart* (M=6.8627 and M=6.0780). Expression of significance is related to p-values that are less than 0.05. Of all five LPI-Self scales, nurse management staff had significant statistically higher scores on the LPI-Self scale of c*hallenging the process* (p=0.011) and *modeling the way* (p=0.049) than the same scales in all non-nursing supervisory staff. Marginally significant higher scores are reported by nurse management staff for scales *inspiring a shared vision* (p=0.054) and *encouraging the heart* (p=0.062).

Table 3

Self-Reported Leadership Practices of Nurse Management Staff Compared to Non-Nursing Supervisory Staff (Mean and Standard Deviation)

LPI-Self Scale	Supervisory Staff	N	Mean	Std. Dev.	Std. ErrorMean
Challenging the Process	Non-nursing	62	5.2621	2.33098	0.29604
	Nursing	51	6.4523	2.52822	0.35402
Inspiring a Shared Vision	Non-nursing	62	5.4844	2.46618	0.31321
	Nursing	51	6.4092	2.55621	0.35794
Enabling Others to Act	Non-nursing	62	6.7258	1.82277	0.23149
	Nursing	51	7.2778	2.00490	0.28074
Modeling the Way	Non-nursing	62	6.3710	1.94398	0.24689
	Nursing	51	7.1176	2.02739	0.28389
Encouraging the Heart	Non-nursing	62	6.0780	2.14946	0.27298
	Nursing	51	6.8627	2.27002	0.31787

www.manaraa.com

Table 4

Self-Reported Leadership Practices of Nurse Management Staff Compared to Non-Nursing Supervisory Staff (Levene's Test)

LPI-Self Scale		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Dif.	Std. Error Dif.	95% Confidence Interval of the Dif.	
									Lower	Upper
Challenging the Process	Equal variances assumed	0.426	0.515	-2.600	111	0.0114	-1.190	0.457	-2.097	-0.282
	Equal variances *not* assumed			-2.579	103.066	0.0114	-1.190	0.461	-2.105	-0.274
Inspiring a Shared Vision	Equal variances assumed	0.083	0.773	-1.951	111	0.0542	-0.925	0.473	-1.864	0.014
	Equal variances *not* assumed			-1.944	105.286	0.0552	-0.925	0.475	-1.868	0.018
Enabling Others to Act	Equal variances assumed	0.763	0.384	-1.531	111	0.1293	-0.552	0.360	-1.266	0.163
	Equal variances *not* assumed			-1.517	102.331	0.1324	-0.551	0.363	-1.274	0.170
Modeling the Way	Equal variances assumed	0.080	0.778	-1.993	111	0.0491	-0.746	0.374	-1.489	-0.005
	Equal variances *not* assumed			-1.985	105.000	0.0502	-0.746	0.376	-1.493	-0.001
Encouraging the Heart	Equal variances assumed	0.291	0.591	-1.883	111	0.0622	-0.784	0.416	-1.611	0.041
	Equal variances *not* assumed			-1.873	104.402	0.0641	-0.784	0.419	-1.616	0.047

Research Question 3

RQ3: Does formal leadership training or education impact the self-reported leadership practices of all nurse management and non-nursing supervisory staff?

www.manaraa.com

The third research question explored the effects of formal leadership instruction on self-reported leadership practices of nurse management and non-nursing supervisory staff. Results of this analysis are presented in Tables 5 and 6. Statistical analysis revealed that self-reported formal leadership training or education is significantly correlated with the self-reporting leadership practices of nurse management and non-nursing supervisory staff. Of the research sample, nurse management and non-nursing supervisory staff who reported formal leadership training (N=59) had scale results with significantly higher mean scores than those who did not engage in formal leadership training or education.

Table 5

Formal Leadership Training and Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff (Mean and Standard Deviation)

LPI-Self Scale	Reports Formal Leadership Training	N	Mean	Std. Deviation	Std. Error Mean
Challenging the Process	No	54	4.1111	2.12280	0.28888
	Yes	59	7.3444	1.64578	0.21426
Inspiring a Shared Vision	No	54	4.3327	2.25285	0.30657
	Yes	59	7.3379	1.84778	0.24056
Enabling Others to Act	No	54	5.7778	1.68567	0.22939
	Yes	59	8.0706	1.39802	0.18201
Modeling the Way	No	54	5.3315	1.64312	0.22360
	Yes	59	7.9678	1.39327	0.18139
Encouraging the Heart	No	54	5.1157	2.03020	0.27627
	Yes	59	7.6370	1.65591	0.21558

www.manaraa.com

Table 6

Formal Leadership Training and Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff (Levene's Test)

LPI-Self Scale		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig.(2-tailed)	Mean Dif.	Std. Error Dif.	95% Confidence Interval of the Dif.	
									Lower	Upper
Challenging the Process	Equal variances assumed	3.786	0.054	-9.090	111	0.000	-3.233	0.356	-3.938	-2.528
	Equal variances *not* assumed			-8.990	99.764	0.000	-3.233	0.360	-3.947	-2.514
Inspiring a Shared Vision	Equal variances assumed	2.508	0.116	-7.779	111	0.000	-3.005	0.386	-3.771	-2.240
	Equal variances *not* assumed			-7.712	102.760	0.000	-3.005	0.390	-3.778	-2.232
Enabling Others to Act	Equal variances assumed	2.607	0.109	-7.895	111	0.000	-2.293	0.291	-2.868	-1.717
	Equal variances *not* assumed			-7.830	103.319	0.000	-2.293	0.293	-2.874	-1.712
Modeling the Way	Equal variances assumed	.836	0.363	-9.223	111	0.000	-2.636	0.286	-3.203	-2.071
	Equal variances *not* assumed			-9.156	104.396	0.000	-2.636	0.288	-3.207	-2.066
Encouraging the Heart	Equal variances assumed	1.945	0.166	-7.260	111	0.000	-2.521	0.347	-3.210	-1.8337
	Equal variances *not* assumed			-7.195	102.475	0.000	-2.521	0.350	-3.216	-1.8262

The following demonstrates mean scores for nurse management and non-nursing supervisory staff who reported formal leadership training and those who did not report formal leadership training respectively: *challenging the process* (M=7.3444 and M=4.1111), *inspiring a*

www.manaraa.com

shared vision (M=7.3379 and M=4.3327), *enabling others to act* (M=8.0706 and M=5.7778), *modeling the way* (M=7.9678 and M=5.3315) and *encouraging the heart* (M= 7.6370 and M=5.1157). Expression of significance is related to p-values that are less than 0.05, which was noted in the p-values of all LPI-Self scales: *challenging the process* ($p<0.001$), *inspiring a shared vision* ($p<0.001$), *enabling others to act* ($p<0.001$), *modeling the way* ($p<0.001$), and *encouraging the heart* ($p<0.001$).

Therefore, it was postulated that these results represent reliable data and suggest that formal leadership training or education does affect the self-reported leadership practices as measured through the scales of the LPI-Self. In comparison to the literature, this conclusion supported similar results noted by Adams (2007), Smith (2013), and Rosengren et al. (2007) regarding the need for current and potential organizational leaders to participate in leadership development activities and advocate for employees to achieve advanced degrees to better promote transformational behaviors through an organization.

Research Question 4

RQ4: What is the relationship, or lack thereof, of the presence of self-reported transformational leadership practices and a supervisor's gender, leadership training, and degree earned?

Gender. The fourth research question examined four different correlations between supervisory staff and their self-reported leadership practices as measured by the LPI-Self. The data analyses are presented in table form. Gender was the first explored (Tables 7 & 8). Of the sample, 40 males and 73 females responded to the survey. Expression of significance is related to p-values that are less than 0.05, which was not the case noted in the p-values of all LPI-Self scales in regards to gender: *challenging the process* ($p=0.589$), *inspiring a shared vision*

www.manaraa.com

(p=0.374), *enabling others to act* (p=0.275), *modeling the way* (p=0.347) and *encouraging the heart* (p=0.176). Therefore, it was postulated that no correlation between gender and self-reported leadership practices existed. These findings supported the research of Kouzes and Posner (2002b) and Neilson, Yarker, Randall, and Munir (2009), which found that the LPI-Self scale scores are generally unrelated to the demographic characteristic of gender.

Table 7

Gender and Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff (Mean and Standard Deviation)

LPI-Self Scale	Gender	N	Mean	Std. Deviation	Std. Error Mean
Challenging the Process	Female	73	5.8655	2.59870	0.30626
	Male	40	5.6000	2.25914	0.35720
Inspiring a Shared Vision	Female	73	6.0382	2.62360	0.30919
	Male	40	5.5913	2.38039	0.37637
Enabling Others to Act	Female	73	7.0984	1.95856	0.23082
	Male	40	6.6854	1.81258	0.28659
Modeling the Way	Female	73	6.8192	2.08415	0.24562
	Male	40	6.4463	1.85059	0.29260
Encouraging the Heart	Female	73	6.6169	2.28306	0.26906
	Male	40	6.0229	2.07593	0.32823

www.manaraa.com

Table 8

Gender and Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff (Levene's Test)

LPI-Self Scale		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Dif.	Std. Error Dif.	95% Confidence Interval of the Dif.	
									Lower	Upper
Challenging the Process	Equal variances assumed	1.741	0.190	0.542	110	0.5894	0.266	0.450	-0.705	1.236
	Equal variances *not* assumed			0.564	90.539	0.5743	0.266	0.471	-0.669	1.200
Inspiring a Shared Vision	Equal variances assumed	0.714	0.400	0.892	110	0.3741	0.445	0.501	-0.0546	1.439
	Equal variances *not* assumed			0.918	87.510	0.3614	0.445	0.487	-0.0521	1.415
Enabling Others to Act	Equal variances assumed	0.706	0.403	1.097	110	0.2753	0.413	0.376	-0.333	1.159
	Equal variances *not* assumed			1.122	86.104	0.2653	0.413	0.368	-0.319	1.144
Modeling the Way	Equal variances assumed	1.644	0.203	.944	110	0.3472	0.373	0.395	-0.414	1.156
	Equal variances *not* assumed			.976	89.041	0.3322	0.372	0.382	-0.386	1.132
Encouraging the Heart	Equal variances assumed	0.724	0.397	1.362	110	0.1764	0.594	0.436	-0.270	1.458
	Equal variances *not* assumed			1.400	87.356	0.1654	0.594	0.424	-0.230	1.438

www.manaraa.com

Highest Degree Held. The second correlation explored was between highest degree held and the self-reported leadership practices as measured by the LPI-Self scales. The data are presented in Tables 9 and 10. Data collected were grouped into two categories: undergraduate education (N=72) and graduate education (N=34) for nurse management staff and non-nursing supervisory staff. In analysis of the data, it was found that higher education was significantly correlated with all five LPI-Self scales of self-reported leadership practices of nurse management staff and non-nursing supervisory staff. Expression of significance is related to p-values that are less than 0.05, which is noted in the p-values of all LPI-Self scales: *challenging the process* ($p<0.001$), *inspiring a shared vision* ($p<0.001$), *enabling others to act* ($p<0.001$), *modeling the way* ($p<0.001$), and *encouraging the heart* ($p<0.001$). There was significance noted for both undergraduate and graduate education. However, graduate education was more significant than undergraduate education in all five scales of the LPI-Self. The following demonstrates mean scores for graduate and undergraduate education respectively: *challenging the process* (M=7.5951: M=5.0891), *inspiring a shared vision* (M=7.5039: M=5.2815), *enabling others to act* (M=8.1299: M=6.4456), *modeling the way* (M=7.9662: M=6.1766) and *encouraging the heart* (M= 7.6250: M=5.8900).

www.manaraa.com

Table 9

Highest Degree Held and Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff (Mean and Standard Deviation)

LPI-Self Scale	Education	N	Mean	Std. Deviation	Std. Error Mean
Challenging the Process	undergraduate	72	5.0891	2.42038	0.28524
	graduate	34	7.5951	1.64319	0.28180
Inspiring a Shared Vision	undergraduate	72	5.2815	2.53678	0.29896
	graduate	34	7.5039	1.81427	0.31114
Enabling Others to Act	undergraduate	72	6.4456	1.94296	0.22898
	graduate	34	8.1299	1.44617	0.24802
Modeling the Way	undergraduate	72	6.1766	2.04074	0.24050
	graduate	34	7.9662	1.45291	0.24917
Encouraging the Heart	undergraduate	72	5.8900	2.32341	0.27382
	graduate	34	7.6250	1.63019	0.27957

www.manaraa.com

Table 10

Highest Degree Held and Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff (Levene's Test)

LPI-Self Scale		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Dif.	Std. Error Dif.	95% Confidence Interval of the Dif.	
									Lower	Upper
Challenging the Process	Equal variances assumed	10.651	0.001	-5.465	104	0.000	-2.5059	0.4585	-3.415	-1.5971
	Equal variances *not* assumed			-6.250	90.908	0.000	-2.5058	0.4009	-3.302	-1.7104
Inspiring a Shared Vision	Equal variances assumed	8.415	0.005	-4.580	104	0.000	-2.22244	0.4852	-3.184	-1.2614
	Equal variances *not* assumed			-5.151	87.426	0.000	-2.22244	0.4315	-3.080	-1.3651
Enabling Others to Act	Equal variances assumed	5.145	0.025	-4.496	104	0.000	-1.6843	0.3746	-2.427	-0.9412
	Equal variances *not* assumed			-4.990	84.648	0.000	-1.68430	0.3375	-2.355	-1.0133
Modeling the Way	Equal variances assumed	8.082	0.005	-4.588	104	0.000	-1.78956	0.3900	-2.562	-1.0161
	Equal variances *not* assumed			-5.168	87.736	0.000	-1.78956	0.3463	-2.477	-1.1015
Encouraging the Heart	Equal variances assumed	4.380	0.039	-3.918	104	0.000	-1.73495	0.4428	-2.613	-0.8569
	Equal variances *not* assumed			-4.434	88.728	0.000	-1.73495	0.3913	-2.512	-0.9574

When considering only nurse management staff, linear regression analysis and subsequent regression weights suggested that nurses with graduate education report higher scores in all five scales of the LPI-Self (see Tables 11-15): *challenging the process* (b=3.233), *inspiring*

www.manaraa.com

a shared vision (b=3.005), *enabling others to act* (b=2.293), *modeling the way* (b=2.636), and *encouraging the heart* (b=2.521).

Table 11

Education Effects on LPI-Self Scale Challenging the Process of Nurse Management Staff

Model		Coefficients[a]				
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.111	0.257		15.996	0.000
	Graduate Education	3.233	0.356	0.653	9.090	0.000

Table 12

Education Effects on LPI-Self Scale Inspiring a Shared Vision of Nurse Management Staff

Model		Coefficients[a]				
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.333	0.279		15.522	0.000
	Graduate Education	3.005	0.386	0.594	7.779	0.000

www.manaraa.com

Table 13

Education Effects on LPI-Self Scale Enabling Others to Act of Nurse Management Staff

Model		Coefficients[a]				
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.778	0.210		27.533	0.000
	Graduate Education	2.293	0.290	0.600	7.895	0.000

Table 14

Education Effects on LPI-Self Scale Modeling the Way of Nurse Management Staff

Model		Coefficients[a]				
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.331	0.207		25.814	0.000
	Graduate Education	2.636	0.286	0.659	9.223	0.000

Table 15

Education Effects on LPI-Self Scale Encouraging the Heart of Nurse Management Staff

Model		Coefficients[a]				
		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.116	0.251		20.385	0.000
	Graduate Education	2.521	0.347	0.567	7.260	0.000

www.manaraa.com

Number of Years in Current Role. The third correlation explored was numbers of years in current role and the self-reported leadership practices as measured by the LPI-Self scales. The data are presented in Tables 16 and 17. Data collected were grouped into two categories: nurse management and non-nursing supervisory role less than 5 years (n=60) and nurse management and non-nursing supervisory role greater than 5 years (n=53). In analysis of the data, it was found that the number of years in the current supervisory role was significantly correlated with all five LPI-Self scales of self-reported leadership practices of nurse management and non-nursing supervisory staff. To further explain, staff members who have served in a supervisory capacity for less than 5 years have much higher mean scores on all five LPI-Self scales when compared to those who have been in the role for more than 5 years. Expression of significance is related to p-values that are less than 0.05, which is noted in the p-values of all LPI-Self scales: *challenging the process* ($p<0.001$), *inspiring a shared vision* ($p<0.001$), *enabling others to act* ($p<0.001$), *modeling the way* ($p<0.001$), and *encouraging the heart* ($p<0.001$). In comparison to the literature, these findings do not support the research of Kouzes and Posner (2002b), Adams (2007), and Rosengren et al. (2007), which found that the LPI-Self scale scores are generally unrelated to number of years in a leadership role.

www.manaraa.com

Table 16

Number of Years in Current Role and Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff (Mean and Standard Deviation)

LPI-Self Scale	Education	N	Mean	Std. Deviation	Std. Error Mean
Challenging the Process	<=5 years	60	6.5150	2.34230	0.30239
	>5 years	53	4.9792	2.43012	0.33700
Inspiring a Shared Vision	<=5 years	60	6.7042	2.39952	0.30978
	>5 years	53	4.9869	2.42317	0.33603
Enabling Others to Act	<=5 years	60	7.6153	1.70411	0.22000
	>5 years	53	6.2452	1.92163	0.26648
Modeling the Way	<=5 years	60	7.2250	1.84996	0.23883
	>5 years	53	6.1250	2.05563	0.28506
Encouraging the Heart	<=5 years	60	7.3389	1.84044	0.23760
	>5 years	53	5.4103	2.22127	0.30804

www.manaraa.com

Table 17

Number of Years in Current Role and Self-Reported Leadership Practices of Nurse Management and Non-Nursing Supervisory Staff (Levene's Test)

LPI-Self Scale		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Dif.	Std. Error Dif.	95% Confidence Interval of the Dif.	
									Lower	Upper
Challenging the Process	Equal variances assumed	0.430	0.513	3.401	110	0.001	1.53583	0.4515	.64091	2.43075
	Equal variances *not* assumed			3.392	106.505	0.001	1.53583	0.4527	.63821	2.43346
Inspiring a Shared Vision	Equal variances assumed	0.164	0.686	3.760	110	0.000	1.71731	0.4567	.81221	2.62240
	Equal variances *not* assumed			3.758	107.441	0.000	1.71731	0.4570	.81133	2.62328
Enabling Others to Act	Equal variances assumed	2.167	0.144	3.999	110	0.000	1.37009	0.3426	.69114	2.04903
	Equal variances *not* assumed			3.965	102.894	0.000	1.37009	0.3455	.68474	2.05543
Modeling the Way	Equal variances assumed	1.736	0.190	2.980	110	0.004	1.10000	0.3690	.36856	1.83144
	Equal variances *not* assumed			2.958	103.601	0.004	1.10000	0.3718	.36250	1.83750
Encouraging the Heart	Equal variances assumed	1.497	0.224	5.025	110	0.000	1.92863	0.3838	1.1679	2.68932
	Equal variances *not* assumed			4.958	99.342	0.000	1.92863	0.3890	1.1567	2.70051

Summary

Chapter 4 presented a description of the research sample and the quantitative analysis of the data collected through the research process at the research site. The research design of this study was intended to explore self-reported leadership practices of nurse management and non-

www.manaraa.com

nursing supervisory staff at a southeastern VA Medical Center using the LPI-Self. Correlations between selected demographic factors and leadership practices were also examined. The researcher concluded the nurse management staff self-reported significantly higher scores on LPI-Self than the non-nursing supervisory staff suggesting the nurse management staff were more transformational. Gender was not a factor. These findings were consistent with contemporary health care literature (Blok, 2003; Cummings et al., 2010; Kouzes & Posner, 2007). It was also concluded those staff members in the management or supervisor roles for less than 5 years self-reported more transformational leadership practices than those in the same role for more than 5 years. This was not consistent with the literature (Kouzes & Posner, 2002b). Chapter 5 will provide discussion on data analyses, conclusions, limitations of the research process, and recommendations for further research.

www.manaraa.com

CHAPTER 5

DISCUSSION

Overview of Study

The research design of this study was used to explore self-reported leadership practices of nurse management and non-nursing supervisory staff at a southeastern VA Medical Center using the LPI-Self. This exploration included self-reported strengths, weaknesses, and areas for improvement in leadership practices and correlations between selected demographic factors and self-reported practices as well. There were four research questions used to guide this study.

RQ1: What are the self-reported leadership practices of nurse management staff and non-nursing supervisory staff at a southeastern VA Medical Center measured by the Leadership Practices Inventory-Self (LPI-Self)?

RQ2: Is there a difference between the self-reported leadership practices of nurse management staff when compared to non-nursing supervisory staff?

RQ3: Does formal leadership training or education impact the self-reported leadership practices of all nurse management and non-nursing supervisory staff?

RQ4: What is the relationship, or lack thereof, of the presence of self-reported transformational leadership practices and a supervisor's gender, leadership training, and degree earned?

Supervisory staff completed the survey using the organization's internal email system with a 15 day window. Supervisory staff was divided into two overarching categories: nurse management staff and non-nursing supervisory staff. Nurse management staff included nurse managers and chief nurses (n=38) while the non-nursing supervisory staff included service level supervisors and service chiefs (n=183).

www.manaraa.com

Anonymity was protected by use of the student research portal at the researcher's educational institution and by assuring that demographic data did not identify any individual respondent. At the conclusion of the study, communication regarding the post-study information was shared with all nurse management staff and non-nursing supervisory staff. Among this post-study information, the researcher included an abstract of the study, letter of appreciation (Appendix C), and study-related statistical information in an effort to share findings, create transparency, and extend appreciation.

Conclusions and Implications

Overall, it was concluded that transformational leadership practices exist at this particular southeastern VA Medical Center, which addressed the gap in the literature regarding leadership practices in VHA environments. There were specific implications for the organization that are offered by the researcher as a component of the discussion.

Transformational Leadership Practices in a VA Environment

The statistical analysis indicated that both nurse management and non-nursing supervisory staff identified with all five scales of the LPI-Self, which is one measurement of practices associated with transformational leadership. Thus, it was concluded that transformational leadership practices are present among the leadership staff of the organization. However, the highest scores received were for LPI-Self scales *enabling others to act, modeling the way,* and *encouraging the heart* while the two lower scores were noted in scales *inspiring a shared vision* and *challenging the process.* When considering the simple definition of the LPI-Self scales, the three higher scored scales signify that leadership at the southeastern VA Medical Center fosters collaboration to improve performance through information sharing while helping each other to create meaning and goals through their daily work.

www.manaraa.com

Both nurse management and non-nursing supervisory staff have demonstrated the propensity to improve performance through scores on the LPI-Self scale of *enabling others to act*. This scale measured the leader's ability to cultivate collaboration and to champion cooperation that strengthens others to take risks to reach organizational improvement goals (Jooste, 2004; Kouzes & Posner, 2003a; McCroskey, 2008; Tomac, 2004). Because both nurse management staff and non-nursing supervisory staff scored highest in this scale, it was postulated that there was an overarching sense of teamwork among all supervisory staff that reached across disciplines and services within the organization. The LPI-Self scale *enabling others to act* by simple definition measures the capability of the leader to foster collaboration and build robust and cohesive teams that engage in the improvement process. Leaders who identify with the scale of *enabling others to act* understand that reciprocal respect sustains a team's efforts as they strive to create an atmosphere of trust and support (Kouzes & Posner, 2003b; Upenieks, 2003a).

Analyses of the data revealed lower scores for all nurse management staff and non-nursing supervisory staff on LPI-Self scales *inspiring a shared vision* and *challenging the process.* As defined by Kouzes and Posner (2003b), *inspiring a shared vision* can be achieved when leaders believe that they can make a difference. They foresee a brighter future for the organization through creating an ideal and unique image of what can be rather than what it has become. Through their charisma and positive influence, leaders identifying with this scale recruit others with their ideas and believe that their vision for an organization can become reality (Kouzes & Posner, 2002). To improve this scale, both the nurse management staff and non-nursing supervisory staff should be encouraged to take a more global look at organizational improvement and sustainability of change efforts. Through increased interaction with the organization's top management team and engagement in discussions regarding local and national

www.manaraa.com

strategic planning, a sense of collective efforts at improvement can occur. This collective approach can foster shared visions. By looking to a future of change and being supportive of that change, the leaders can inspire others to engage in overall improvement work at the unit or service level.

Also noted to be a lower scored scale was *challenging the process*. Identifying with this scale means leaders seek opportunities to address and change the status quo by searching for innovative ways to improve the organization (Kouzes & Posner, 2003b). In doing so, they experiment and assume risks. While understanding that assuming risks involves mistakes and failures, leaders who identify with *challenging the process* accept the inevitable disappointments and consider these learning opportunities (Kouzes & Posner, 2007; Kuokkanen, Leino-Kilpi, & Katajisto, 2003; Larrabee et al., 2003). The nurse management staff and non-nursing supervisory staff can improve in this scale if they were empowered by the organization's top management team to engage in unconventional approaches to change. However, to understand why supervisory staff does not feel supported by the organization's top management team one must take a more critical look at the history of leadership at this organization. Within the last 10 years, there have been at least 11 changes in the composition of the top management team all of which had different leadership philosophies and expectations. Currently, the organization is poised to make great improvements over time with a top management team who is supportive, encouraging, and transparent.

As documented throughout the literature, transformational leadership has the ability to increase job satisfaction, promote positive patient outcomes, improve organizational culture, and support solvent organizational budgets (Casida et al., 2012; Cooper & Santora, 2008; Happell & Pinikahana, 2003; McNeese-Smith, 1997; Meredith et al., 2010; Redman, 2006; Sarros et al.,

www.manaraa.com

2009; Tomey, 2009). However, there was no evidence addressing transformational leadership practices in VHA. The study findings address this gap in the literature and the subsequent lack of evidence regarding the presence of transformational leadership practices in VA environments. Such practices clearly exist at this particular southeastern VA Medical Center. Capitalizing on this new knowledge and taking a proactive approach to ensure a successful transition to a transformational environment would be most favorable for this organization. As they move forward with leadership development across the agency, increased and sustained engagement of the top management team could result in a significant change in the empowerment of nurse management staff and non-nursing supervisory staff. An increased level of empowerment could potentially increase the scores of the two lowest scored LPI-Self scales (*inspiring a shared vision* and *challenging the process*) as noted in this study.

Differences Between Nurse Management and Non-Nursing Supervisors

As per data analyses, nurse management staff self-reported higher evidence of leadership practices reflective of all five LPI-Self scales than did the non-nursing supervisory staff. Of all five LPI-Self scales, nurse management staff had significantly higher scores on scales *challenging the process* and *modeling the way* with marginally higher scores for scales *inspiring a shared vision* and *encouraging the heart.*

When attempting to explain this phenomenon one must consider the nature of the nursing profession. Nurse leaders who are able to manage across all five scales of the LPI-Self are clear about their own values and leadership philosophy (Northouse, 2008). More important, their actions and behaviors set precedence and allow for a trusting and credible relationship with staff (Tomey, 2009). Credibility and trust are the fundamental concepts of the nursing profession as nurse-patient relationships are built upon this. Nurses are catalysts and change agents by simple

www.manaraa.com

virtue of the work they do. When nurse leaders are more transformational, as appears to be the case at the research site, a strong sense of collective identity and community can assist an organization through tough times (Kouzes & Posner, 2007). As this organization moves forward, sharing and incorporating more of the human experience gained from the nursing experience would prove effective for future leadership development of non-nursing supervisory staff.

In comparison to the literature, this analysis supported the LPI-Self research postulating that leadership skills of leaders in health, humanities, and public service environments are more transformational (Blok, 2003; Cummings et al., 2010; Kouzes & Posner, 2007). However, there was no evidence to suggest these differences exist in VA environments. The data analyses offered with this study addressed this gap in the knowledge and offered a comprehensive view of the differences between nurse management staff and non-nursing supervisory staff.

Effects of Formal Leadership Instruction

Statistical analysis revealed that formal leadership training or education was significantly correlated with the self-reporting leadership practices of all nurse management and non-nursing supervisory staff in all five scales of the LPI-Self. When considering the implications of this specific result, it would be important for the organization to consider investment in both formal leadership development curriculum supporting a more transformational model and a cohesive plan to promote educational advancements among a multi-generational staff. As noted in the literature, the highest performing organizations have established plans to manage and grow leadership talent that begin with the appropriate leadership development curriculum (Micheal, Handfield-Jones, & Axelrod, 2001). However, there was no evidence suggesting that formal leadership development curriculums promote more transformational leadership practices in VA

www.manaraa.com

environments. This study addressed that gap in the literature and offered additional comments regarding specific curriculum content.

An ideal healthcare leadership development program should include a basic curriculum of general, comprehensive health care concepts. Presentation of the content should be done using varying methodologies, including didactic teaching, mentoring, coaching, and experiential leadership opportunities otherwise considered "on the job training" (Sonnino, 2015, p. 23). In addition, detailed elements for each individual's area of leadership, hospital administration, or a clinical area should be included in the curriculum. Guidance regarding annual performance evaluations of staff through a transformational model should also be provided to ensure transformational practices are evident when decisions are made regarding employee performance and subsequent salaries and periodic pay increases. Specific content should include: professional conduct, professional ethical behavior, trust development, critical conversation training, conflict management, emotional intelligence, basic finance courses, and legal issues in healthcare and regulatory governance (Scott, 2010). Local programmatic development can be accomplished by furthering support for the current Organizational Education and Development Service through additional staff allocation in an effort to promote this investment.

A concurrent review of best practices within the region regarding the opportunities for leadership training would result in better advocacy for federally supported leadership training initiatives. In addition to regional best practice, the organization should consider implementation of a leadership development program entrenched in the tenets of transformational leadership as defined by Kouzes and Posner (2002) if achievement of Magnet status is desired. To note, 72% of Magnet nurse leaders report that transformational leadership practices were a part of their administrative structure (Upenieks, 2003). According to the American Nursing Credentialing

www.manaraa.com

Center (ANCC) standards for Magnet designation, transformational leadership must be adopted, practiced, and sustained within an organization (Upenieks, 2003b). Through awareness and vigilance, this organization is poised to make significant improvement over the next 5 years in regards to leadership practices. Thus, the organization would benefit tremendously from the formal investment in the development of an organization-specific leadership curriculum, strongly invested in the tenets of transformational leadership.

Factors Associated with Leadership Practices

The fourth research question examined the correlation between gender, highest degree earned and number of years in current supervisory role and leadership practices. Statistical analysis revealed no correlation between leadership practices and gender. To explain this result, consideration must be given the LPI-Self instrument itself. Although gender was found to be related in multiple studies involving the Multifactor Leadership Questionnaire (Bass & Avolio, 1985), the Transformational Leadership Behavior Inventory (Podsakoff, MacKenzie, Moorman, & Fetter, 1990), and the Global Transformational Leadership Scale (Carless, Wearing, & Mann, 2000), Kouzes and Posner (2002b) concluded that LPI-Self scores are generally unrelated to demographic characteristics of age and gender, which was also supported in this study.

However, the presence of a graduate degree among all management or supervisory staff was a significant factor in the self-reported leadership practices of all five scales of the LPI-Self. This result was anticipated given the nature of the graduate degree process despite no existing literature suggesting this correlation in VHA environments. Graduate students have an insatiable desire to add to their knowledge reservoir, challenge themselves academically, and experience the development of the mind. Having leaders who are graduate prepared will perpetuate the learning experience while promoting a positive environment for leadership development and

www.manaraa.com

staff cultivation. Encouragement should be given to employees to return to academia to obtain both undergraduate and graduate degrees. To further encourage employees, it would be beneficial for the organization to renew support for federally funded tuition assistance and promote this opportunity for all staff that are in or are considering leadership roles. Given the organizational culture, staff members need the top leadership team's buy-in for improvement endeavors.

The third correlation explored was numbers of years in current management or supervisory role and the self-reported leadership practices as measured by the LPI-Self scales. Analyses of the data showed that the number of years in current supervisory role is significantly correlated with all five LPI-Self scales of self-reported leadership practices of all management or supervisory staff. For those individuals in the management or supervisor role less than 5 years, the self-reported leadership practices were higher than those in the same role for more than 5 years. These findings do not support the research of Kouzes and Posner (2002b), who have found that the LPI-Self scores are generally unrelated to years of experience and years in current leadership role. In addition, there was no literature supporting or refuting the correlation of transformational leadership practices and time in a leadership role in VHA environments.

It was postulated that this phenomenon could be explained for several reasons. When considering the overall study results, consideration must be given to the lower scores on the LPI-Self scales for *inspiring a shared vision* and *challenging the process*. Higher scores for these scales are achieved through top leadership support and empowerment of nurse management and non-nursing supervisory staff. Because these scores were low, it was concluded that the top management team should focus attention to improve support of nurse management and non-nursing supervisory staff. Additionally, the results could be attributed to management or

www.manaraa.com

supervisory staff burn-out, disgruntlement with the current state of the organization, stagnancy of role and unwillingness to support the cultural transformation that was currently underway at the research site. It is further concluded that the current top management team must not only acknowledge that this pocket of potentially disgruntled supervisory staff exists, but must also make strategic moves to ensure a positive future for these areas supervised by leaders who do not identify with transformational leadership practices. Efforts at cultural transformation were occurring at this organization. However, the top management team must show tenacity through this process to ensure a successful cultural transformation through creating a sense of urgency, continuing to form collaborative coalitions, communicating the shared vision, and working diligently at removing any obstacles to the process. Behaviors such as these provide opportunities for an organization to change and prosper through staff engagement and empowerment. Through the development of more transformational leaders across the organization, this could occur.

Limitations

Initially identified as a limitation prior to the start of the study, the small number of nurse management staff (n=38) at the proposed research site continued to pose concern throughout the research process. Early efforts in delimitations addressed inclusion strategies that would incorporate all other supervisory staff including nurse managers, chief nurses, service level supervisors, and service chiefs (N=221) at the research site. It was assumed through preparatory discussions that nurse management staff (nurse managers and chief nurses) and non-nursing supervisory staff (supervisory staff and service chiefs) were similarly defined within the organization and were accountable to the same guidelines set forth by local Human Resource Management and American Federation of Government Employees (AFGE).

www.manaraa.com

As the research process ensued, it became apparent that assumptions regarding the similarities between nursing and non-nursing supervisory roles were meritless as there were significant differences between the two roles. It was further noted that the magnitude of responsibilities associated with these positions was not similar in nature, positions were not similarly defined, and the leaders were not held to the same performance standards through Human Resource Office (HRO) directives. Although the two groups of supervisory staff conduct comparable official business, the level of accountability to the organization from those responsible for the supervision of staff providing direct patient care was far higher than those who did not.

The lack of multiple research sites proved to be troublesome and is subsequently viewed as a limitation of the study. Although there are eight other medical centers in the VISN 6 Mid-Atlantic Healthcare Network, the same network shared by the research site, the researcher chose to keep the research contained to one medical center. Had the decision been made to expand the catchment area of the research to include the additional eight medical centers, the potential participant number could have been as high as fifteen hundred supervisory staff with over two hundred and forty of those being nurse management staff. Although the data collected and analyzed for the purposes of this study provided the organization an appropriate assessment from which to guide improvement work, inclusion of additional regional supervisory staff could have potentially yielded more robust results.

The researcher failed to acknowledge the potential of computer infrastructure and network failure. Commonplace for this particular organization, this type of technological mishap caused a complete collapse of the Microsoft Outlook email server in the past. Such was the case for 2 full days during the data collection phase, which rendered the survey virtually inaccessible

www.manaraa.com

by potential participants. As potential participants were to access the LPI-Self and demographic questionnaire by following the link found in Microsoft Outlook email, the number of respondents potentially was affected. The network downtime led to a significantly decreased functionality to nearly 15% of total capacity as per local IT staff. This was considered a significant limitation of the study.

During the course of this study, the leadership staff at the research site was inundated with formal discussions regarding leadership training, leadership style, and presence of positive leadership traits. Because of national mandates of VA Central Office (VACO), VA Medical Centers nationally were required to deploy the new Leaders Developing Leaders (LDL) programs locally. A new concept to better promote the positive experience for the staff, LDL was touted as a comprehensive program that develops both current and future leadership staff. This process started with a series of surveys. Although it was quite fitting given the nature of the study's research questions, staff at the research site reported survey fatigue and frustration over the amount of leadership information they were receiving during a specific time frame. Considering that the current state of leadership was often a subject that was not afforded formal discussion in the past, the inundation of information was overwhelming to some. Current culture at the research site does not lend itself to the patience needed to acknowledge the information blitz and multiple survey requests. Therefore, it was concluded that the lack of participation was affected by information overload.

Future Research Opportunities

In an effort to support further leadership research within VHA, the use of qualitative designs to expand on the five components of Transformation Leadership as described in this research is warranted. The strength of qualitative research, including focus groups, affords the

www.manaraa.com

opportunity for complex textual descriptions of experience. It provides information about the human connection between concepts and often conflicting behaviors, values, opinions, and emotions. According to Marshall (2003), qualitative methods are also effective in identifying intangible factors, such as social norms of an organization, impact of organizational culture on the concept, gender roles, and perceived role identities. When used to expand on quantitatively collected data, qualitative research can better prepare the researcher to interpret and understand the complex reality of the current scenario while offering insight into the more emotional side of the concept.

The results of this research offer data suggesting that the majority of supervisory staff at the research site identified most with the transformational leadership component of *enabling others to act*, *modeling the way*, and *encouraging the heart* in proper sequential order. Further research is warranted to determine if a correlation exists between internal recruitment and retention rates and the presence of transformational leadership traits among supervisory staff. Means to collect these data can be achieved through the use of Kouzes and Posner's LPI-360 assessment. The survey material included within the LPI-360 includes both the LPI-Self (used for this research) and the LPI-Observer, which can be completed by staff. This assessment showcases both the leader effectiveness and the level of commitment, engagement, and satisfaction of those under their leadership. With this enhanced data from the use of the LPI-360 Assessment, an organization would have the ability to determine not only best leadership practice areas but would also be able to ascertain whether or not internal recruitment and retention in areas of high performance are correlated to the presence of transformational leadership traits.

www.manaraa.com

Additional research opportunities exist regarding the active engagement in succession planning in areas that tend to identify more with transformational leadership when compared to areas of the organization that do not. Succession planning is a crucial element of success for any organization. Activities of this nature will better prepare leadership to effectively participate in the future of the organization. Succession planning and subsequent leadership development serve as advantageous and strategic mechanisms for identifying and cultivating high-potential individuals for leadership positions, which will potentiate investment in the future of the organization. Data from both qualitative and quantitative research efforts have the potential to isolate areas of appropriate succession planning, highlight best practice and serve as a resource to other areas of the organization. Although these specific results do not address the gap identified in the literature regarding the lack of longitudinal studies of the effects of transformational leadership, it certainly makes the case for the potential need of such a design.

Through this study, it was identified that of the one hundred thirteen participants (n=59) had reported experience with formal non-VA leadership preparation. In an effort to identify best practices, exploration of both non-VA and VA leadership training curriculums should be entertained as a future research opportunity. As a result of the recent mandate from VACO to engage all VA staff in conversations regarding leadership, many local leaders are besieged with identifying the appropriate educational training content for staff. A robust and innovative training content with a clear vision to drive programmatic development in this area will provide staff with opportunities to learn and share experiences. However, there has been no determination on which training would be most beneficial; training obtained outside of the VA confines, a locally developed VA-specific leadership curriculum that includes strategies to

www.manaraa.com

address the nuances of a facility culture or a combination of both. Therefore, future research is warranted to ascertain what stance VHA should take on leadership development and training.

Conclusion

Transformational leadership has the ability to increase job satisfaction, promote positive patient outcomes, improve organizational culture, and support solvent organizational budgets (Casida et al., 2012; Happell et al., 2003; McNeese-Smith, 1997; Meredith et al., 2010; Redman, 2006; Sarros et al., 2008; Tomey, 2009). Robust research on interventions to develop and promote viable transformational practices for the future of healthcare is needed. In an effort to achieve the goals of developing healthy work environments, optimizing patient care and budget solvency, research geared towards transformational leadership should be considered. VHA is not exempt from the challenges facing top leadership teams as to our future course as healthcare providers. However, VHA has a different charge. While patient care in both VA and non-VA facilities has the same intent, the missions are slightly different. Paramount to the mission and purpose of the Department of Veterans Affairs is the provision of healthcare to every Veteran, as voiced in the VA motto, borrowed from the text of Abraham Lincoln's second inaugural address: *"To care for him who has borne the battle and his widow and his orphan*" (Hall et al., 2010, p. 160). VHA must take additional steps to ensure we are meeting this charge through perpetuation of appropriate leadership at all levels in an effort to improve staff satisfaction, patient outcomes, and budget solvency. This can be done through transformational leadership. The research conducted and analyzed for the purposes of this dissertation process can be used to locally guide improvement work to ensure we are truly giving our best to those who gave their all.

www.manaraa.com

REFERENCES

Abrams, D., Ando, K., & Hinkle, S. (1998). Psychological attachment to the group: Cross-cultural differences in organizational identification and subjective norms as predictors of workers' turnover intentions. *Personality and Social Psychology Bulletin, 24*(10), 1027-1039.

Adams, J.M., Erickson, J., & Jones, D.A. (2009). An evidence-based structure of transformative nurse executive practice. *Nursing Administration Quarterly, 33*(4), 280-287.

Adams, L. (2007). Nursing academic administration: Who will take on the challenge? *Journal of Professional Nursing, 23*(5), 309-315.

Aiken, L., Clarke, S., & Sloane, D. (2000). Hospital restructuring: Does it adversely affect care and outcomes? *Journal of Nursing Administration, 30*(10), 457-463.

Aiken, L., Clarke, S., Sloane, D., Sochalski, J., Busse, R., Clarke, H., & Shamian, J. (2001). Nurses' reports on hospital care in five countries: The ways in which nurses' work is structured have left nurses among the least satisfied workers, and the problem is getting worse. *Health Affairs, 20*(3), 43-53.

Al-Mailam, F.F. (2005). The effect of nursing care on overall patient satisfaction and its predictive value on return-to provider behavior. A survey study. *Quality Management in Health Care, 14*(2), 116-120.

Anthony, M.K., Standing, T.S., Glick, J., Duffy, M., & Dumpe, M.L. (2005). Leadership and nurse retention: The pivotal role of nurse managers. *Journal of Nursing Administration, 35*(3), 146-155.

Avolio, B.J., Zhu, W., Koh, W., & Bhatia, P. (2004). Transformational leadership and organizational commitment: Mediating role of psychological empowerment and moderating role of structural distance. *Journal of Organizational Behavior, 25*(8), 951-968.

Baker, J.J., Sullivan, E., & Emory, F. (2008). The impact of transformational leadership style on employee job performance: The mediating effect of training. *International Journal of Science and Research, 21*(11), 499-512.

Bartram, T., & Casimir, G. (2007). The relationship between leadership and follower in-role performance and satisfaction with the leader: The mediating effects of empowerment and trust in the leader. *Leadership & Organization Development Journal, 28*(1), 4-19.

Bass, B.M. (1985). *Leadership and performance beyond expectations.* New York, NY: Free Press Collier Macmillan.

Bass, B.M., & Avolio, B.J. (1993). Transformational leadership and organizational culture. *Public Administration Quarterly, 17*(1), 112-121.

www.manaraa.com

Bass, B.M., & Avolio, B.J. (1994). *Improving organizational effectiveness through transformational leadership.* Thousand Oaks, CA: Sage.

Bass, B.M., & Avolio, B.J. (1995). *The multifactor leadership questionnaire – 5x short form.* Redwood, CA: Mind Garden.

Benson, S.G., & Dundis, S.P. (2003). Understanding and motivating healthcare employees: Integrating Maslow's hierarchy of needs, training and technology. *Journal of Nursing Management, 11,* 315-320.

Blegen, M.A., Vaughn, T., & Vojir, C.P. (2008). Nurse staffing levels: Impact of organizational characteristics and registered nurse supply. *Health Services Research, 43,* 154-173.

Block, L. (2003). The leadership-culture connection: An exploratory investigation. *Leadership & Organization Development Journal, 24*(6), 318-334.

Brooks, S. (2016). Customer experience at veterans affairs. *Design Management Review, 27*(1), 28-34.

Burns, J.M. (1978). *Leadership.* New York, NY: Harper & Row Covey.

Carless, S.A. (2001). Assessing the discriminate validity of the Leadership Practices Inventory. *Journal of Organizational and Occupational Psychology, 74*(4), 233-249.

Carless, S.A., Wearing, A.J., & Mann, L. (2000). A short measure of transformational leadership. *Journal of Business and Psychology, 14*(3), 389-405.

Casida, J., & Pinto-Zipp, G. (2008). Leadership-organizational culture relationship in nursing acute care hospitals. *Nursing Economics, 26*(1), 7-15.

Casida, J., Crane, P.C., Walker, T.L., & Margo, L.M. (2012). Elaboration of leadership and culture in high-performing nursing units of hospitals as perceived by staff nurses. *Research and Theory for Nursing Practice: An International Journal, 26*(4), 214-261.

Collin, F. (2011). Two kinds of social epistemology. *Social Epistemology Review and Reply Collective, 2*(8), 79-104.

Cooper, C.L., Rousseau, D.M., & Grint, K. (2001). Trends in organizational behavior. *Journal of Occupational and Organizational Psychology, 74*(1), 110-111.

Cummings, G.G., & Estabrooks, C.A. (2003). The effects of hospital restructuring that included layoffs on individual nurses who remained employed: A systematic review. *International Journal of Sociology & Social Policy, 8/9,* 8-53.

Cummings, G.G., Hayduk L., & Estabrooks C.A. (2005). Mitigating the impact of hospital restructuring on nurses: The responsibility of emotionally intelligent leadership. *Nursing Research, 54*(1), 2-12.

www.manaraa.com

Cummings, G.G., MacGreagor, T., Davey, M., Lee, H., Wong, C.A., Lo, E, …Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies, 47,* 363-385.

Curtin, L.L. (1997). How and how not to be a transformational leader. *Nursing Management, 28*(2), 7-9.

Deal, T., & Kennedy, A. (1982). *Corporate cultures: The rites and rituals of corporate Life*. Reading, MA: Addison-Wesley.

Denison, D.R. (1996). What is the difference between organizational culture and organizational climate? A native's point of view on a decade of paradigm wars. *The Academy of Management Review, 21*(3), 619-640.

Dunham, J., & Klafehn, K. (1990). Transformational leadership and the nurse executive. *Journal of Nursing Administration, 20*(4), 28-34.

Dunham-Taylor, J. (1995). Identifying the best in nurse executive leadership: Part 2 - interview results. *Journal of Nursing Administration, 25*(7/8), 24-31.

Dunham-Taylor, J. (2000). Nurse executive transformational leadership found in participative organizations. *Journal of Nursing Administration, 30*(5), 241-50.

Dunham-Taylor, J., Oldaker, J., DeCapua, T., Manley, N., Oprian, B., & Wrestler, J. (1993). Nurses cut health care costs. *Journal of Holistic Nursing, 11*(4), 398-411.

Failla, K.R., & Stichler, J.F. (2008). Manager and staff perceptions of the manager's leadership style. *Journal of Nursing Administration, 38*(11), 480-487.

Fletcher, C., & Cunningham, P. (2001). Nursing job satisfaction and dissatisfaction in VA Medical Centers. *Journal of Nursing Administration, 31*(6), 324-331.

Force, M.V. (2005). The relationship between effective nurse managers and nursing retention. *Journal of Nursing Administration, 35*(7/8), 336-341.

Gall, M.D., Borg, W.R., & Gall, J.P. (1996). *Educational research: An introduction* (6th ed.). White Plains, NY: Longman.

Gowin, C.R., Henagan, S.C., & McFadden, K.L. (2009). Knowledge management as a mediator for the efficacy of transformational leadership and quality management initiatives in U.S. healthcare. *Health Care Management Review, 34*(2), 129-140.

Gullo, S., & Gerstle, D. (2004). Transformational leadership and hospital restructuring: A descriptive study. *Policy, Politics & Nursing Practice, 5*(4), 259-266.

Hall, C., Sigford, B., & Sayer, N. (2010). Practice changes associated with the Department of Veterans Affairs' family care collaborative. *Journal of General Internal Medicine, 25*(4), 18-26.

www.manaraa.com

Happell, B., Martin, T., & Pinikahana, J. (2003). Burnout and job satisfaction: A comparative study of psychiatric nurses from forensic and a mainstream mental health service. *International Journal of Mental Health Nursing, 12*, 39-47.

Hauck, S., Winsett, R.P., & Kuric, J. (2013). Leadership facilitation strategies to establish evidence-based practice in an acute care hospital. *Journal of Advanced Nursing, 69*(3), 664-674.

Horstman, P.L., Bennett, C., Daniels, C., Fanning, M., Grimm, E., & Withrow, M.L. (2006). The road to Magnet: One magnificent journey. *Journal of Nursing Care Quality, 21*(3), 206-209.

Jones, C.B. (2008). Revisiting nurse turnover costs: Adjusting for inflation. *Journal of Nursing Administration, 38*(1), 11-18.

Jooste, K. (2004). Leadership: A new perspective. *Journal of Nursing Management, 12*(3), 217-223.

Kark, R., Shamir, B., & Chen, G. (2003). The two faces of transformational leadership: Empowerment and dependency. *Journal of Applied Psychology, 88(*2), 246.

Kirk, H. (2008). Nurse executive director effectiveness: A systematic review of the literature. *Journal of Nursing Management, 16*(3), 374-381.

Kirkman, B.L., Gilad, C., Jiing-Lih,F., &Lowe, K.B. (2009). Individual power distance orientation and follower reactions to transformational leaders: A cross-level, cross-cultural examination. *Academy of Management Journal, 52*(4), 744-764.

Kizer, K.W. (2001). Reengineering the veterans' healthcare system. In P. Ramsaroop, M. J. Ball, D. Beaulieu, & J.V. Douglas (Eds.), *Advancing federal sector health care: A model for technology transfer* (pp. 79-96). New York, NY: Springer.

Kouzes, J.M., & Posner, B.Z. (1987). *The leadership challenge*. San Francisco, CA: Jossey-Bass.

Kouzes, J.M., & Posner, B.Z. (1995). *The leadership challenge* (2nd ed.). San Francisco, CA: Jossey-Bass.

Kouzes, J.M., & Posner, B.Z. (2002). *The leadership challenge* (3rd ed.). San Francisco, CA: Jossey-Bass.

Kouzes, J.M., & Posner, B.Z. (2003a). *Five practices of exemplary leadership.* San Francisco, CA: Pfeiffer.

Kouzes, J.M., & Posner, B.Z. (2003b). *Leadership practices inventory* (3rd ed.). San Francisco, CA: Pfeiffer.

Kouzes, J.M., & Posner, B.Z. (2007). *The leadership challenge* (4th ed.). San Francisco, CA: Jossey Bass.

www.manaraa.com

Kuokkanen, L., Leino-Kilpi, H., & Katajisto, R. (2003). Nursing empowerment, job-related satisfaction, and organizational commitment. *Journal of Nursing Care Quality, 18*, 184-192.

Larrabee, J., Janney, M., Ostrow, C., Withrow, M., Hobbs, G.R., & Burant, C. (2003). Predicting registered nurse job satisfaction and intent to leave. *Journal of Nursing Administration, 33*(5), 271-283.

Laschinger, H.K., Finegan, J.E., Shamian, J., & Wilk, P. (2004). A longitudinal analysis of the impact of workplace empowerment on work satisfaction. *Journal of Organizational Behavior, 25*, 527-545.

Laschinger, H.K., Finegan, J.E., Shamian, J., & Wilk, P. (2009). The impact of unit leadership and empowerment on nurses' organizational commitment. *Journal of Nursing Administration, 39*(5), 228-235.

Laschinger, H.K., Shamian, J., & Thomson, D. (2001). Impact of magnet hospital characteristics on nurses' perceptions of trust, burnout, quality of care and work satisfaction. *Nursing Economics, 19*(4), 209-219.

Laschinger, H.K., Wong, C.A., Grau, A.L., Read, E.A., & Stam, L.M. (2012). The influence of leadership practices and empowerment on Canadian nurse manager outcomes. *Journal of Nursing Management, 20*, 877-888.

Lashley, C. (1999). Employee empowerment in services: A framework for analysis. *Personnel Review, 28*(3), 169-191.

Loke, J. (2001). Leadership behaviors: Effects on job satisfaction, productivity and organizational commitment. *Journal of Nursing Management, 9*(4), 191-204.

Lukas, C.V., Holmes, S.K., Cohen, A.B., Restuccia, J., Cramer, I.E., Schwartz, M., & Charns, M.P. (2007). Transformational change in healthcare systems: An organizational model. *Health Care Management Review, 32*(4), 309-320.

Manojlovich, M. (2005). The effect of nursing leadership on hospital nurses' professional practice behaviors. *Journal of Nursing Administration, 35*(7), 366-374.

Marshall, E.S. (2011). *Transformation leadership in nursing: From expert clinician to influential leader*. New York, NY: Springer.

Marshall, P.A. (2003). Human subjects, protections, institutional review boards, and cultural anthropological research. *Anthropology Quarterly, 76*(2), 269-285.

Maslow, A.H. (1943). A theory of human motivation. *Psychological Review, 50*, 370-396.

McClure, M.L. (2005). Magnet hospitals: Insights and issues. *Nursing Administration Quarterly, 29*(3), 198-201.

www.manaraa.com

McCroskey, J.C. (2010). Mediating role of supervisory communication practices on relations between leader–member exchange and perceived employee commitment to workgroup. *Communication Monographs, 77*(4), 637-656.

McCutcheon, A.S., Doran, D., Evans, M.G., McGillis-Hall, L., & Pringle, D. (2009). Effects of leadership and span of control on nurse's job satisfaction and patient satisfaction. *Nursing Research, 22*(3), 49-67.

McNeese-Smith, D. (1993). Leadership behavior and employee effectiveness. *Nursing Management, 24*(5), 38-39.

McNeese-Smith, D. (1995). Job satisfaction, productivity, and organizational commitment: The result of leadership. *Journal of Nursing Administration, 25*(9), 17-26.

McNeese-Smith, D.K. (1997). The relationship between managerial motivation, leadership, nurse outcomes and patient satisfaction. *Journal of Organizational Behavior, 20*, 243-259.

Meredith, E., Cohen, E., & Raia, L. (2010). Transformational leadership: Application of magnet's new empiric outcomes. *Nursing Clinics of North America, 45*(1), 49-64.

Merton, R.K., & Kendall, P.L. (1946). The focused interview. *The American Journal of Sociology*, 51(6), 541-557.

Messmer, P.R., & Turkel, M.C. (2010). Magnetism and the nursing workforce. *Annual Review of Nursing Research, 28*(1), 233-252.

Meterko, M., Mohr, D.C., & Young, J. (2004). Teamwork culture and patient satisfaction. *Hospital Medical Care, 42*(5), 492-503.

Micheal, E., Handfield-Jones, H.I., & Axelrod, B. (2001). *The war for talent*. Boston, MA: Harvard Business Publishing.

Morrison, R.S., Jones, L., & Fuller, B. (1997). The relation between leadership style and empowerment on job satisfaction of nurses. *Journal of Nursing Administration, 27*(5), 27-34.

Munir, I.F., Nielsen, K., Garde, A.H., Albertsen, K., & Carneiro, I.G. (2012). Mediating the effects of work-life conflict between transformational leadership and health-care workers' job satisfaction and psychological wellbeing. *Journal of Nursing Management, 20*(4), 512-521.

Needleman, J., & Buerhaus, P. (2003). Nurse staffing and patient safety: Current knowledge and implications for actions. *International Journal of Quality Health Care, 15*(4), 275-288.

Neilson, K., Yarker, J., Randall, R., & Munir, I.F. (2009). The mediating effects of team and self-efficacy on the relationship between transformation leadership, and job satisfaction and psychological well-being in healthcare professionals: A cross-sectional questionnaire survey. *International Journal of Nursing Studies, 46*, 1236-1244.

www.manaraa.com

Neuman, B.K. (2000). *Social research methods: Qualitative and quantitative approaches* (4th ed.). Boston, MA: Allyn & Bacon.

Northouse, J.R. (2008). Developing an understanding of charismatic and transformational leadership. *Journal of International Organizational Culture, 13*(2), 15-19.

Podsakoff, P. M., MacKenzie, S.B., Moorman, R.H., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *The Leadership Quarterly, 1*(2), 107-142.

Porter-O'Grady, T. (2009). Creating a context for excellence and innovation: Comparing chief nurse executive leadership practices in Magnet and non-Magnet hospitals. *Nursing Administration Quarterly, 33*(3), 198-204.

Posner, B.Z., & Kouzes, J.M. (1988). Development and validation of the leadership practices inventory. *Educational and Psychological Measurement, 48*, 483-496.

Posner, B.Z., & Kouzes, J.M. (1993). Psychometric properties of the leadership practices inventory—updated. *Educational and Psychological Measurement, 53*, 191-198.

Purdy, N., Laschinger, H.K., Finegan, J., Kerr, M., & Olivera, F. (2010). Effects of work environments on nurse and patient outcomes. *Journal of Nursing Management, 18*, 901-913.

Raup, R. (2008). The impact of ED nurse manger leadership style on staff nurse turnover and patient satisfaction in academic health center hospitals. *Journal of Trauma Nursing, 8*(3), 75-84.

Redman, R.W. (2006). Leadership succession planning: An evidence-based approach for managing the future. *The Journal of Nursing Administration, 36*(6), 292-297.

Rosengren, K., Athlin, E., & Segesten, K. (2007). Presence and availability: Staff conceptions of nursing leadership on an intensive care unit. *Journal of Nursing Management, 15*, 522-529.

Sarros, J.C., Cooper, B.K., & Santora, J.C. (2008). Building a climate for innovation through transformational leadership and organizational culture. *Journal of Leadership & Organizational Studies*, *15*(2), 145-158.

Schwartz, D.B., Spencer, T., Wilson, B., & Wood, K. (2011). Transformational leadership: Implications for nursing leaders in facilities seeking magnet designation. *AORN Journal, 93*(6), 737-748. Retrieved from http://dx.doi.org/10.1016/j.aorn.2010.09.032

Scott, E.S. (2010). Perspectives on healthcare leader and leadership development. *Journal of Healthcare Leadership, 2*, 83-90.

Sellgren, S., Ekvall, G., & Tomson, G. (2006). Leadership styles in nursing management: Preferred and perceived. *Journal of Nursing Management, 14*, 348-355.

www.manaraa.com

Sellgren, S., Ekvall, G., & Tomson, G. (2007). Nursing staff turnover: Does leadership matter? *Leadership in Health Services, 20*(3), 169-183.

Sherwin, E.D., Elliott, T.R., Rybarczyk, B.D., Frank, R.G., Hanson, S., & Hoffman, J. (1992). Negotiation the reality of care giving: Hope, burnout and nursing. *Journal of Social and Clinical Psychology, 11*(2), 129-139.

Smith, D. (2013). The role of mentoring in the leadership development of pre-service school librarians. *Education Libraries, 36*(1), 15-21.

Somekh, B., & Lewin, C. (2005). Research methods in social sciences. London, UK: Sage.

Sonnino, R.E. (2015). Health care leadership development and training: Progress and pitfalls. *Journal of Healthcare Leadership, 8*(2), 19-29.

Sorrentino, E. (1992). The effect of head nurse behaviors on nurse job satisfaction and performance. *Hospital Health Services Administration, 37*, 103-113.

Spreitzer, G.M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal, 38*(5), 1442-1465.

Summer, J., & Townsend-Rocchiccioli, J. (2003). Why are nurses leaving nursing? A quantitative report. *Nursing Administration Quarterly, 27*, 164-171.

Tomey, A.M. (2009). Nursing leadership and management effects work environments. *Journal of Nursing Management, 17*, 15-25.

Trinkoff, A.M., Johantgen, M., Storr, C.L., Han, K., Liang, Y., Gurses, A.P., & Hopkinson, S. (2010). A comparison of working conditions among nurse in Magnet and non-Magnet hospitals. *Journal of Nursing Administration, 40*(7/8), 309-319.

Trofino, A. (2000). Transformational leadership: Moving total quality management to world-class organizations. *International Nursing Review, 47*(4), 232-242.

Upenieks, V. (2003a). What constitutes effective leadership?: Perceptions of magnet and non-magnet nurse leaders. *Journal of Nursing Administration, 33*(9), 456-467.

Upenieks, V. (2003b). The interrelationship of organizational characteristics of magnet hospitals, nursing leadership, and nursing job satisfaction. *Health Care Manager, 22*(2), 83-98.

Weberg, D. (2010). Transformational leadership and staff retention: An evidence review with implications for healthcare systems. *Nursing Administration Quarterly, 34*(3), 246-258.

Whittemore, R. (2005). Combining evidence in nursing research: Methods and implications. *Nursing Research, 54*(1), 56-62.

www.manaraa.com

Wilson-Evered, E., Hartel, C., & Neale, M. (2001). A longitudinal study of work group innovation: The importance of transformational leadership on morale. *Advances in Health Care Management, 2*, 315-340.

Wong, C., & Cummings, G.G. (2007). The relationship between nursing leadership and patient outcomes: A systematic review. *Journal of Nursing Management, 15*, 508-521.

Zwingman-Bagley, C. (1999). Transformational management style positively affects financial outcomes. *Nursing Administration Quarterly*, *23*(4), 29-34.

www.manaraa.com

APPENDICES

Appendix A

Letter of Endorsement – Medical Center Director

Department of Veterans Affairs **Memorandum**

Date: JAN 21 2016

From: [redacted]

Subj: Endorsement

To: [redacted] Chair, Institutional Review Board
Thru: [redacted] ACOS/Research Service (11F)

1. This serves as an official letter of endorsement for Melissa Zimmerman, RN, MSN, Ph.D., candidate and her proposed research.

2. [redacted] I have had the pleasure of working directly with Ms. Zimmerman in her role as Patient Safety Manager. During the last two years, our organization has seen many changes in our processes and overall culture. We have adopted Lean management principles as a means to approach process improvement, embarked on an organizational trust initiative and progressed in our transition to a just safety culture. I am pleased to say that Ms. Zimmerman has served as a leader in each of these areas.

3. Ms. Zimmerman serves a vital role in ensuring our organizational success not only through established means, but also through her intended research. She and I share the same passion for cultural transformation through the investigation of leadership behaviors and the effects of these behaviors on staff. Her research questions are pertinent to our development, and I am hopeful her work will be instrumental in future change within our organization. She will have my full and unwavering support as she works toward completion of this systematic investigation.

www.manaraa.com

Appendix B

Statement Eliciting Participation (email)

Good morning. I hope this emails finds you well.

Research literature has shown that when we are more transformational in the way we lead our staff, great things can occur both within our service unit and across the entire organization. Improvements in job satisfaction, patient outcomes, organizational culture and budget solvency are among the positive effects of practicing what is known as Transformational Leadership.

The research of Kouzes and Posner isolated the following 5 tenets of transformational leadership behavior which have been adopted as "best practice" among leadership theorists.

1. Challenging the process
2. Inspiring a shared vision
3. Enabling others to act
4. Modeling the way
5. Encouraging the heart

Are you transformational in the way you lead your staff? Are there areas of opportunity for you to learn more about what it means to be transformational? How transformational are your daily leadership practices?

By sparing 5-7 minutes of your time, you can help me answer these questions.

Below you will find a link to the East Tennessee State University student research portal which will take you to an anonymous short 2 part survey: 1.) Leadership Practices Inventory and 2.) Personal Demographics. Participation is strictly voluntary, reflective of your own perception of your leadership practices and completely anonymous. By visiting this link, you will provide the data needed to begin our leadership development process and planning for our future as leaders.

Thank you.

Melissa Zimmerman, RN, MSN
East Tennessee State University
PhD Candidate – Executive Nursing Leadership

www.manaraa.com

Appendix C

Letter of Appreciation (email)

Good morning leaders. I hope this email finds you well.

I wanted to personally express my appreciation for your time spent completing the 2 part survey regarding leadership style and behaviors. The data is currently being analyzed and will be shared with you all very soon.

Thank you again for your time.

Melissa Zimmerman, RN, MSN
East Tennessee State University
PhD Candidate – Executive Nursing Leadership

www.manaraa.com

Appendix D

Approval Letter to Use the LPI-Self

May 23, 2015

Melissa Zimmerman
1035 Ellerwood Drive
Salisbury, NC 28146

Dear Ms. Zimmerman

Thank you for your request to use the Leadership Practices Inventory (LPI) in your dissertation. We are willing to allow you to *reproduce* the instrument in written form, as outlined in your request, at no charge. If you prefer to use our electronic distribution of the LPI (vs. making copies of the print materials) you will need to separately contact Lisa Shannon (lshannon@wiley.com) directly for instructions and payment. Permission to use either the written or electronic versions requires the following agreement:

(1) That the LPI is used only for research purposes and is not sold or used in conjunction with any compensated management development activities;
(2) That copyright of the LPI, or any derivation of the instrument, is retained by Kouzes Posner International, and that the following copyright statement is included on all copies of the instrument; "Copyright © 2003 James M. Kouzes and Barry Z. Posner. All rights reserved. Used with permission",
(3) That one (1) electronic copy of your dissertation and one (1) copy of all papers, reports, articles, and the like which make use of the LPI data be sent promptly to our attention; and,
(4) That you agree to allow us to include an abstract of your study and any other published papers utilizing the LPI on our various websites.

If the terms outlined above are acceptable, would you indicate so by signing one (1) copy of this letter and returning it to me either via email or by post to; 1548 Camino Monde San Jose, CA 95125. Best wishes for every success with your research project.

Cordially,

Ellen Peterson
Permissions Editor
Epeterson4@gmail.com

www.manaraa.com

Appendix E

Demographic Questions

Please indicate the answer that best describes you.

1. Are you a nursing leader? _____
2. What is your gender? _____
3. What is your marital status? _____
4. What is your age? _____
5. What is your ethnicity? _____
6. What is your highest degree earned? _____
7. What field is your degree in? _____
8. Are you currently working on a degree or enrolled in an educational program? _____

   If yes, please list specific degree you are pursuing or educational program you are enrolled in _____
9. How many years have you been in your current supervisory role? _____
10. Is this your first supervisory role? _____
11. Select the most appropriate answer that describes your formal leadership training?

    _____No formal leadership training

    _____Leadership training through TMS courses

    Average hours _____

    _____Leadership training through VA supported programs

    Average hours _____

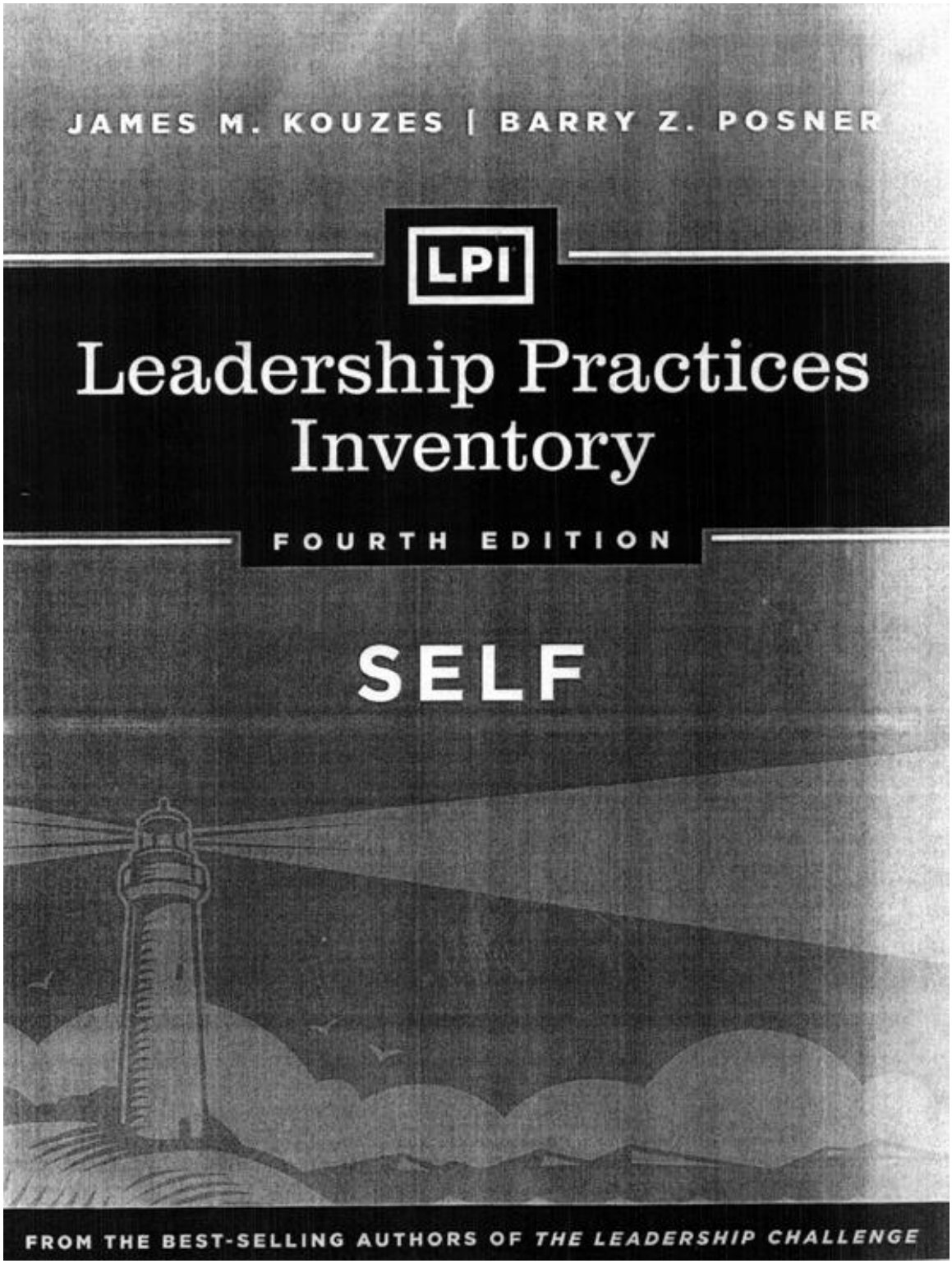
    _____Leadership training through college/university classes

    Average hours _____

www.manaraa.com

Appendix F

Leadership Practices Inventory (LPI-Self)



www.manaraa.com

LPI LEADERSHIP PRACTICES INVENTORY

BY JAMES M. KOUZES & BARRY Z. POSNER

INSTRUCTIONS

Write your name in the space provided at the top of the next page. Below your name, you will find thirty statements describing various leadership behaviors. Please read each statement carefully, and using the rating scale below, ask yourself:

"How frequently do I engage in the behavior described?"

- Be realistic about the extent to which you actually engage in the behavior.
- Be as honest and accurate as you can be.
- DO NOT answer in terms of how you would like to behave or in terms of how you think you should behave.
- DO answer in terms of how you typically behave on most days, on most projects, and with most people.
- Be thoughtful about your responses. For example, giving yourself 10s on all items is most likely not an accurate description of your behavior. Similarly, giving yourself all 1s or all 5s is most likely not an accurate description either. Most people will do some things more or less often than they do other things.
- If you feel that a statement does not apply to you, it's probably because you don't frequently engage in the behavior. In that case, assign a rating of 3 or lower.

For each statement, decide on a response and then record the corresponding number in the box to the right of the statement. After you have responded to all thirty statements, go back through the LPI one more time to make sure you have responded to each statement. *Every* statement *must* have a rating.

The Rating Scale runs from 1 to 10. Choose the number that best applies to each statement.

RATING SCALE	1-Almost Never 2-Rarely	3-Seldom 4-Once in a While	5-Occasionally 6-Sometimes	7-Fairly Often 8-Usually	9-Very Frequently 10-Almost Always

When you have completed the LPI-Self, please return it to:

_____

_____

_____

Thank you.

Copyright © 2013 James M. Kouzes and Barry Z. Posner. All rights reserved.

www.manaraa.com

Your name: _____

To what extent do you engage in the following behaviors? Choose the response number that best applies to each statement and record it in the box to the right of that statement.

1.	I set a personal example of what I expect of others.	
2.	I talk about future trends that will influence how our work gets done.	
3.	I seek out challenging opportunities that test my own skills and abilities.	
4.	I develop cooperative relationships among the people I work with.	
5.	I praise people for a job well done.	
6.	I spend time and energy making certain that the people I work with adhere to the principles and standards we have agreed on.	
7.	I describe a compelling image of what our future could be like.	
8.	I challenge people to try out new and innovative ways to do their work.	
9.	I actively listen to diverse points of view.	
10.	I make it a point to let people know about my confidence in their abilities.	
11.	I follow through on the promises and commitments that I make.	
12.	I appeal to others to share an exciting dream of the future.	
13.	I search outside the formal boundaries of my organization for innovative ways to improve what we do.	
14.	I treat others with dignity and respect.	
15.	I make sure that people are creatively rewarded for their contributions to the success of our projects.	
16.	I ask for feedback on how my actions affect other people's performance.	
17.	I show others how their long-term interests can be realized by enlisting in a common vision.	
18.	I ask "What can we learn?" when things don't go as expected.	
19.	I support the decisions that people make on their own.	
20.	I publicly recognize people who exemplify commitment to shared values.	
21.	I build consensus around a common set of values for running our organization.	
22.	I paint the "big picture" of what we aspire to accomplish.	
23.	I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.	
24.	I give people a great deal of freedom and choice in deciding how to do their work.	
25.	I find ways to celebrate accomplishments.	
26.	I am clear about my philosophy of leadership.	
27.	I speak with genuine conviction about the higher meaning and purpose of our work.	
28.	I experiment and take risks, even when there is a chance of failure.	
29.	I ensure that people grow in their jobs by learning new skills and developing themselves.	
30.	I give the members of the team lots of appreciation and support for their contributions.	

Copyright © 2013 James M. Kouzes and Barry Z. Posner. All rights reserved.

LPI: LEADERSHIP PRACTICES INVENTORY SELF

www.manaraa.com

Copyright © 2013 by James M. Kouzes & Barry Z. Posner. All Rights Reserved.

Published by Pfeiffer
An Imprint of Wiley
One Montgomery Street, Suite 1200, San Francisco, CA 94104-4594
www.pfeiffer.com

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise, except as permitted under Section 107 or 108 of the 1976 United States Copyright Act, without either the prior written permission of the Publisher, or authorization through payment of the appropriate per-copy fee to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, 978-750-8400, fax 978-646-8600, or on the web at www.copyright.com. Requests to the Publisher for permission should be addressed to the Permissions Department, John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, 201-748-6011, fax 201-748-6008, or online at http://www.wiley.com/go/permissions.

Limit of Liability/Disclaimer of Warranty: While the publisher and author have used their best efforts in preparing this book, they make no representations or warranties with respect to the accuracy or completeness of the contents of this book and specifically disclaim any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives or written sales materials. The advice and strategies contained herein may not be suitable for your situation. You should consult with a professional where appropriate. Neither the publisher nor author shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages. Readers should be aware that Internet websites offered as citations and/or sources for further information may have changed or disappeared between the time this was written and when it is read.

For additional copies/bulk purchases of this book in the U.S. please contact 800-274-4434.

Pfeiffer books and products are available through most bookstores. To contact Pfeiffer directly call our Customer Care Department within the U.S. at 800-274-4434, outside the U.S. at 317-572-3985, fax 317-572-4002, or visit www.pfeiffer.com.

Pfeiffer publishes in a variety of print and electronic formats and by print-on-demand. Some material included with standard print versions of this book may not be included in e-books or in print-on-demand. If this book refers to media such as a CD or DVD that is not included in the version you purchased, you may download this material at http://booksupport.wiley.com. For more information about Wiley products, visit www.wiley.com.

ISBN: 978-1-118-18271-0

Printed in the United States of America

Printing 10 9 8 7 6 5 4 3 2 1

ISBN 978-1-118-18271-0
90000
9 781118 182710

www.manaraa.com

Instructions:

Below there are thirty statements describing various leadership behaviors. Please read each carefully. Then look at the rating scale and decide how frequently you engage in the behavior described. All questions on the LPI questionnaire must be answered to obtain a complete score. Here is the rating scale that you will be using:

1 = Almost Never	4 = Once in a while	7 = Fairly Often10 = Almost Always
2 = Rarely	5 = Occasionally	8 = Usually
3 = Seldom	6 = Sometimes	9 = Very Frequently

In selecting each response, please be realistic about the extent to which you actually engage in the behavior. Do not answer in terms of how you would like to see yourself or in terms of what you should be doing. Answer in terms of how you typically behave on most days, on most projects, and with most people. For each statement, decide on a rating and record it in the drop-box provided to the left of the statement. Do not leave any statement incomplete. Please remember that all statements are applicable. If you feel that any statement does not apply to you, in all likelihood it is because you do not frequently engage in the behavior. In this case, assign a rating of 3 or lower.

Leadership Practices Inventory (LPI) – Self

To what extent do you typically engage in the following behaviors? Choose the number that best applies to each statement from the drop-box provided to the left of the statement. If you feel that any statement does not apply to you in all likelihood it is because you do not frequently engage in the behavior. In this case assign a rating of 3 or lower.

Response Guide

1 = Almost Never	4 = Once in a while	7 = Fairly Often10 = Almost Always
2 = Rarely	5 = Occasionally	8 = Usually
3 = Seldom	6 = Sometimes	9 = Very Frequently

_____1. I seek out challenging opportunities that test my own skills and abilities.

_____2. I talk about future trends that will influence how our work gets done.

_____3. I develop cooperative relationships among the people I work with.

_____4. I set a personal example of what I expect from others.

_____5. I praise people for a job well done.

_____6. I challenge people to try out new and innovative approaches to their work.

_____7. I describe a compelling image of what our future could be like.

_____8. I actively listen to diverse points of view.

Copyright © 2003 James M. Kouzes and Barry Z. Posner. All rights reserved. Used with permission

www.manaraa.com

_____9. I spend time and energy on making certain that people I work with adhere to the principles and standards that we have agreed on.

____10. I make it a point to know about my confidence in their abilities.

____11. I search outside the formal boundaries of my organization for innovative ways to improve what we do.

____12. I appeal to others to share an exciting dream of the future.

____13. I treat others with dignity and respect.

____14. I follow through on the promises and commitments that I make.

____15. I make sure that people are creatively rewarded for their contributions to the success of our projects.

____16. I ask "What can we learn?" when things do not go as expected.

____17. I show others how their long-term interests can be realized by enlisting in a common vision.

____18. I support the decisions that people make on their own.

____19. I am clear about my philosophy of leadership.

____20. I publicly recognize people who exemplify commitment to shared values.

____21. I experiment and take risks even when there is a chance of failure.

____22. I am contagiously enthusiastic and positive about future possibilities.

____23. I give people a great deal of freedom and choice in deciding how to do their work.

____24. I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.

____25. I find ways to celebrate accomplishments.

____26. I take the initiative to overcome obstacles even when outcomes are uncertain.

____27. I speak with genuine conviction about the higher meaning and purpose of our work.

___ 28. I ensure that people grow in their jobs by learning new skills and developing themselves.

____29. I make progress toward goals one step at a time.

____30. I give the members of the team lots of appreciation and support for their contributions.

Copyright © 2003 James M. Kouzes and Barry Z. Posner. All rights reserved. Used with permission

www.manaraa.com

VITA

MELISSA ZIMMERMAN

Education:

East Tennessee State University; Johnson City, TN, Nursing, Ph.D., 2016

UNC Greensboro; Greensboro, NC, Nursing Education, M.S., 2005

Winston Salem State University; Winston Salem, NC, Nursing, B.S., 2001

Cabarrus College of Health Sciences; Concord, NC, Nursing, Associate, 2000

UNC Charlotte; Charlotte, NC, Psychology, B.A., 1995

Professional Experience:

W.G. "Bill" Hefner VA Medical Center; Salisbury, NC, Patient Safety Manager, June 2014 to present

W.G. "Bill" Hefner VA Medical Center; Salisbury, NC, Nurse Manager – Integrated Fee/Non-VA Care Service, June 2011 to January 2014

W.G. "Bill" Hefner VA Medical Center; Salisbury, NC, Nurse Manager – Outpatient Mental Health Services, November 2009 to June 2011

W.G. "Bill" Hefner VA Medical Center; Salisbury, NC, January 2008 to November 2009

Seriously Injured/Ill Nurse Case Manager

OEF/OIF Transition Support Program

(Operation Enduring Freedom/Operation Iraqi Freedom)

W.G. "Bill" Hefner VA Medical Center; Salisbury, NC, Staff Nurse – Intensive Care Unit, August 2006 to January 2008

Rowan Regional Medical Center; Salisbury, NC, Staff Nurse II – Intensive Care Unit, July 2002 to August 2006

Rowan Cabarrus Community College; Salisbury, NC, 28144 Adjunct Nursing Facility (Didactic and Clinical Instruction), May 2005 to present

www.manaraa.com

Wake Forest University Baptist Medical Center; Winston Salem, NC, Staff Nurse I-II – Trauma Service, August 2000 to July 2002

W.G. "Bill" Hefner VA Medical Center; Salisbury, NC, 28144 (SVAMC), Bio-Sci Laboratory Technician – Vision Research Laboratory, 1995 to 1998

Special Recognition Awards:

Salisbury VA Medical Center – Special Contribution Award, 2016

Salisbury VA Medical Center – Special Advancement for Performance, 2015

Salisbury VA Medical Center – Special Advancement for Performance, 2014

Office of Nursing Service Innovation Award – Winner, Primary Author, *"Integrated Fee/Non-VA Care Service: A Unique Veteran-Centered Approach*," 2012

Salisbury VA Medical Center – Special Advancement for Performance, 2011

Salisbury VA Medical Center – Supervisor for Month of July, 2010

Rowan Cabarrus Community College – Teacher of the Year Nominee, 2010

Salisbury VA Medical Center – Special Recognition Monetary Award, 2009

Salisbury VA Medical Center – Special Advancement for Achievement, 2008

Salisbury VA Medical Center – Certificate of Appreciation – OEF/OIF, 2008

Salisbury VA Medical Center – Special Recognition Monetary Award, 2008

Salisbury VA Medical Center – Certificate of Appreciation – Nursing, 2008

www.manaraa.com