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# Perceptions of required leadership behaviors for nurse leaders as measured by the leadership practices inventory

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# PERCEPTIONS OF REQUIRED LEADERSHIP BEHAVIORS FOR NURSE LEADERS AS MEASURED BY THE LEADERSHIP PRACTICES INVENTORY

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by

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# DEDICATION

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## ABSTRACT

In the United States a significant nursing shortage exists. To compound this shortage, the health care system is in need of reform. In order to impact effectively these issues, strong nursing leadership will be critical. Historically, nursing education has focused primarily on clinical judgment and the nurse-patient relationship. Leadership education and mentoring has been limited. Because nursing theory does not emphasize leadership development, it is important to investigate the possible use of existing leadership theory and assessment tools from other disciplines and bring them to the nursing environment.

The purpose of this study was to investigate the perceptions of required leadership characteristics for nurse leaders as measured by the Leadership Practices Inventory (LPI), as well as investigate the use of the transformational leadership model. A sample of 100 registered nurses completed an opinion survey utilizing the LPI with a modified 5-point metric (1 = *not important*, 3 = *fairly important*, 5 = *very important*).

The results demonstrated the top three characteristics: *Sets a personal example of what I expect from others* ($M = 4.99$), *Treats others with dignity and respect* ($M = 4.97$), and *Develops cooperative relationships among the people I work with* ($M = 4.87$). The three lowest ranked characteristics were identified as: *Describes a compelling image of what the future could be like* ($M = 3.97$); *Experiments and takes risks, even when there is a chance of failure* ($M = 4.00$); and *Appeals to others to share an exciting dream of the future* ($M = 4.03$). This study also investigated the correlations between those leadership perceptions and the background characteristics of the nurse respondent.

Based on the results of this study and from the review of the literature, it appears that there is a great opportunity for nursing leadership to take on a new approach to

leadership development and selection of future nurse leaders. Through further investigation and research, additional insights will be discovered, and a greater understanding of what is required to provide effective leadership training and mentoring to future nurse leaders will develop.

# Chapter 1: Introduction

## *Problem Statement*

Currently there exists a significant nursing shortage in the United States. To compound the nursing shortage, the health care system in the United States greatly needs reform in order to reduce or maintain costs while at the same time increasing the quality of patient care and increasing outcomes (Leatt & Porter, 2003). With the impact of the nursing shortage and the need for significant health care reform, strong leadership will be needed more than ever. Caring leadership will also be crucial as we rise to meet today's challenges in health care (Schoenhard, 2006). With 46 million uninsured Americans, ongoing reimbursement cuts, workforce shortages, and with nursing as the largest, the future of health care must be placed into the hands of strong and caring leaders. The opportunity for nursing leadership to take an active role is significant. These new leaders in nursing are going to need to be strong and effective in order to manage the changing health care environment as well being able to manage and create solutions for the existing nursing shortage.

According to Nelson (2002), the nursing shortage is projected to reach a 20% deficit by the year 2020. Many reasons have been identified as contributors to the nursing shortage. One contributing factor has been identified as the significant cuts in funding for nursing education. Nelson also projected that nurse position vacancies by 2008 will be 800,000. Information from the 2009 fact sheet from the American Association of Colleges of Nursing (2009) identified that by the year 2025, nurse position vacancies will be 500,000. Even though these numbers vary, the numbers continue to predict that the nursing shortage is continuing to grow. Another contributing factor is that 500,000 people

holding a registered nurse license are not working in the nursing field (Nelson). The speculated reasons that so many licensed nurses have the left the profession are many: personal and family obligations, stress-related factors, and job burnout. Leatt and Porter (2003) reviewed a Gallup poll. This poll looked at the relationship between employee satisfaction and corporate financial performance. The results revealed that the best indicator of employee satisfaction was the quality of the relationship between the employee and his or her middle manager. Although this research did not specifically look at the health care environment, one could make the assumption that similar results would be obtained when looking into employee satisfaction indicators. The ability to identify and groom potential nurse leaders may positively impact the turnover rate in the health care environment, which could ultimately reduce the nursing shortage.

Historically in the nursing profession, nurses with strong clinical skill and judgment are placed into leadership roles. Often these clinicians are not adequately trained or prepared to take on such a challenging role (Bondas, 2005). These nurses are educated and trained to manage patient care. They are not trained or educated to manage people (Laurent, 2000). The result of this transition into a management role is that the nurse manager attempts to manage people the way she managed patient care. This management technique has not been shown to be effective.

For many years the nursing profession has struggled with the concept of leadership. When investigating the education that nurses receive in nursing theory, one can attain a better understanding of this struggle. Throughout their education, nurses are trained to mange patient care (Laurent, 2000). Many varied nursing theories are included in nursing curriculum. Theorists such as Henderson who back in 1966 stressed that the

"unique function of the registered nurse is to assist people in those activities that contribute to health and recovery" (as cited in Alligood & Tomey 2006, p.103). In the 1980's Dorthea Orem asserted that nursing is related to the patient's need for the provision and management of self-care action (as cited in Alligood & Tomey, p. 229). In 1976 Rogers believed that the registered nurse maintains and promotes health, prevents illness, and cares for and rehabilitates the sick and disabled (as cited in Alligood & Tomey, p. 110). In fact, in the author's graduate study program in the early 1990s, all of the nursing theorists were presented as a critical component of leadership education. Even within specific leadership courses, students might not be exposed to theorists from other disciplines or professional environments, particularly leadership theorists. When one understands the background from which nurses come, it is apparent that the struggle with leadership is created early in their careers. As health care reform occurs, it is clear that more effective leadership development will be required. Nurses, as a large part of the health care environment, will need to be provided with mentoring in leadership roles in order to be more effective leaders (Borthwick & Galbally, 2001).

The existing challenge to those in the nursing profession is that they believe and support the idea that a nursing leadership model must be based on a nursing theory (Laurent, 2000). Those in the profession will support the concept of moving nursing theory into a leadership model. The challenge to this view is that health care has become more of a business. Although nurses must play a critical role in this business, and if the profession continues to hold itself separate, it will have a difficult time making the transition into a business model. A study by Bondas (2005) looked at the paths that took nurse leaders into the leadership role. The study revealed that there are four paths to

nursing leadership. The four paths were identified as the path of ideas, the career path, the path of chance, and the temporary path. The path of chance was the dominant path in this study, as 54.4% of the participants fell into this category. This path is defined as being passive and capricious. The nurse was passive and the choice to move into a leadership role was made by others. This study reflects the trend in how nurses make the transition into leadership roles. This trend continues to burden the health care system and its ability to identify effective nurse leaders. Given this continued trend, it may even be difficult to mentor nurse leaders who have not chosen the leadership path on their own.

In light of the nursing shortage and the demand for highly trained nurse leaders, it will be important to understand the perceptions of leadership characteristics that are required for nurse leaders. Investigating the perceptions of the characteristics of nurse leaders as measured by the Leadership Practices Inventory (LPI; 1997) tool will provide a path for the future development of nurse leaders and potentially identify new educational paths for teaching nursing leadership. The LPI is a widely utilized leadership evaluation tool. This study ascertains the opinions of 100 registered nurses on the important leadership characteristics that are identified in the LPI tool.

*Background of the Problem*

The concept of leadership has been one of the world's most sought after and valued skills (Leatt & Porter, 2003). The possessing strong leadership skills can set someone apart from the rest of the workforce. The question repeatedly surfaces as to what makes a good leader. What qualities or characteristics does a strong leader possess? The idea of developing capable leaders has been the source of many lectures, books, and research endeavors. Time and time again, the answer is not always clear. In conjunction

with the ongoing search for what makes a good leader questions about what makes a good or effective nurse leader and what difference there is in leadership characteristics of nurse leaders as compared to other industry leaders.

Health care as an industry is currently at a stage of significant change. The need for quality leaders to initiate and implement this change is significant (Leatt & Porter, 2003). Beginning in the 1990s, the health care environment began to undergo significant reform measures in an attempt to reduce or maintain costs while at the same time attempting to increase the quality of the care delivered and the outcomes that were measured (Griffith, Warden, Neighbors, & Shim, 2002). Throughout the last 10 years, the health care environment has been incorporating strategic management strategies that have included downsizing, restructuring, decreasing bed capacity, and downsizing personnel numbers. Throughout all of these changes, consumers have become more diligent in their knowledge and expectations of health care. Unfortunately, many consumers' expectations are not being met.

While the health care environment has incorporated all of the many strategic changes, the workforce within the health care environment has become disillusioned with employers, many have become burned out, and many no longer trust the environment in which they work. This lack of trust has contributed even further to the need for strong leadership within the health care environment. According to Leatt and Porter (2003), health service workers are, more than ever, resistant to change and less inclined to respond to creativity and innovation in the work environment.

With the demand in the changing health care environment it is even more critical to be able to identify early in a nurses' career those who are high potential employees in

order to develop them into effective leadership roles (Yoosuf, 2005). The health care environment has not been the environment that invests in the future of developing leaders (Griffith et al., 2002). Unlike the business market, which for years has invested in up-and-coming talent, the health care environment has been slow to progress to this level. In order to begin to create leadership development programs within the health care environment, the knowledge or the ability to identify those high potential nurses will be required. According to Kovach (2005), "cultivating the new generation of leaders is something you simply have to do now if you want to be in the strongest position in the future" (p. 22). Understanding what the characteristics of a nurse leader are may assist in the development of improved leadership development training, improved leadership mentoring programs, and a better understanding of what makes a nurse leader different from leaders in other industries, if anything. If the perceptions of the behaviors of nurse leaders are similar to those behaviors of leaders in other industries, the leadership development programs can be similar to those used in other industries. If, the perceptions of leadership behaviors for nurses are different than those behaviors of leaders in other industries, then a new approach to leadership development will need to be created.

In order to evaluate the necessary leadership skills for effective nurse leaders, a tool will need to be identified that can effectively look at these perceptions of leadership. The LPI is the tool utilized in this research study. The LPI, originally developed by Kouzes and Posner in 1997, as identified in Kouzes and Posner (2002a) is a proven 360-degree leadership evaluation tool. The development of this tool was based on more than 400 case studies and interviews with thousands of business and government leaders. The LPI is one of the most widely utilized leadership assessment tools. The tool has been

administered to more than 350,000 managers and non-managers across a variety of organizations, disciplines, and demographic backgrounds. The leadership dimensions from the LPI will be utilized to elicit the opinion of nurses on the importance of these dimensions for a nurse leader to possess.

*Purpose of the Study*

The purpose of this study is to identify the perceptions of required behaviors for nurse leaders as measured by the LPI tool. The impact of this new knowledge could assist in understanding what characteristics of leadership in nursing are most important based on this opinion study. This information can then be utilized to create improved leadership development training in nursing education as well as to create effective leadership mentoring programs. The role of mentoring will likely become an important component in any new leadership development-training model because the health care environment has not incorporated strong leadership development programs. Understanding the important leadership characteristics will assist in the development of these training and mentoring programs. Health care for the future will require new visions and empowered leaders to make this happen. The model of transformational leadership can be the catalyst to make this happen (Trofino, 1995).

*Significance of the Study*

Considering the impending nursing shortage and the continual struggle of health care institutions to meet the demands of quality and financial expectations, it is critical to be able to create a leadership team that can turn the crumbling health care environment into the strong effective process that is expected by the health care consumer. In order to identify and mentor these future nurse leaders, it will be imperative that the current

leaders in health care are able to understand what makes an effective nurse leader different. The current leaders in nursing will be required to take the challenge of developing the future leaders in health care. By understanding those necessary characteristics, the current leaders will be able to identify potential new leaders and invest in their leadership development.

Leadership ability in the health care environment is different than the traditional business environment in many ways. Historically, leaders in the health care setting have had limited leadership experience and traditionally are expected to step into a high-level leadership role early in their careers (Leatt & Porter, 2003). The challenge with this leadership expectation is that many leaders in the health care setting have not been afforded the opportunity to have mentoring in order to develop their leadership skill sets. The lack of mentoring has contributed to limited leadership abilities, which has been the status quo for so long in the health care arena. It is time to implement a strong mentoring program that can and should be a component of a true leadership development-training program in the health care setting. The information garnered from this study will assist in the understanding of the characteristics that are required to be an effective leader in the health care environment.

In reviewing the literature for a leadership model that best represents what the new health care environment needs, the theory of transformational leadership was identified. In looking at the many issues concerning the health care environment and when looking at ways to manage the nursing shortage, it is clear that an approach that looks at both the leadership style and the relationships between the leader and the followers will play a significant role. Sofarelli and Brown identified that transformational

leadership is the most suitable leadership style for empowering nurses (as cited in Welford, 2002). Empowerment of nurse leaders is what will be necessary in the new generation of leaders to bring the new visions for health care to reality (Trofino, 1995).

Many research studies have been done that investigate the competencies for clinical nurse leaders based on the transformational leadership model. One study by Barker, Sullivan, and Emery identified the seven role competencies for clinical nurse leaders to be: (a) customer needs and expectations, (b) visioning and strategic planning, (c) managing care across the continuum, (d) improving quality and performance, (e) human resource management, (f) marketing initiatives, and (g) financial outcomes (as cited in Maloni, 2007). This study will investigate the opinions of registered nurses and the competencies that are required utilizing the LPI tool.

*Definition of Terms*

Nurse participant: a person who holds a valid registered nurse license.

Leadership Practices Inventory (LPI): a leadership tool that measures leadership behaviors.

Transformational Leadership: the leadership process that changes and transforms followers to accomplish more than what is usually expected of them.

The five practices of leadership as identified by the LPI:

Model the Way: Exemplary leaders know that they must be role models of the behavior that they expect.

Inspire a Shared Vision: Exemplary leaders understand the vision for the future and communicate and inspire the followers to this vision.

Challenge the Process: Exemplary leaders lead others to greatness by seeking out and accepting challenges.

Encourage the Heart: Exemplary leaders encourage their followers by uplifting their spirits and drawing them forward.

Enable Others to Act: Exemplary leaders foster collaboration and build trust to form a sense of teamwork that goes far beyond the few direct reports.

*Research Questions*

The research questions are based on the results of an opinion survey of nurses utilizing the LPI from Kouzes and Posner (2002a):

1. What are the perceptions by nurse respondents of required leadership characteristics for a nurse leader to possess as measured by the LPI?
2. What is the correlation between those leadership perceptions and the background characteristics of the nurse respondent?

*Summary*

Currently, in the United States there exists a significant nursing shortage. To compound this problem, the health care environment is in significant need of reform. Because these two issues are so strongly related it is important that the nursing leaders of the future be effective in managing the nursing shortage and managing the reform of the health care environment. The lack of effective nurse leadership and the lack of effective leadership development programs for the nursing profession are of significant concern. One of the components that have contributed to the lack of effective leadership in nursing is the way in which nurses are placed into leadership positions. Historically, nurses with strong clinical skills and judgment are placed into leadership roles. The challenge is that

these nurses are not adequately prepared to function as leaders. Being a good or even great clinician does not necessarily make an effective leader.

When looking at leadership development in nursing it has been revealed that as a profession, nursing is behind in leadership development training. In fact, nursing school curricula continue to teach and look to nursing theorists as the foundation for the profession. The challenge with this is that most nursing theorists focus on providing patient care and not on providing leadership.

The purpose of this study is to identify the perceptions of required behaviors for nurse leaders as measured by the LPI. The information obtained could assist in the understanding of what characteristics of nursing leadership are most important as already identified by the LPI tool. These identified characteristics of nursing leadership could then be utilized to identify nurse leaders, to create leadership development training, and mentoring programs in nursing.

When looking to a model for leadership that best meets the needs for nursing and the changing health care environment, the Transformational Leadership model is identified as the best model. As a leadership theory for nursing and health care, the transformational model will be reviewed and compared to the characteristics of leadership from the LPI tool. This information will demonstrate how the important characteristics from the LPI can be easily meshed with the transformational leadership model. This will provide a model, with the results of the study, which can be utilized for the development of a nurse leadership development program.

# Chapter 2: Review of the Literature

Chapter 2 surveys the existing literature used to build the concepts for this research project. In order to understand the value of strong leadership in nursing, it is important to understand concepts of nursing history and of leadership. This chapter reviews the history of nursing theory as well as the current information on the nursing shortage as it impacts the role future nurse leaders will need to fulfill. This chapter also reviews the widely used leadership inventory tool, the LPI from Kouzes and Posner (2002a). Finally, this chapter reviews the concept of leadership and the notion that nursing leadership might require different characteristics beyond those of leaders in other professions or industries. The leadership theory of transformational leadership is reviewed, as this model of leadership fits well into the changing health care environment and also works well with the LPI tool for assessing leadership ability. This chapter also provides a summary to each of the research questions as they relate to the information identified in the review of the literature.

## *History of Leadership in Nursing*

In order to understand the current role of leadership in nursing, it is important to review the history of nursing theory and leadership in nursing. The history of nursing leadership dates as far back as Florence Nightingale in the early1800s. A look back at the history of nursing provides insight into the situation that nursing finds itself. This component of the literature review is not intended to detail all of the many theories on nursing that exist. However, it will review briefly some of the more common theories on nursing in order to demonstrate the inequities in the theories as they relate to leadership in nursing (Barnum, 1998).

A review of nursing theory would not be complete without an initial discussion on the first nursing theories postulated by Nightingale. Nightingale is known as the founder of modern nursing (Alligood & Tomey, 2006), as she created the first writings on a theory to guide nursing practice. Nightingale believed she was called by God to help the less fortunate. However, her family and her wealthy upbringing did not support her dream. Her persistence finally paid off when, at the age of 24, her family allowed her to go to school to be trained as a nurse.

Her experience in the hospital environment stimulated her philosophy, which became a large part of her life. Her philosophy defined nursing and reformed the hospital environment. Her theory arose out of a need to reform nursing and the environment in England in the late 1800s. The basis for her definition of the role of nursing stemmed from her strong religious background. Nightingale defined nursing as a "spiritual calling to assist nature to repair the patient" (Alligood & Tomey, 2006, p. 91). Nightingale brought the idea of nursing as a noble profession to the forefront of society. Her philosophies created the early foundation to support nursing as a profession that required unique learning and skill to perform. This early foundation began to set the framework for the future that nursing would play both in health care and in leading health care.

The next notable theory is Watson's theory of human caring. This theory states, "The nurse's goal is to help persons gain a higher degree of harmony within the mindbodyspirit, which generates self-knowledge, self-reverence, self-healing, and self-care processes while allowing for diversity and possibility" (Alligood & Tomey, 2006, p. 108). As these theories continue to develop, the functional component of the theories is

concerned with the relationship between the nurse and the patient. This limited view of the nursing profession continues to develop with many other theories on nursing.

In the 1970s, Benner's philosophy was born out of many years of research looking at the role of nurses and the theories on nursing that existed. Through her research she identified that clinical nursing practice was more complex than theories of nursing predict. Her findings created a paradigm shift in nursing, claiming that knowledge can be developed in practice not just applied. In 1984, Benner published her acclaimed book, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice.* This book created an important shift in the vision of nursing and in nursing practice. Benner identified the importance of developing mentoring for bringing the novice nurse to the expert level. Although her premise was focused on developing clinical skills in nursing, it is the closest construct that can be related to the idea of mentoring and leadership in nursing with the clinical experts taking a leadership role in the clinical environment.

In the late 1950s, Dorothy Johnson began developing her behavioral model in nursing practice. Johnson created her theory while working as a professor of nursing at University of California, Los Angeles. Johnson's behavioral model presents the view of the client as a living open system. The client (patient) is seen as a collection of behavioral subsystems that interrelate to form a behavioral system. The result is that "the behavior is the system, not the individual. This behavior system is characterized by repetitive, regular, predictable, and goal-directed behaviors that always strive toward balance" (as cited in Alligood & Tomey, 2006, p. 159). Throughout the behavioral model, the idea of critical thinking relates only to decision making for patient care. The idea of the nurse as

a leader does not play out in this theory. Like many of the theories in nursing, the relationship between the patient and the nurse is the primary outcome.

In the 1970s and 1980s, Levine created the conservation model of nursing practice. Her model began as a framework for teaching undergraduate nursing students. She wanted not only to teach the skill of nursing, but she also wanted to provide the rationale for the behavior. Levine believes the nurse needs to use scientific and creative abilities to provide nursing care to the patient. The nurse will "facilitate healing, provide support, restore integrity, provide comfort, manipulate diet, and create therapeutic change" (Alligood & Tomey, 2006, p. 212). This theory continues to concentrate on the relationship between the nurse and the patient. The idea of leadership does not play a part.

In the 1970s, Neuman's systems model in nursing practice was developed. This model was developed to assist graduate students in nursing in considering patient's needs in wholistic terms. This "model is a synthesis of systems thinking and wholism that provides a comprehensive systems approach for wellness-focused nursing care. The patient and the nurse form a partnership relationship to negotiate desired outcome goals for optimal health, retention, restoration, and maintenance" (Alligood & Tomey, 2006, p. 229).

The most widely used theory of nursing is Orem's Self-Care Deficit Theory. In Orem's theory, the nurse uses the nursing process to help individuals meet their self-care requisites and build their self-care or dependent-care capabilities (Alligood & Tomey, 2006). The nursing process is the critical-thinking process that is the backbone of all nursing care. Orem's theory is the first nursing theory to take the nursing process and

apply it in the theory. The nursing process is taught to every nurse in every school of nursing. The nursing process guides the nurse to approach every patient with the following thought process: assess the patient, diagnose the nursing problem, plan for the problem, implement the intervention to treat the problem, and finally evaluate the effectiveness of the intervention. This thought process creates the framework for the critical-thinking process for the majority of nurses. It is likely that nurses who are moved into leadership roles will apply this problem-solving process to the leadership decisions that they make. This process may not always translate into the bigger realm of leadership, as it is problem oriented and may not provide for a larger view of a situation.

Roy's Adaptation Model was created to play a vital role in assisting individuals who are sick or well to respond to a variety of new stressors, move toward optimal well-being, and improve the quality of their lives through adaptation (Alligood & Tomey, 2006). This adaptation model continues to stress the relationship between the nurse and the patient and may not always transfer to a model for nursing leadership.

The nursing theories presented so far stress the relationship between the patient and the nurse, with little or no attention to a theory on management or leadership to guide the nurse leader. All of these theories are outlined in Table 1. The one underlying concept throughout many of the nursing theories is the notion of critical thinking. When looking at this notion and nursing theory, Barnum (1998) identified the intellectual tools needed to understand theory as exactly those abilities required in clinical critical thinking. Clinical critical thinking requires the three skills of recognizing, interpreting, and adapting. These skills can be transferred to the critical-thinking skills needed in leadership.

Table 1

| Theorist | Theory Summary |
|---|---|
| Florence Nightingale | The founder of modern nursing. Practice based on religion. |
| Watson | Human Caring: The nurse's goal is to help the patient gain a higher degree of harmony within the mindbodyspirit. |
| Benner | From Novice to Expert: Focused on developing clinical skills of the nurse. |
| Johnson | Behavioral Model: The patient is seen as a collection of behavioral subsystems that interrelate to form a behavioral system. The behavior is the system, not the individual. |
| Levine | Conservation Model of Nursing Practice: The nurse needs to use scientific and creative abilities to provide nursing care to the patient. |
| Neuman | Neuman's System Model: The patient and the nurse form a partnership relationship to negotiate desired outcome goals for optimal health. |
| Orem | Self-Care Deficit Theory: The nurse uses the nursing process (critical-thinking process) to help individuals meet their self-care requisites and build their self-care capabilities. |
| Roy | Adaptation Model: The nurse assists the individuals who are sick or well to respond to a variety of new stressors, move toward optimal well being, and improve their overall life through adaptation. |

*Nursing Theory: A Review*

*Note:* The data in the table are from *Nursing theory* by Alligood & Tomey, 2006. Mosby. Adapted with permission of the author.

It is difficult to evaluate the transition from clinical nursing to nurse leader without understanding the trend in the delivery of nursing care over time. Nurses have been trained to provide everything to the patient. The challenge is that times have changed dramatically. The resources available to the nurse are limited. These limitations provide a unique problem to the nurse, whether in a clinical setting or a leadership setting. Even in an environment of reduced resources nurses still hold themselves accountable for standards that they may not be able to achieve. Nurses have a tendency to place their notion of self-worth in the comprehensiveness of their care for each patient (Barnum, 1998). When nurses can not do everything, they tend to judge themselves as failing. When considering this belief for the nurse leader, it is easier to understand how a great clinician who is moved into this leadership role struggles with the transition to leading and delegating. The clinical nurse must be able to balance the needs of multiple patients who typically have more combined needs than one can possibly tackle. The nurse must make complex professional decisions—determining which things she will be able to do and for which patients. The decisions and choices nurses make may be likened to a strategic management model. With this in mind, it may be difficult for the new nurse leader to understand any other leadership or management model without significant mentoring and support. The lack of resources has really driven the leader to a strategic management approach.

In investigating the notion of management approaches in nursing, Barnum actually looked to Drucker and his four basic principles for a theory of business. Barnum believes that Drucker's principles fit easily into nursing and health care management. Drucker identifies three essential components to be assessed in a business: environment,

the mission of the organization, and the core competencies of the business. These principles fit well within the health care environment and demonstrate the ability to take a business philosophy into the health care environment and into nursing. When investigating leadership theories that fit well into the health care environment, Barnum identified Transformational Leadership as a theory that should be advocated and used in the health care environment (Barnum, 1998).

Many different theories of nursing have been created throughout the years. The majority of these theories have focused their attentions on the nurse-patient relationship. These theories have also allowed for the nursing profession to set itself apart from other health care professionals. This creation of a separate theory and practice may have well inhibited the growth of leadership in nursing. The changes in health care have also contributed to the challenges for nurse leaders, making it difficult to manage the transitions in the workforce and the environment (Barnum, 1998).

In investigating leadership styles in nursing, from the early years, a top-down management style was the utilized (Moiden, 2002). In the 1940s and 1950s, the concept of team nursing was introduced in the United States. This style created teams of nurses to manage the care of a group of patients. The most senior nurse or most competent nurses were designated as team leaders. The role of the team leader was to supervise the care provided to the patients. The concept of team nursing seemed to alienate the administration from the frontline nursing staff even more, and the nurses who held the team leader role were not trained in leadership techniques.

In 1966, the concept of primary nursing was introduced in the United States. This allowed the nurse to make the necessary decisions for the care of the patient. This model

of nursing provided support for a more professional nursing practice, however, This model continued to focus on the delivery of patient care and not on the development of leadership skills (Borthwick & Galbally, 2001).

Leadership in health care will become a role for the nursing profession. It is imperative that leadership characteristics for health care professionals are identified so that leadership development and mentoring can occur within the nursing profession. The role of the registered nurse requires leadership ability even if the title of manager or leader does not accompany the position. The registered nurse is required to lead the support staff each and every shift in managing the care of patients. The registered nurse may have licensed vocational nurses and certified nurses assistants who are under his/her supervision. When considering the issue of quality patient care, it becomes critical that the registered nurse be prepared to lead the team of health care providers. The additional responsibilities of a charge nurse role will require even further leadership capability as the charge nurse role becomes a professional component of nursing care that requires supervision and oversight of the entire unit (Federwisch, 2008).

*The Nursing Shortage*

It is no secret that a nursing shortage exists in the United States and across the globe. The statistics on the nursing shortage vary depending on the resource data used. However, this variation is only in numbers; the fact remains that there is a severe nursing shortage in this country. When reviewing these varied statistics, the following numbers were noted: According to the Health and Human Services Administration (HHSA; 2006), the nation's nursing shortage would grow to more than 1 million nurses by 2020. The American Hospital Association (AHA; 2006) reported that hospitals would need

approximately 118,000 RNs to fill vacant positions nationwide. According to projections from the United States Bureau of Labor Statistics (2006), more than 1.2 million new and replacement nurses will be needed by 2014. These numbers continue to confirm that the nursing shortage is a significant problem and that the health care industry is going to be in significant trouble if solutions are not found and put into action.

The reasons noted for the nursing shortage are many. According to a report published by the American Association of Colleges of Nursing (2009), several key contributing factors were identified for this shortage. One key contributing factor is the effect of low enrollment into nursing schools. A secondary contributing factor is that a shortage of nursing school faculty is continuing to limit nursing school enrollment. This report also noted that the total population of registered nurses is growing at a slow rate. The RN population increased from 2000 to 2004 by 7.9%. This growth was noted to be significantly less than prior study periods, which showed growth rates of 14.2%.

When reviewing further contributing factors to the nursing shortage, it would be impossible not to identify the factors of job burnout, dissatisfaction with the nursing profession, and high nurse turnover rates (AACN, 2009). These are the contributing factors that will require new nursing leadership in order to create a positive impact. If the health care industry cannot keep those nurses who are working happy in their jobs, then the shortage will persist even if the numbers of new nurses are increased. The health care industry is significantly impacted by this every day, as shown by the impact on the delivery of patient care. According to the Nurse Shortage Fact Sheet from the AACN, 2009 the majority of the RNs (79%) and chief nursing officers (68%) believe that the

nursing shortage is affecting overall quality of patient care in hospitals, long-term care facilities, ambulatory care settings, and student health centers.

From the perspective of the health care consumer, the Nurse Shortage Fact Sheet (AACN, 2009) reviewed a March 2004 article from the Agency for Healthcare Research and Quality, which sited many studies looking at the impact of the nursing shortage on patient outcomes. One report noted those hospitals with lower nurse staffing levels and fewer registered nurses compared to licensed practical nurses and nurses' aids tended to have higher rates of poor patient outcomes. Another survey done in November 2004 from the National Survey on Consumers' Experiences with Patient Safety and Quality Information (as cited in AACN, 2009), found that 40% of Americans think that the quality of health care has worsened during the last 5 years. Consumers also reported that the most important factors affecting the rate of medical errors were workload amount, stress and fatigue among health care professionals, too little time spent with patients, and too few nurses.

The nursing shortage has impacted the delivery of health care in the United States. The primary focus of this literature review is to look directly at the potential effects that strong nursing leadership can have over the issues. It is not to debate or even challenge the numerously noted contributing factors to the nursing shortage. This literature review addresses the idea that strong nursing leadership will play a critical role in the future changes to the delivery of health care in the United States. In order to develop the future nurse leadership, this review also investigates the role and importance of mentoring future leaders in the nursing profession. It is the assumption of this author that by having an understanding of the required characteristics for effective nurse leaders, improved

leadership development training could be created. It is also the assumption of this author that a leadership-training program that includes a mentoring program for the nursing profession will contribute to the development of the level of nursing leadership that will be required to assist in the creation of a new and improved health care delivery system in the United States (Bally, 2007).

Having the understanding of these critical characteristics will provide the health care environment with the beginning framework for the development of leadership training programs. This study utilizes the LPI as a tool to identify which leadership characteristics will be most important for nurse leaders as compared to leaders in other professions.

The future impact of nursing leadership will also impact the ability and the strength of the many health care facilities across the country. The overall leadership development process in the health care environment is significantly different than in the corporate environment (Leatt & Porter, 2003). Leatt and Porter identify that the unique characteristics of health systems and organizations warrant a different approach to a model of leadership development. Leatt and Porter conclude that in the health care environment, leadership development can't be done solely to improve the leadership skills of one individual. Instead, in this unique environment the leadership development must include the all leaders of the organization. Leatt and Porter also concluded that progressive health care systems that choose to invest in leadership development for the entire senior management team would enjoy a more significant return on investment in greater organizational effectiveness. Leatt and Porter also identify that leadership development for health care leaders should be approached as a smart and progressive

investment. Many other business industries have done this for years by advocating and providing for leadership development training. The return on investment for a health care system or organization can be enormous when an entire team of senior managers and clinicians experience leadership development together with the primary goal of augmenting the organization's effectiveness.

In the financially competitive health care environment, many organizations are seeking magnet status. The benefit of magnet status for those organizations that achieve it is to offer an advertising benefit as a better facility as a result of this recognition. This advertising benefit, along with better reimbursement selection by insurance providers, also assists these organizations in achieving a better return on investment (Anonymous, 2006). The standards for compliance to be recognized as a magnet facility include leadership as a core standard. The core standards are broken down into three categories: *leadership, quality of care, and professional development* (Anonymous, 2006, p.13). These three categories are broken into 14 forces. The forces are as follows:

*Leadership.*

1. Nursing leadership has a strong voice in planning and policy making.
2. Organizational structure is collaborative and cultivates a positive relationship between clinical and administrative staff, including all disciplines.
3. Nurses serving in leadership positions are accessible and visible, have a participative style, and value open communication.
4. Personnel policies and programs are indicative of the employer's concern about employees and created with employee involvement.

*Quality of care.*

1. Professional models of care are used in the delivery of patient care services.
2. Staff nurses provide the level and intensity of care consistent with the patients' needs.
3. Staff nurses have access to clinical expertise, including advanced-practiced nurses.
4. Quality assurance/quality improvement activities are viewed as mechanisms to improve patient care and are operated with staff nurse involvement.
5. Staff nurses are permitted and expected to exercise independent judgment consistent with their scope of practice.
6. The hospital is viewed as a model corporate citizen with ongoing community outreach programs.

*Professional development.*

1. Nurses are permitted and expected to serve as teachers.
2. Nurses are seen as essential providers of core hospital services.
3. Nurse-physician relationships are excellent and indicate that mutual respect exists.
4. Professional development is highly valued, and ongoing opportunities are provided to meet the learning needs of the nursing staff.

The standard of leadership is significantly important for achieving magnet status. With the nursing shortage and the continued financial constraints of most health care facilities, the development of future nurse leaders will be a key strategic desire for most facilities attempting to become a stronger force in the competitive health care

environment. Achieving magnet status will help to provide that competitive edge (Anonymous, 2006).

Health care organizations are beginning to focus their attention on the need for effective leadership. Management of health care organizations must improve to meet the well-documented challenge of quality improvement and cost control (Griffith et al., 2002). The health care industry is beginning to understand that the many industries around it have already developed tools and standards for entry education, mentoring, planned midcareer formal education, and special programs for senior management. It is time for the health care arena to follow suit.

The health care environment is different than a pure business environment. In the health care environment, the health and well being of the consumer must be taken into account. The challenge is finding leaders who can understand the critical component of the health of the consumer, but at the same time understand the function of the business and be able to maintain a happy workforce. This is a tall order to fill. Schoenhard (2006) noted that caring leadership is crucial as the health care environment rises to meet today's challenges. With 46 million uninsured Americans, continued reimbursement cuts, workforce shortages, safety and quality concerns; the future of health care must be placed in the hands of strong caring leaders.

In Great Britain a quality improvement program was created to assist in the more effective delivery of patient care. This program is currently the world's largest health improvement program, covering more than 5,000 practices and almost 32 million patients. Through the quality improvement strategies that the program introduced, many beneficial patient outcomes were identified. They noted a reduction in patient wait times

and a reduction in mortality rates for those with coronary heart disease. Although these benefits are notable, one of the most important lessons learned was the value of making improvements at the front line of patient care, which meant carrying out changes that could only be delivered through effective leadership (Robertson & Leaman, 2007). This program identified that improvement, change, and leadership were inevitably linked. The value of this information continues to support the premise that in the health care environment the need for effective leadership is crucial.

*Transformational Leadership: a Model for Health Care*

Leadership has been the topic of many research studies and publications. Many will continue to argue that there is still no clear-cut definition of leadership or its characteristics (Welford, 2002). However, the concept of transformational leadership has been identified as the theory that is most suited for the demands of nursing management and health care leadership. This section of this literature review looks at the theory of transformational leadership from the beginning and then relates how it can be an effective leadership model for health care as opposed to attempting to adapt a traditional nursing theory, which does not completely address the concept of leadership. Finally, this section looks at how the LPI and the concepts of transformational leadership can compliment one another when looking at leadership characteristics and the importance of understanding these characteristics for future nurse leaders.

As previously discussed, nursing leadership can be traced back to Florence Nightingale. In the late 19th century, she demonstrated her power in an autocratic style and promoted the model for leadership through the role of the matron (Welford, 2002). This style of leadership prevailed in the nursing environment for many years and,

therefore, made the transition to a professional approach to leadership difficult. In 1992, Hempstead noted that nurses lacked confidence and this lack of confidence contributed to the leadership styles that have prevailed throughout nursing (as cited in Welford). In order to understand the fit for transformational leadership in the nursing and health care environment, it is important to review the model of transformational leadership and identify how it may fit into a leadership model in nursing. Northouse states, "transformational leadership is the process that changes and transforms individuals" (Northouse, 2004, p. 169). This model of leadership is concerned with the following:

> Transformational leadership is concerned with emotions, values, ethics, standards, and long-term goals, and includes assessing followers' motives, satisfying their needs, and treating them as full human beings. Transformational leadership involves an exceptional form of influence that moves followers to accomplish more than what is expected of them. It is a process that often incorporates charismatic and visionary leadership. (Northouse, 2004, p. 164)

Based on this definition the concept of this model fits well in the health care environment, and particularly well with nurses. The concept of the transformational leadership model was first identified by Downtown in 1973 (as cited in Northouse, 2004). The further research done by James MacGregor Burns, in 1978, allowed for the transformational leadership model to gain in importance (as cited in Northouse). Burns focused on the relationship between the leader and the follower and truly made this distinction for the model of transformational leadership. His distinction of transformational leadership from transactional leadership focused on the leader-follower relationship. Transactional leadership focuses on the exchanges that occur between the

leader and the follower. Transformational leadership refers to the process whereby an individual engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower. This is the leader who focuses on the needs of the followers and tries to assist the followers to reach their highest and fullest potential.

In 1985, Bass provided a more expanded version of the transformational leadership model (as cited in Northouse, 2004). Bass also defines transformational leadership by focusing on the needs of the follower. According to Bass, "transformational leadership motivates followers to do more than the expected by doing the following: (a) raising followers' levels of consciousness about the importance and value of specified and idealized goals, (b) getting followers to transcend their own self-interest for the sake of the team or organization, and (c) moving followers to address higher-level needs"(as cited in Northouse, p. 173).

Bass created a model for transformational leadership that looked at the process on a continuum. The continuum started with the leadership style of laissez-faire at the right end of the continuum, transactional leadership in the middle of the continuum, and transformational leadership at the left end of the continuum. In the transformational level, Bass identified four factors of the transformational leadership model. These four factors are idealized influence, inspirational motivation, intellectual stimulation, and idealized consideration. These four factors are reviewed briefly and then compared to the five leadership practices that are evaluated for in the LPI tool.

Idealized influence is the factor that describes the leader who possesses high standards of moral and ethical conduct and can be counted on to do the right thing. The

followers identify with these leaders and want to emulate them (Northouse, 2004).

Inspirational motivation is the factor that describes the leader who communicates high expectations to followers, inspiring them through motivation to become committed to and a part of the shared vision of the organization (Northouse, 2004). These leaders are also strong role models for the followers who they lead. This is a powerful leadership trait that will be required in the health care environment.

Intellectual stimulation is the factor that describes the leader who stimulates the followers to be creative and innovative, and to challenge their own beliefs and values as well as challenge those beliefs of the leader and the organization. The leader who practices intellectual stimulation supports followers as they try new approaches and develop innovative ways to deal with the organizational issues (Northouse, 2004).

Idealized consideration is the factor that describes the leader who provides a supportive climate in which he or she listens closely to the individual needs of the followers. This is the leader who acts a coach and mentor and uses the skill of delegation to help followers grow (Northouse, 2004).

Transformational leaders create an environment where the results in performance go way beyond the expected outcomes. They also empower followers and nurture them in change and attempt to raise consciousness in individuals and to get them to transcend their own self-interests for the sake of others (Northouse, 2004). This model of leadership creates the environment that the health care industry needs in order to be successful for the future business demands. According to Rosner, the health care system requires flexibility in its leaders so that change can be accepted and adopted by the followers.

Transformational leadership recognizes that the leaders are made by the followers (as cited in Welford, 2002).

To achieve effective leadership with the continued changes to the health care industry, nurse managers must renounce deeply rooted traditions and oppressive leadership models to be able to merge effectively contemporary leadership styles and transformational leadership (Murphy, 2005). Transformational leaders will be able to stimulate intellectually the nurse followers to assist them in making this leadership model transition.

The LPI tool identifies five leadership practices based on the assessment tool. These five practices are modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart (Kouzes & Posner, 2002b). These five leadership practices can be correlated to the four leadership factors that have been identified in the transformational leadership model (see Table 2).

Table 2

*A Comparison of Leadership Characteristics*

| Leadership Practices Inventory | Transformational Leadership Model |
|---|---|
| Modeling the Way | Idealized Influence |
| Inspiring a Shared Vision | Inspirational Motivation |
| Challenging the Process | Intellectual Stimulation |
| Enabling others to Act | Intellectual Stimulation |
| Encouraging the Heart | Individualized Consideration |

The transformational leadership model has been shown to be an effective leadership model for nurses and the health care environment. This leadership theory also fits well with the LPI assessment tool, which is utilized in this study. The opinion survey results provide the information regarding which characteristics of leadership are most important for effective nurse leaders to possess.

*Importance of Leadership Development in Nursing*

Many sources have identified the importance of leadership development in the health care environment. This section of the literature review covers the importance of leadership development as it has been documented in other professions. According to Northouse (2004), effective leadership is in high demand. The result of this demand for effective leadership has led to the significant growth in academic programs that provide leadership training. Not only has the academic world taken notice of the importance of leadership training; it has also become an important component of most global organizations (Anonymous, 2002).

According to an article in *HR Focus* (Anonymous, 2002, p. 1),

> if done correctly leadership development can set the stage for organizational success by: (a) empowering employees to develop their skills and competencies, (b) improving retention, (c) providing a foundation for succession planning and for training the next generation of leaders, (d) focusing on how managers lead, develop, and partner with their employees.

For the continued success of any organization ongoing leadership development must become a key strategic imperative. Global organizations are utilizing many different leadership development-training methods to develop leaders. A global study by the

Society for Human Resources Management as reported in *HR Focus* (Anonymous, 2002), found that of the 426 respondents to its survey, 57% identified that their organizations use external leadership training programs offered by universities and professional organizations. Of the respondents, 51% identified that their organizations use internal leadership training programs. It is clear that the success of any organization requires a process of leadership development. The health care environment is not different in this requirement. Although leadership development has not been a strategic imperative for many health care organizations, it has become an important success strategy that deserves further attention and development.

A study done by McAlearney (2006) demonstrated that little is known about leadership development in health care organizations. The respondents in the study identified that the newness of leadership development in the health care setting has contributed to a perception of haphazard practices throughout the industry. The results of the study presented a conceptual model for the development of leadership in health care organizations. The model McAlearney proposed looks at three factors: strategy, culture, and structure for the commitment to the development of leadership training programs.

As a component of leadership development, it is important to consider mentoring. Mentoring is a strategy that has been utilized throughout the business world as a component of leadership development. According to Marx (2007), mentoring across all industries, health care included, seems to be at an all time low. In the continually changing environment of health care, effective mentoring programs are necessary to promote patient safety, meet strategic initiatives, and make the necessary changes organizationally that are being required (Marx, 2007; McAlearney, 2005). Mentoring is

also a critical element to ensure that, in the health care environment, we are able to develop a new generation of leaders. The changes in health care and the persistent nursing shortage continue to create the need for effective leadership from nursing in the health care arena. It is apparent that mentoring and leadership development have not been a historical component of the health care environment. When representatives from other industries have joined the health care environment, they have identified that health care appeared 10 to 15 years behind other industries (McAlearney).

When considering the existing process for leadership development in the health care environment, it is important to understand what has been happening. In a research study conducted by McAlearney (2005), she looked at the experience and opportunities for mentoring and leadership development in health care organizations. This study found that the health care organizations that reported formal mentoring programs were relatively new initiatives or ones that were just being considered. This study also found that the largest interest in implementing formal mentoring programs came from those organizations that were interested in increasing the diversity and representation of women and minorities in leadership roles.

The same study found that participating in a formal mentoring program appeared to be positively related to the belief that formal mentoring programs should be considered an organizational priority. From this study a synthesis of the information obtained through interviews permitted the creation of a list of practices for leadership development that health care organizations need to implement:

> (a) Senior leadership must be committed to leadership development within the organization, (b) designation of the Chief Learning Officer role helps focus leadership development activities, (c) organizations can capitalize on opportunities to bridge the gap between administrative and clinical leadership by co developing administrators with clinicians and utilizing innovative development options such as formal mentoring, (d) the more integration of the leadership development function with mentoring, talent management, human resource activities and practices, and other training activities for the organization, the more likely it is for leadership development to maximize impact and organizational effectiveness. (McAlearney, 2005, p. 500)

Mentoring and the notion of coaching are critical elements to any leadership development model (Stead, 2005). The concept of executive coaching has also grown in popularity and effectiveness in order to meet the strategic and organizational goals that are set (Goldsmith, Lyons, & Freas, 2000). When looking at the development of a leadership development program in health care, it will be critical to have a good understanding of the leadership characteristics that are most important for nurse leaders so that the appropriate future nurse leaders can be identified to participate in a leadership-training program. This information will also be critical to the development of the leadership-training program.

*The Leadership Practices Inventory*

The LPI by Kouzes and Posner (2002a) is one of the most commonly utilized 360-degree tools that looks at the behaviors of leadership. This tool has been used in

many different industries and in many different cultures with the same consistent results. Kouzes and Posner developed the LPI through a triangulation of qualitative and quantitative research methods and studies (Kouzes & Posner, 2002a). Detailed interviews and written case studies from personal-best leadership experiences created the conceptual framework that consists of five leadership practices: (a*) modeling the way*, (b) *inspiring a shared vision*, (c) *challenging the process*, (d) *enabling others to act, and* (e*) encouraging the heart*.

The actions that make up these practices were translated into behavioral statements. After completing several psychometric processes, the resulting instrument was created. The LPI has been administered to more than 350,000 managers and nonmanagers across a variety of organizations, disciplines, and demographic backgrounds.

The conceptual portion of the Five Practices of Exemplary Leaders framework grew out of the collection and analysis of case studies and personal-best leadership experiences (Kouzes & Posner, 2002b). More than 4,000 personal-best surveys were completed and more than 7,500 additional respondents completed a short version of the personal-best survey to obtain data. The LPI was created by developing a set of statements describing each of the various leadership actions and behaviors. Statements have been modified over time based on the data collected. The instrument contains 30 statements—Six statements for measuring each of the five key practices of exemplary leaders. An LPI has been developed for both a self-assessment and an observer assessment.

The LPI has been utilized by many organizations in order to evaluate effectively

leadership behaviors and then construct leadership training to assist in the further development of leaders. The LPI has been used to evaluate leadership behaviors in health care organizations and in nursing. A study evaluated the psychometric properties of the LPI when evaluating the leadership practices of nurses. The study found that the LPI could be utilized in nursing research (Tourangeau & McGilton, 2004).

In order to investigate the difference in perceptions of behaviors needed for effective nurse leaders compared to leaders in other industries, this research study utilized the LPI to identify which of the 30 behaviors are most important for a nurse leader to possess as well as the behaviors that are least important for a nurse leader to possess. This addresses the first research questions. By identifying these behaviors, the five leadership practices were identified and a leadership development model was identified. From these identified behaviors, a comprehensive nursing leadership development program and mentoring program can be developed. The results of this study are available to be incorporated into a nursing leadership development curriculum.

Research question 2 reflects the difference, if any, in the participants' responses based on the respondents' background characteristics, such as years of service and education level. This information clarifies whether time in the nursing profession or education level impacts the perceptions of the required leadership behaviors for a nurse leader.

*Summary*

In order to look at the perceptions of the required characteristics for nurse leaders, it is important to understand the history of nursing leadership and nursing theory. When reviewing the most common nursing theories, it is apparent that these theories primarily

focus on a model for patient care and the nurse patient relationship, not a model for leadership. Because nursing theory is the framework for nursing education, it provides an explanation for the challenges that nursing faces in providing effective leadership. This also provides an explanation for the challenges that skilled clinicians have when they are promoted into leadership roles. The framework of nursing theory does not prepare the nurse for a leadership role. To begin creating a new leadership development program, it will be valuable to obtain an understanding of the existing perceptions of required leadership characteristics. In this study, these perceptions were measured utilizing the LPI tool from Kouzes and Posner, (2002b).

This chapter reviewed many different nursing theories throughout history. Florence Nightingale established the first theory in the early 1800s. She brought to the forefront the foundational concepts that nursing required unique learning and skill to perform. Her philosophies highlighted nursing as a noble profession during this time.

This chapter reviewed and highlighted many different nursing theories that have been utilized throughout the nursing profession. These theories place the primary focus on the nurse-patient relationship. Because these theories do not specifically address leadership, it is not surprising that the nursing profession would begin to look to other leadership theorists.

The nursing shortage continues to be a constant problem for the profession of nursing as well as the health care environment. The statistics on the nursing shortage are significant. According to the Health and Human Services Administration (2006), the nation's nursing shortage will grow to more than 1 million nurses by the year 2020. The management of this shortage requires effective nursing leadership in order to create and

implement a plan to address this shortage and its impact on health care in the United States. The nursing theories presented will not prepare the future nurse leaders, and a new model of leadership will be required.

This chapter reviewed the transformational leadership model and how it can be an effective leadership model for health care. This leadership model involves an exceptional form of influence that moves followers to accomplish more than what is expected of them. It is a process that involves charismatic and visionary leadership (Northouse, 2004). This model is concerned with emotions, values, ethics, and standards. It focuses on treating the follower as a full human being. This personal approach to leadership is a model that fits well into the health care environment.

The transformational leadership model correlates well with the LPI assessment tool. Because of this fit, the perceptions obtained from this study will likely demonstrate the fit between the leadership characteristics identified and the transformational leadership model. Based the study results, the intent would be to present the results along with the transformational leadership model as the path for creating a leadership development program for nursing that could be implemented in the volatile health care environment. Effective nursing leadership will be required to repair this health care environment. The health care environment of tomorrow will depend on the leadership that is developed today.

# Chapter 3: Methodology

This chapter reviews the purpose of this study as well as reviews the methodology with which the data was collected in order to address the research questions posed. It briefly reviews the importance of effective leadership in nursing and reviews the process for data collection and analysis. This chapter will address the following research questions:

1. What are the perceptions among nurse respondents of required leadership characteristics for a nurse leader to possess as measured by the Leadership Practices Inventory?
2. What is the correlation between those leadership perceptions and the background characteristics of the nurse respondent?

In the struggling environment of health care, effective nursing leadership is a critical component for success. The health care industry is estimated to be a $1.7 trillion industry (McAlearney, 2006). This continually changing environment requires effective nurse leaders to manage the transition of quality patient care and meeting business objectives. In order to create effective leadership development and mentoring programs, it is critical to understand the perceptions of leadership characteristics as compared to other professions. This study analyzed the perceptions of the leadership characteristics based on the LPI compared to a metric identifying whether each characteristic was identified as extremely important, fairly important, or not important for a nurse leader to possess. Included in this opinion survey was a demographic form that investigated the following factors: years of experience as a nurse, position within the organization, education level, and nursing specialty. The demographic information provided the

necessary information to address the second research question, which was interested in identifying whether the nurses' perceptions correlate with their background characteristics.

*Description of the Methodology*

The study participants were asked to complete an opinion survey. This survey included all 30 characteristics of the LPI tool from Kouzes and Posner (2002b). The participants were requested to rate each 1 of the 30 items in the LPI tool for its importance for a nurse leader. For each item, the participant was requested to rate whether the characteristic was extremely important, fairly important, or not important for a nurse leader to possess.

Each participant was also requested to complete a demographic form in which they identified the following factors: (a) years of experience in nursing, (b) position in the organization, (c) highest education level achieved, and (d) specialty in the nursing profession. This information was utilized for the analysis of research question 2, identifying whether the perceptions correlate with the background characteristics of the participants.

The study participants were recruited from local hospitals, schools of nursing, and nursing continuing education courses where a large cross section of nurses would be together. Each participant completed the opinion survey and the demographic form.

*Population*

According to the Survey of Registered Nurses in California (2006), there are 305,495 active registered nurses in the state of California. By contrast, according to the American Nurses Association (2007), there are 2.9 million registered nurses in the United

States. The registered nurse population in California consists primarily of females at 90.2%. Male registered nurses make up 9.8% of the population. The active registered nurse workforce also consists of older workers, therefore contributing further to the future nurse shortage as a result of retirement. Of working registered nurses, 45.4% are older than 50 years old. To contrast this number, 6.7% of working registered nurses are younger than the age of 30.

The education level for registered nurses in California is quite varied. There are multiple educational paths that a registered nurse can take. A registered nurse could have completed a diploma nursing program. These programs are currently being eliminated from the nursing education format in the state of California. The diploma-nursing graduate does not have a college degree. In the State of California, 15.7% of working nurses identify their initial education level to be from a diploma program. The next level of nursing education is the associate's degree in nursing. This is a 2-year degree program. In California, 47.5% of working nurses identify their initial education to be an associate's degree in nursing. The next level of nursing education is the baccalaureate degree program. This survey also identified the statistics for baccalaureate and Master's degree in nursing. In California, 37.1% of working nurses identify their initial education to be a baccalaureate or master's degree in nursing. Interestingly, 56.7% of registered nurses in California have been educated in California, so less than 50% of nurses educated within the state leave to work in another state.

As a registered nurse, the variety of nursing positions that are available are quite expansive. Registered nurses work in hospitals, primary medical practices, community settings, school settings, business environments, long-term care facilities, and outpatient

settings. This particular survey looked at three position classifications. In California, 61.7% of working nurses are staff nurses, meaning they deliver direct patient care. Of working nurses, 14%-17% are in a management position. Of working nurses, 4.7% are nurse practitioners or work in the academic setting.

The registered nurse population in California is ethnically diverse. Of the working registered nurses, 64% are identified as Caucasian, 16% is identified as Filipino, 5.7% is identified as Hispanic or Latino, 5.5% is identified as Asian, and 4.5% is identified as Black or African American. Based on these statistics, it will be important for the future of nursing in the state of California to recruit a larger diverse population in order to meet the needs of the diverse patient population in the state.

*Sample*

A convenience sample of registered nurses was recruited for this study. The researcher recruited participation from a cross section of nurses from all professional levels and experiences to complete the opinion survey and the demographic form. The survey size was 100 participants from the cross section of nurses described above. These participants were recruited from Orange County, Riverside County, and Los Angeles County. The participants were recruited from acute hospital settings, outpatient medical settings, long-term care settings, and academia as well through personal and professional acquaintances. Each potential participant was approached by the researcher, or a professional designee, to participate in this study. In each environment 10 participants were recruited in order to provide a variety of nursing backgrounds and work environments. In two separate continuing education forums, 20 participants were recruited, as in this environment the backgrounds were diverse. Each recruitment location

was selected based on having a professional colleague who could provide access to potential study participants. All of the participants were required to be licensed registered nurses. There was also the possibility that the researcher or the professional colleague could have impacted the respondent's opinions on the survey tool. In each case, the person seeking recruitment was not in a supervisor role for the potential participant; however, this may have impacted the participant responses. Because this is an opinion survey, it was necessary to assume that the participants were honest in their answers and that they understood each of the characteristics as identified in the LPI tool. The sample size for this opinion survey was limited to 100 participants. This small population is a limitation to the generalizabilty of the findings to the entire nursing profession in the state of California.

*Instrumentation*

The opinion survey tool is based on the proven leadership characteristics from the LPI. This tool has been proved to be both reliable and valid through many research studies. A copy of the tool can be viewed in the appendix C. The matrix for comparison that the researcher used has been accepted with the permission of the authors of the LPI, James M. Kouzes and Barry Z. Posner. Permission was obtained via electronic mail. The researcher completed the permission request form from the Leadership Challenge Web site. The authors of the LPI were invited to review the results of this study for further research utilizing the LPI tool. Each participant was given the demographic form, the informed consent form, and the opinion survey tool. Each participant was requested to complete the survey at the time of the request. Each participant was given the tool and a pencil was offered to complete the survey. Once completed, the survey, the demographic

form, and the informed consent form were returned to the researcher.

*The Instrument*

The LPI, developed by Kouzes and Posner in 1997 (2002b), is the instrument that was used in this study to evaluate nurses' perceptions of the necessary leadership characteristics for nurse leaders. Kouzes and Posner surveyed thousands of business and government leaders, gathered more than 400 case studies, and administered 20,000 surveys to investigate the behaviors of leaders. According to all of the research done by Kouzes and Posner, leadership can be defined by five leadership behaviors: (a) *challenging the process*, (b) *inspiring a shared vision*, (c) *enabling others to act*, (d) *modeling the way*, and (e) *encouraging the heart*.

The LPI instrument contains 30 statements: Six statements for each of the five leadership behaviors. For the LPI, participants are asked to respond to the 30 statements on a Likert scale, responding on how often they engage in the behavior identified. The Likert scale ranges from 1 (*almost never*) to 10 (*almost always*).

The LPI has proved to be reliable and valid, according to Kouzes and Posner (2002). The Chronbach's alpha coefficients on the LPI range between .81 and .91. According to a study done by Matviuk (2007), many other researchers have proved the same reliabilities on the LPI. Matviuk modified the LPI instrument in order to research the prototypes of Columbian leaders. This modification of the LPI instrument demonstrates the flexibility of the tool.

When looking at the LPI's validity, Kouzes and Posner (2002b) reported that they examined the relationship between leader's effectiveness and their leadership practices,

as measured by the LPI. The next step was to perform a regression analysis. The regression equation was significant ($F = 318.88$, $p < .0001$).

In order to use the LPI instrument for this study to identify the perceptions of the behaviors needed for nurse leaders compared to leaders in other industries, the instructions for the tool were changed as well as the scale for rating each response. Using the LPI's original 30 statements, the personalization of each question was removed by removing the I before each question. The rating scale reflects the 3-point Likert scale with a response of 1 being not important for a nurse leader to possess, a score of 3 being fairly important for a nurse leader to possess, and a score of 5 being very important for a nurse leader to posses. The instructions for the instrument reflect the changes as identified above in the phrasing of each of the 30 statements and in the directions for the Likert scale. The established leadership dimensions of the LPI were then evaluated by the study participants for their opinion on the importance of these dimensions for a nurse leader to possess.

Prior to the delivery of the LPI instrument, the researcher recruited three licensed, registered nurses to complete the survey in order to verify validity and to assess the clarity of the directions. If any statements were identified as confusing or unclear, corrective action was implemented prior to the delivery of the opinion survey to the 100 participants. Based on the feedback from the three recruits, there were no changes made to the directions or the language on the survey tool.

*Data Collection*

Study participants were recruited in hospital cafeterias or in the break room on the nursing unit, while following the criteria for working with human subjects. Study participants were also recruited in the faculty lounge at various schools of nursing. Study participants were recruited at nursing continuing education conferences in order to garner enough participants for the study.

The researcher utilized professional colleagues to assist individually in the recruitment of each study participant. As the researcher, my professional colleagues and I visited selected hospitals in order to recruit study participants. The visits in the locations occurred between 7 a.m. and 1 p.m. This allowed access to nurses working various scheduled shifts. In the hospital setting, the registered nurse works based on a shift. Since the hospital setting is open 24 hours each day, it was important to obtain access to participants who work on the night shift, generally 7 p.m. to 7 a.m., as well as those who work the day shift, generally 7 a.m. to 7 p.m. If a possible participant was unable to complete the survey at the time requested, the researcher returned to the location at a time identified by the participant as a time that was more convenient. Access to study participants in the hospital setting occurred 7 days per week.

When recruiting participants from the medical practices, the researcher visited the location during the hours of 8 a.m. to 1 p.m. This time selection allowed for access to those registered nurses either before beginning their work shift or during a break or mealtime. In the medical office setting, the registered nurse generally works an 8-hour shift between the hours of 8 a.m. and 5 p.m. Access to study participants from medical

offices occurred Monday through Friday only. The time frame selected allowed the researcher access to possible study participants.

When recruiting participants from schools of nursing, the researcher was the only person recruiting participants and administering the opinion survey. The researcher visited the schools of nursing between the hours of 8 a.m. and 1 p.m. Access to study participants from schools of nursing occurred Monday through Friday only. If a study participant was unable to complete the survey during the specified time, the researcher returned to the school location on an identified day and time to better meet the time constraints of the study participant.

Each participant was provided with the opinion survey and a pencil, if needed, to complete the opinion survey. Each participant was also required to complete a demographic form with four questions (see Appendix B). Each opinion survey was returned directly to the researcher upon completion.

Each participant was required to complete the survey at the time of recruitment. The participants were informed of the approximate time to complete the survey, this included the demographic form. In order to evaluate the time commitment for completion of the survey, 3 nurses were recruited to complete the survey and each was timed with a stopwatch. The average time for completion was used as the time requirement. A cover letter was included with the opinion survey, which included the following information: (a) statement that the project was research being conducted in partial fulfillment for a doctoral degree in organizational leadership, (b) the purpose of the study, (c) statement identifying that the participant's response would be kept confidential, (d) statement informing the participants that they do not need to answer every question, (e) statement

that job status would not be affected by a refusal to participate, and (f) statement that participation is voluntary.

Each participant was offered nutritional support for completing the survey. This nutritional support was a snack item offering of two different options so that the participant could select the snack item that he or she preferred.

*Attention to Human Subjects*

All participants were treated according to the policies bound by the Institutional Review Board (IRB). This study was exempted from Federal Regulations 45 CFR 46 because this study is an opinion survey. This study did correlate a survey response with a participant. Each survey was marked with a number, not a name identification, in order to protect anonymity. This was a confidential opinion survey. The study participants were advised that the participation in the opinion survey would not have any impact on position within the organization, job security, or personal beliefs. Risks to the participants were minimized and were reasonable in relation to the benefits of the research study. There were no personal questions contained within the survey tool or the demographic form involving substance use, sexual behaviors or attitudes, criminal history, or medical history. The subjects who were recruited for this study were not from a special population requiring protection.

The researcher utilized a third party statistician for the results component of this study. The third party was not provided any personal information on the study participants. The information was provided based on a participant number. The information remained confidential.

The researcher requested an exempt review because the study presented no more

than minimal risk to the human subjects. There was no emotional risk involved with this particular research study.

*Data Analysis*

Once 100 participants completed the survey and the demographic form, the following analysis techniques were used to address the research questions. A statistician was used to perform the statistical analysis for the two research questions. This statistician was financially reimbursed for this service. For research question 1—*What are the perceptions by the nurse respondents of leadership characteristics of nurse leaders as measured by the LPI*?—the 30 items of the LPI were sorted from high to low based on the responses of the study participants. The mean scores for each of the 30 LPI items were identified. The variation in the mean values for the top three items and the bottom three items was small. The respondents provided similar responses for the items being measured, which created a restriction of range. All of the characteristics were sorted high to low, based on the participants' responses. The highest three characteristics and the lowest three characteristics were highlighted. The LPI instrument questions were separated into five subcategories. Psychometric characteristics were analyzed and the Cronbach's alpha reliability coefficients for the six scales ranged from $r = .60$ to $r = .91$ with a median coefficient of $r = .75$. Five subcategory scores were compared to each other using a repeated measures ANOVA test.

For the second research question—*What is the correlation of the perceptions associated with the background characteristics of the nurse respondent*?—utilizing the Pearson product-moment correlation, the 30 characteristics were correlated with the four

demographic responses. The five practices of leadership identified by Kouzes and Posner (2002a) were also analyzed by using the Pearson product moment correlation with the three demographic variables of years as an RN, whether the participant was a staff nurse, and the participants' level of education. A one-way ANOVA was conducted to evaluate the LPI total score based on nursing specialty, and a multiple regression analysis was done looking at the LPI total score and the four demographic variables.

The results of the study answered the two research questions:

1. What are the perceptions of the nurse respondents of required leadership characteristics for a nurse leader to possess as measured by the Leadership Practices Inventory?
2. What is the correlation between those leadership perceptions and the background characteristics of the nurse respondent?

*Summary*

This research study investigated the opinions of registered nurses on the required leadership characteristics that are necessary for an effective nurse leader in the health care environment. The convenience sample consisted of 100 registered nurses from Orange County, Los Angeles County, and Riverside County. This study paid particular attention to human subjects by maintaining confidentiality throughout the survey and results process.

In order to obtain the registered nurses' opinions, the LPI tool was utilized. The tool was modified to reflect a new measurement matrix with the permission of the authors of the tool. The participants reviewed each of the 30 behavioral statements and rated each

for importance for a nurse leader to possess. The rating scores are: (a) *not important*, (b) *fairly important*, and (c*) extremely important*.

The participants completed the LPI tool, a demographic form, and informed consent. The study participants were recruited from hospitals, medical practices, continuing education conferences, and schools of nursing. Each participant was personally recruited to complete the opinion survey. The following data analysis techniques were utilized for the two research questions. For research question 1—*What are the perceptions of required leadership characteristics for a nurse leader to possess as measured by the LPI*?—the 30 items of the LPI were ranked from high to low based on the responses of the study participants. All of the characteristics were sorted high to low based on the participants' responses. The highest three characteristics and the lowest three characteristics were highlighted.

For the second research question—*Are the perceptions associated with the background characteristics of the nurse respondent*?—utilizing the Pearson product-moment correlation, the 30 LPI characteristics were correlated with the four demographic responses. The five subcategories of leadership practices were also analyzed using the Pearson product-moment correlation. A one-way ANOVA was conducted and a multiple regression analysis was done to evaluate the LPI total score and the four demographic variables. A statistician was used to run effectively all of the statistical analyses.

Upon approval from the IRB, the study process was begun. This study is considered exempt from CFR because this research study is an opinion survey in which human subjects can neither be identified nor correlated to their response. An exempt

review process was requested and granted, as this study does not present any emotional risk to the study participants.

# Chapter 4: Results

The purpose of this study was to identify the perceptions of required behaviors for nurse leaders as measured by the LPI tool. Table 3 displays the frequency counts for selected variables among the 100 nurses who participated in this study. Years of experience ranged from 1 to 43 years ($M$ = 16.60, $SD$ = 11.40). Among the sample, 67% was staff nurses, with another 15.0% in identified leadership capacities; 35% had AA degrees, and another 59% had earned at least a bachelor's degree. The most common nursing areas were medical/surgical (39.0%) and outpatient (33.0%).

Table 3

*Frequency Counts for Selected Variables (N = 100)*

| Variable | Category | *n* | % |
|---|---|---|---|
| Years as an RN [a] | | | |
| | < 10 | 33 | 33.0 |
| | 10 to 19 | 27 | 27.0 |
| | 20 to 29 | 24 | 24.0 |
| | 30 to 43 | 16 | 16.0 |
| Current Position | | | |
| | Staff Nurse | 67 | 67.0 |
| | Nursing Manager/Supervisor | 11 | 11.0 |
| | Department Manager | 1 | 1.0 |
| | Executive Level | 3 | 3.0 |
| | Other | 18 | 18.0 |
| Highest Level of Education | | | |
| | AA Degree | 35 | 35.0 |
| | Diploma in Nursing | 6 | 6.0 |
| | Bachelor's Degree | 44 | 44.0 |

(*table continues*)

| Variable | Category | *n* | % |
|---|---|---|---|
| | Master's Degree | 12 | 12.0 |
| | Doctoral Degree | 3 | 3.0 |
| Nursing Specialty | | | |
| | Acute Care | 19 | 19.0 |
| | Medical/Surgical | 39 | 39.0 |
| Variable | Category | *n* | % |
| | Outpatient | 33 | 33.0 |
| | Other | 9 | 9.0 |

[a] Years: $M = 16.60$, $SD = 11.40$.

*Research Question 1*

Research question 1 asked: What are the perceptions of the nurse respondents of required leadership characteristics for a nurse leader to possess as measured by the Leadership Practices Inventory? To answer this research question, Table 4 displays the ratings for the 30 LPI items sorted by the highest mean rating. These ratings were given using a 5-point metric (1 = *not important*, 3 = *fairly important*, and 5 = *very important*). Highest importance ratings were given for Item 1, *Sets a personal example of what I expect of others* ($M = 4.99$); Item 14, *Treats others with dignity and respect* ($M = 4.97$); and Item 4, *Develops cooperative relationships among the people I work with* ($M = 4.87$). Least importance was given to Item 7, *Describes a compelling image of what our future could be like* ($M = 3.97$); Item 28, *Experiments and take risks, even when there is a chance of failure* ($M = 4.00$); and Item 12, *Appeals to others to share an exciting dream of the future* ($M = 4.03$).

Table 4

*Descriptive Statistics for LPI Statements Sorted by Highest Rating (N = 100)*

| Rating | *M* | *SD* |
|---|---|---|
| 1. Sets a personal example of what I expect of others. | 4.99 | 0.10 |
| 14. Treats other with dignity and respect. | 4.97 | 0.17 |
| 4. Develops cooperative relationships among the people I work with. | 4.87 | 0.42 |
| 11. Follows through on the promises and commitments that I make. | 4.86 | 0.49 |
| 5. Praises people for a job well done. | 4.82 | 0.52 |
| 9. Actively listen to diverse points of view. | 4.79 | 0.56 |
| 30. Gives the members of the team lots of appreciation and support for their contributions. | 4.78 | 0.56 |
| 23. Makes certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on. | 4.78 | 0.56 |
| 29. Ensures that people grow in their jobs by learning new skills and developing themselves. | 4.77 | 0.57 |
| 18. Asks: What can we learn? when things don't go as expected. | 4.69 | 0.66 |
| 21. Builds consensus around a common set of values for running our organization. | 4.61 | 0.75 |
| 6. Spends time and energy making certain that the people I work with adhere to the principles and standards we have agreed on. | 4.60 | 0.78 |
| 22. Paints the big picture of what we aspire to accomplish. | 4.57 | 0.76 |
| 10. Makes it a point to let people know about my confidence in their abilities. | 4.56 | 0.81 |
| 16. Asks for feedback on how my actions affect other people's performance. | 4.56 | 0.77 |
| 26. Is clear about philosophy of leadership. | 4.52 | 0.82 |

(*table continues*)

| Rating | *M* | *SD* |
|---|---|---|
| 15. Makes sure that people are creatively rewarded for their contributions to the success of our projects. | 4.48 | 0.82 |
| 8. Challenges people to try out new and innovative ways to do their work. | 4.44 | 0.89 |
| 19. Supports the decisions that people make on their own. | 4.40 | 0.86 |
| 20. Publicly recognize people who exemplify commitment to shared values. | 4.39 | 0.97 |
| 13. Searches outside the formal boundaries of my organization for innovative ways to improve what we do. | 4.38 | 0.85 |
| 2. Talks about future trends that will influence how our work gets done. | 4.35 | 0.87 |
| 3. Seeks out challenging opportunities that test my own skills and abilities. | 4.34 | 0.87 |
| 25. Finds ways to celebrate accomplishments. | 4.32 | 0.90 |
| 24. Gives people a great deal of freedom and choice in deciding how to do their work. | 4.07 | 1.04 |
| 17. Shows others how their long-term interests can be realized by enlisting in a common vision. | 4.06 | 1.02 |
| 12. Appeals to others to share an exciting dream of the future. | 4.03 | 1.05 |
| 28. Experiments and takes risks, even when there is a chance of failure. | 4.00 | 1.07 |
| 7. Describes a compelling image of what our future could be like. | 3.97 | 1.09 |

*Note*. Ratings provided using a 5-point metric: 1 = *Not Important*, 3 = *Fairly Important*, and 5 = *Very Important*.

Table 5 displays the psychometric characteristics for the six summated LPI scale scores. Cronbach's alpha reliability coefficients for the six scales ranged from $r = .60$ to $r = .91$ with a median coefficient of $r = .75$.

Table 5

*Psychometric Characteristics for Summated Scores (N = 100)*

| Scale | Number of Items | *M* | *SD* | Low | High | Alpha |
|---|---|---|---|---|---|---|
| Model the Way | 6 | 4.69 | 0.39 | 3.33 | 5.00 | .62 |
| Inspire a Shared Vision | 6 | 4.25 | 0.68 | 2.67 | 5.00 | .82 |
| Challenge the Process | 6 | 4.44 | 0.54 | 3.00 | 5.00 | .73 |
| Enable Others to Act | 6 | 4.65 | 0.38 | 3.67 | 5.00 | .60 |
| Encourage the Heart | 6 | 4.56 | 0.53 | 3.17 | 5.00 | .76 |
| LPI Total Score | 30 | 4.52 | 0.42 | 3.67 | 5.00 | .91 |

*Note*. Ratings provided using a 5-point metric: 1 = *Not Important*, 3 = *Fairly Important*, and 5 = *Very Important*.

The five LPI mean subscale scores displayed in Table 5 were compared to each other using a repeated measures ANOVA test. The model was significant, $F$ (4, 396) = 27.99, $p$ = .001. Inspection of Figure 1 and the results of the Bonferroni post hoc tests found the Scale 2 *Inspire a Shared Vision* score ($M$ = 4.25) to be significantly lower than the other four scores. In addition, the Scale 3 *Challenge the Process* score ($M$ = 4.44) was significantly lower than the scores for *Model the Way* ($M$ = 4.69) and *Enable Others to Act* ($M$ = 4.65).

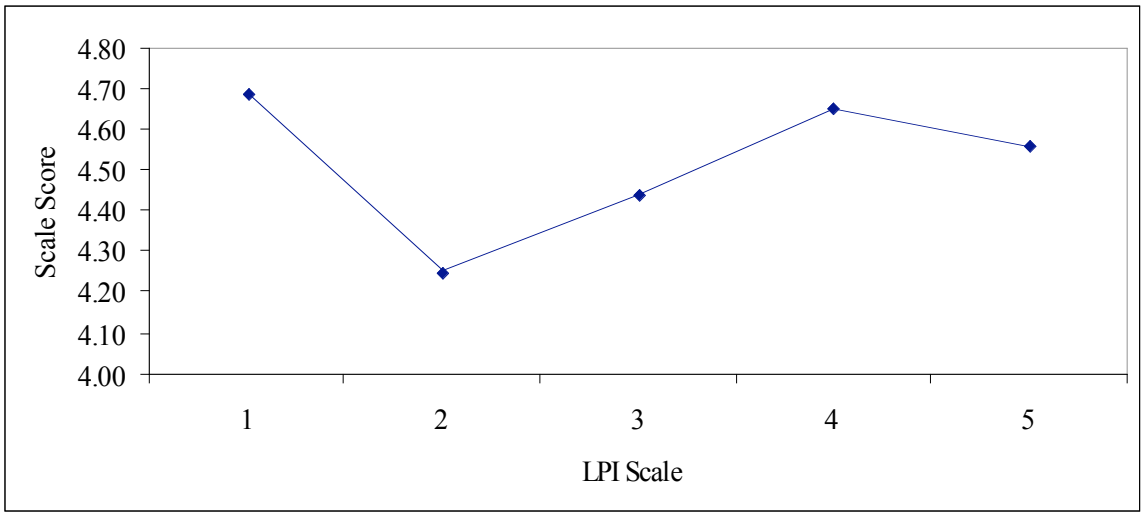


*Figure 1*. Mean LPI Scores utilizing a five-point metric to evaluate each statement to score each of the five practices of exemplary leadership.

Repeated Measures ANOVA Model: $F$ (4, 396) = 27.99, $p$ = .001.
Bonferroni post hoc tests: 2 < 1, 3, 4, 5 ($p$ = .001); 3 < 1, 4 ($p$ = .001); all other pairs of means were not statistically significant at the $p$ < .05 level.
*Note*. Ratings provided using a 5-point metric: 1 = Not Important, 3 = Fairly Important, and 5 = Very Important.
*Note*. Scale Names: 1 = Model the Way; 2 = Inspire a Shared Vision; 3 = Challenge the Process; 4 = Enable Others to Act; 5 = Encourage the Heart.

*Research Question 2*

Research question 2 asked: What is the correlation between those leadership perceptions and the background characteristics of the nurse respondent? Cohen (1988) suggested some guidelines for interpreting the strength of linear correlations. He suggested that a *weak correlation* typically had an absolute value of $r$ = .10 (about 1% of the variance explained), a moderate correlation typically had an absolute value of $r$ = .30 (about 9% of the variance explained) and a strong correlation typically had an absolute value of $r$ = .50 (about 25% of the variance explained). For the sake of parsimony, this Results Chapter will primarily highlight those correlations that were at least moderate

strength to minimize the potential of numerous Type I errors stemming from interpreting and drawing conclusions based on potentially spurious correlations.

Table 6 displays the Pearson product-moment correlations for the six LPI scores with the demographic variables of years as an RN, whether they were a staff nurse, and their level of education. For the resulting 18 correlations, 2 were statistically significant at the $p < .05$ level. Specifically, the nurses' years as an RN was positively correlated with both *Inspire a Shared Vision* ($r = .20$, $p < .05$) and *Challenge the Process* ($r = .20$, $p < .05$). Both were considered weak correlations based on the Cohen (1988) criteria.

Table 6

*Correlations for LPI Scale Scores and Selected Demographics (N = 100)*

| LPI Scale Score | Years as RN | | Staff Nurse [a] | Education |
|---|---|---|---|---|
| Model the Way | .09 | | -.03 | -.16 |
| Inspire a Shared Vision | .20 | * | -.14 | .13 |
| Challenge the Process | .20 | * | -.05 | .07 |
| Enable Others to Act | .05 | | -.10 | -.06 |
| Encourage the Heart | .01 | | -.07 | .07 |
| Total Score | .15 | | -.10 | .04 |

* $p < .05$. ** $p < .01$.

[a] Coding: 0 = *No* 1 = *Yes*.

Table 7 displays the Pearson product-moment correlations for the 30 individual LPI ratings with the same three demographic variables. Among the resulting 90 correlations, 9 were statistically significant at the $p < .05$ level. However, all 9 were

considered weak correlations, based on the Cohen (1988) criteria. The 9 correlations are as follows:

1. Talks about future trends that will influence how our work gets done. Positively correlated with years as a registered nurse.
2. Seeks out challenging opportunities that test my own skills and abilities. Positively correlated with years as a registered nurse.
3. Praises people for a job well done. Positively correlated with education level.
4. Describes a compelling image of what our future could be like. Positively correlated with education level.
5. Actively listens to diverse points of view. Negatively correlated with years of education.
6. Makes it a point to let people know about my confidence in their abilities. Negatively correlated with the role of staff nurse.
7. Appeals to others to share an exciting dream of the future. Positively correlated with years of education.
8. Asks: What can we learn when things don't go as expected? Positively correlated with years as a registered nurse.
9. Makes certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on. Negatively correlated with years of education.

Table 7

*Correlations for LPI Individual Ratings and Selected Demographics (N = 100)*

| LPI Individual Ratings | Years as RN | | Staff Nurse [a] | | Education | |
|---|---|---|---|---|---|---|
| 1. Sets a personal example of what I expect of others. | -.07 | | -.07 | | -.05 | |
| 2. Talks about future trends that will influence how our work gets done. | .20 | * | -.08 | | .13 | |
| 3. Seeks out challenging opportunities that test my own skills and abilities. | .27 | * * | .01 | | .15 | |
| 4. Develops cooperative relationships among the people I work with. | .03 | | .04 | | -.07 | |
| 5. Praises people for a job well done. | .15 | | .00 | | .24 | * |
| 6. Spends time and energy making certain that the people I work with adhere to the principles and standards we have agreed on. | -.13 | | .02 | | -.13 | |
| 7. Describes a compelling image of what our future could be like. | .18 | | -.12 | | .22 | * |
| 8. Challenges people to try out new and innovative ways to do their work. | .13 | | -.13 | | .17 | |
| 9. Actively listen to diverse points of view. | .00 | | -.04 | | -.24 | * |
| 10. Makes it a point to let people know about my confidence in their abilities. | .02 | | -.23 | * | .06 | |
| 11. Follows through on the promises and commitments that I make. | .14 | | .02 | | -.18 | |
| 12. Appeals to others to share an exciting dream of the future. | .16 | | -.10 | | .19 | * |

(*table continues*)

| LPI Individual Ratings | Years as RN | | Staff Nurse [a] | Education | |
|---|---|---|---|---|---|
| 14. Treats other with dignity and respect. | -.01 | | .00 | -.19 | |
| 15. Makes sure that people are creatively rewarded for their contributions to the success of our projects. | -.10 | | -.06 | .06 | |
| 16. Asks for feedback on how my actions affect other people's performance. | .10 | | .01 | .05 | |
| 17. Shows others how their long-term interests can be realized by enlisting in a common vision. | .13 | | -.02 | .00 | |
| 18. Asks: What can we learn? when things don't go as expected. | .20 | * | .02 | .03 | |
| 19. Supports the decisions that people make on their own. | -.01 | | -.12 | -.03 | |
| 20. Publicly recognize people who exemplify commitment to shared values. | .00 | | .04 | -.06 | |
| 21. Builds consensus around a common set of values for running our organization. | .19 | | -.02 | -.17 | |
| 22. Paints the big picture of what we aspire to accomplish. | .05 | | -.15 | -.03 | |
| 23. Makes certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on. | .01 | | .03 | -.29 | ** |
| 24. Gives people a great deal of freedom and choice in deciding how to do their work. | .11 | | -.03 | .10 | |
| 25. Finds ways to celebrate accomplishments. | -.05 | | -.06 | .08 | |

(*table continues*)

| LPI Individual Ratings | Years as RN | Staff Nurse [a] | Education |
|---|---|---|---|
| 27. Speaks with genuine conviction about the higher meaning and purpose of our work. | .16 | -.17 | -.03 |
| 28. Experiments and take risks, even when there is a chance of failure. | .13 | -.14 | .04 |
| 29. Ensures that people grow in their jobs by learning new skills and developing themselves. | .00 | -.14 | -.05 |
| 30. Gives the members of the team lots of appreciation and support for their contributions. | .12 | .03 | -.01 |

* $p < .05$. ** $p < .01$.

[a] Coding: 0 = *No* 1 = *Yes*.

Table 8 displays the results of the one-way ANOVA test for the LPI total score based on nursing specialization. The model was not significant ($p = .66$, □= .13).

Table 8

*Analysis of LPI Total Score Based on Nursing Area (N = 100)*

| Area | *n* | *M* | *SD* |
|---|---|---|---|
| Acute Care | 19 | 4.56 | 0.44 |
| Medical/Surgical | 39 | 4.45 | 0.40 |
| Outpatient | 33 | 4.56 | 0.45 |
| Other | 9 | 4.54 | 0.38 |
| Total | 100 | 4.52 | 0.42 |

$F$ (3, 96) = 0.54, $p = .66$. □ = .13.

Table 9 displays the results of the multiple regression model predicting the LPI total score based on four demographic variables. The overall model was not significant ($p = .71$) and accounted for only 3.9% of the variance in LPI total score. Inspection of the

ßweights for the four independent variables found none to be significant at the $p < .05$ level.

Table 9

*Prediction of LPI Total Score Based on Demographic Factors (N = 100)*

| Source | *SS* | *df* | *MS* | *F* | *p* |
|---|---|---|---|---|---|
| Full Model | 0.68 | 6 | 0.11 | 0.63 | .71 |
| Years as an RN | 0.22 | 1 | 0.22 | 1.23 | .27 |
| Education | 0.00 | 1 | 0.00 | 0.02 | .89 |
| Staff Nurse [a] | 0.08 | 1 | 0.08 | 0.47 | .50 |
| Nursing Area | 0.25 | 3 | 0.08 | 0.46 | .71 |
| Error | 16.80 | 93 | 0.18 | | |
| Total | 17.49 | 99 | | | |

$R^2 = .039$.
[a] Coding: 0 = *No* 1 = *Yes*

*Summary*

Among the 100 registered nurses participated in this study, their background demographic data was quite diverse, with a wide range of experience as an RN, as well as education level and nursing specialty. This demographic diversity provided interesting results.

For research question 1—*What are the perceptions of the nurse respondents of required leadership characteristics for a nurse leader to possess as measured by the Leadership Practices Inventory*?—the three highest ranked characteristics and the three lowest ranked characteristics were highlighted. The summation of the LPI scores revealed that the Inspire a Shared Vision score was significantly lower than the other four category scores.

For research question 2—*What is the correlation between those leadership perceptions and the background characteristics of the nurse respondent*?—The five LPI scores and the total LPI score revealed a positive correlation with years as an RN and the LPI categories *Inspire a Shared Vision* and *Challenge the Process*. However, these correlations were considered weak correlations based on the $r = .20$, $p < .05$.

Pearson product-moment correlations for all 30 LPI ratings and the demographic measures yielded 90 correlations. Of these correlations, nine were considered statistically significant at $p < .05$.

Further evaluation looked at a multiple regression model predicting the LPI total score based on four demographic variables. The overall model was not significant ($p = .71$).

# Chapter 5: Discussion and Conclusion

## *Overview*

Chapter 4 described the results of the research conducted. As described in Chapter 1 as well as the subsequent chapters, this research was conducted to help provide an understanding of the opinions of registered nurses on required qualities or behaviors for nurse leaders to possess. This research sought to identify the perceptions of required behaviors that registered nurses felt were important for a nurse leader to possess. The LPI from Kouzes and Posner (2002b) was utilized as the tool for this opinion survey. The matrix for measurement on the standard LPI tool was changed with the permission of the authors in order to obtain the perceptions of leadership behaviors from the registered nurses who participated in the study. This chapter looks at the results achieved and provides some recommendations and conclusions that may be utilized to create and impact nurse leadership training and mentoring programs.

## *The Literature*

The concept of leadership continues to be a subject that is continually researched and continually evaluated in order to find a way to identify and further develop effective leaders. The literature review on the concept of leadership continues to provide many differing thoughts and opinions as to the best way to identify and the best way to evaluate leadership. There are leadership theories and concepts for different industries and different business models. This research study looked at the concept of leadership in nursing based on the opinions of registered nurses. The literature in nursing leadership has continued to place its focus on the many different nursing theories or models for practice and has not investigated or utilized the variety of different leadership theories or

evaluative tools that are already available and have been utilized in many other industries.

The role of strong and effective leadership in nursing is a critical component for the struggling health care environment. The national concern for the health care system continues to be a dominant topic for political discussion and action. Although the need for health care reform continues to be a topic of discussion, the answers will likely not be simple or easy. To add to the already struggling health care system in the United States, we continue to contend with a significant nursing shortage. According to the HHSA (2006), the nation's nursing shortage will grow to more than 1 million nurses by 2020. The American Hospital Association (2006) reported that hospitals would need approximately 118,000 registered nurses to fill the vacant positions nationwide. Depending on the source of the data, the numbers continue to vary; that there is a significant nursing shortage does not.

The nursing shortage has impacted the delivery of health care in the United States. It seems that managing and resolving the existing nursing shortage will require strong, effective nursing leadership. It will also be important for these nursing leaders to play a key role in the management of health care reform in the United States. According to Leatt and Porter (2003), the overall leadership development process in the health care environment is significantly different than in the corporate environment. They believe that health care organizations must look at leadership development for the entire leadership team and not just for the individual. The health care environment must begin to evaluate the return on investment for the development of leaders as other industries have been doing for years.

The health care environment has become a financially competitive one. Many organizations are seeking magnet status in order to set themselves apart from other organizations and provide for better insurance contracts, thus hoping to impact market share. One of the critical components of achieving magnet status is reflected in the nursing leadership abilities within the organization. What continues to pose a challenge is how to identify those potential nurse leaders and how to mentor effectively them in the leadership role.

The nursing literature continues to refer to the models of nursing for the best approach to leadership. The different theories presented in this study all stress the relationship between the patient and the nurse, with little or no attention to a theory on management or leadership to guide the nurse leader. The basis for all nursing education is and continues to be based on the varied theories of nursing and not on theories of leadership. The results of this study revealed that there is an opportunity to bring new information and leadership theory into the nursing profession as well as into nursing education. There continues to be one underlying concept that is identified in many of the nursing theories. This is the notion of critical thinking capability. Barnum (1998) identified that the intellectual tools needed to understand theory are exactly those abilities required in the clinical environment. These tools of critical thinking include the skills of recognizing, interpreting, and adapting. Barnum identified that these skills can be transferred to the critical thinking skills that are required in leadership. Based on the highest ranked items on the LPI tool, the nurse respondents identified the importance of the relationship between the nurse and the nurse leader as being important. Interestingly, these results may not necessarily demonstrate the importance of critical thinking skills.

Barnum (1998) has been able to make the transition from a separate theory of leadership for nursing to some of the key leadership principles that have been identified by Drucker (2001). Drucker identifies three essential components to be assessed in a business: environment, the mission of the organization, and the core competencies of the business. Based on the nurse respondents selections, the least importance was given to the following items on the LPI tool: Describes a compelling image of what the future could be like, and appeals to others to share an exciting dream of the future. These results seem to go against Barnum's beliefs, as the respondents do not seem to be as focused on the mission or the future of the organization. Barnum believes that these principles fit well within the health care environment and demonstrate the ability to take a business philosophy into the health care environment and into the nursing profession. Barnum also supports the use of the transformational leadership theory as one that will fit well into the health care environment.

One leadership assessment tool that has been utilized with the Transformational Leadership theory is the LPI. The LPI has been utilized in many industries as an effective leadership evaluation tool. When presenting this study to various nursing leaders, the researcher was faced with significant lack of support in the use of a tool that was not based on a nursing theory or created by a nurse theorist. This lack of support seemed to follow much of the nursing literature when trying to introduce a possible tool into the nursing environment.

The opinions of the 100 nurses who were surveyed for this study revealed that nurses are able to make the leap and look at leadership characteristics based on a tool that has not been utilized in nursing. In fact, based on the overall results of the opinion

survey, it appears that, generally, the nurses felt that all of the identified characteristics were important for nurse leaders to possess. The 30-item LPI tool breaks down the items into the five subcategories of leadership qualities. The highest subcategory based on this survey was *Model the Way*, with a mean score of 4.69, and the lowest subcategory was *Inspire a Shared Vision*, with a mean score of 4.25. The rating score that was utilized for this opinion survey was based on a 5-point metric: 1 = *not important*, 3 = *fairly important*, and 5 = *very important*. The variation between mean scores demonstrates a restriction of range based on similar responses to the 30 items that were measured.

The highest ranked subcategory of *Model the Way* seems to reflect well the nature of nursing and the patient care–centered model. It is also interesting to note that the *Model the Way* subcategory focuses on a value-based model for leadership. According to Kouzes and Posner (2002a), leaders who demonstrate strong characteristics in modeling the way tend to have strong beliefs about matters of principle and they are passionate about their causes. When considering the role of the nurse and the profession, nurses are strong advocates for the well being of the patient and are passionate about the level of care that they deliver. The *Model the Way* subcategory, and the results of this study, demonstrate that the LPI instrument may well be a tool that can be utilized in the nursing environment.

The research questions evaluated in this study were:

1. What are the perceptions by the nurse respondents of required leadership characteristics for a nurse leader to possess as measured by the Leadership Practices Inventory?

2. What is the correlation between those leadership perceptions and the background characteristics of the nurse respondent?

Based on the survey results, when looking at research question 1—*What are the perceptions of required leadership characteristics for a nurse leader to possess as measured by the Leadership Practices Inventory*?—the top three items from the LP were identified. The highest rating of importance was given to item 1: *Sets a personal example of what I expect of others*. The next was identified as item 14, *Treats others with dignity and respect*; and the third most important was item 4, *Develops cooperative relationships among people I work with.*

When reflecting on the transformational leadership model, the top three characteristics that were identified by the survey respondents support the model well. In particular, the characteristics support the components of transformational leadership that focus on emotions, values and ethics, and the belief that the leader treats the followers with respect and dignity (Northouse, 2004).

The survey respondents also identified the least important characteristics, which were identified as item 7, *Describes a compelling image of what our future could be like*; item 28, *Experiments and takes risks, even when there is a chance of failure*; and item 12, *Appeals to others to share an exciting dream of the future*. These items are also important characteristics based on the transformational leadership model; in particular, making an impact on long-term goals and future progress. Even though the items were rated the lowest, they were not so low that the analysis resulted in these items not being behaviors that have some importance to the survey respondents. Overall, the respondents agreed with the tenets of transformational leadership. One possible explanation for the restriction

of range of the responses is that the survey was conducted based on the ideal situation of nursing leadership and not on measuring a particular leader's skill set. It may be that if the respondents were evaluating their nurse leader the results would reflect the variances based on the actual leadership skills of the person they were evaluating. It is important to realize though that, in general, the nurse respondents found these leadership behaviors to be important for a nurse leader. This finding may help to open the door to increased openness in the nursing profession for new leadership development models and training components.

In reviewing further the direction of leadership in nursing, the more current publications revealed a continued belief that in order to impact health care and health care reform nursing leadership would need to be a critical component. Patricia McFarland from the Association of California Nurse Leaders noted that organizations should work to develop nurse leaders in all levels of the profession (as cited in Goulette, 2009). A key component of leadership development is focused on impacting the delivery of nursing care and the impact on public health. Organizations should be working to create a place for nursing and to assist nurses to develop leadership skills through education and mentoring. This process continues to reflect the training from a background of the nursing model and less from other leadership theories and practices.

Research question 2 asked: What is the correlation between those leadership perceptions and the background characteristics of the nurse respondent? The correlations that were identified based on the respondents' demographic information yielded only moderate and weak correlations. Each nurse's years as a registered nurse were positively correlated with two of the five subcategories of the LPI instrument. These two

correlations were, *Inspire a Shared Vision* and *Challenge the Process*. However, this correlation only accounted for 4% of the reasons that these items were identified; however, 96% of the reasons respondents selected these responses was a result of things other than their years as registered nurses. Although the correlation is weak, it is interesting to note that years as a nurse did provide a weak correlation for subcategories, *Inspire a Shared Vision* and *Challenge the Process*; nurses with more experience tend to see the future and the bigger-picture issues as important considerations.

When looking at the correlations that were completed investigating the demographic areas of years as a registered nurse, whether the participant was a staff nurse, and level of education, out of 90 correlations nine were found to be statistically significant at $p < .05$ level. However, all nine correlations were considered weak correlations. Of these nine correlations, one demonstrated a particularly interesting correlation. There was a negative correlation among the individual LPI rating of Makes certain that we set achievable goals, Makes concrete plans, and Establishes measurable milestones for the projects and programs that we work on, and education. This translates to the higher the education the less important this leadership characteristic is for these respondents. It would be difficult to correlate this finding with the entire nursing population; however, it does demonstrate that nursing education may require curriculum development that includes value and importance of strategic planning as well as exposure to the process of goal setting and planning for the future.

There was no correlation identified between the area that the nurse respondent worked in and the results of the opinion survey responses. One possible explanation for these results is that the respondents' results demonstrated a significant restriction of

range, as many agreed that the leadership characteristics identified by the LPI were all important for a nurse leader to possess. Another possible explanation is that the tool was being used to evaluate the ideal leader. If the respondents were evaluating an actual leader, it would likely demonstrate more variability in the responses.

*Conclusions and Implications*

The leadership characteristics measured by the LPI instrument were all identified as important nurse leadership characteristics by the survey respondents. The similarity in responses and the lack of any significant correlation in responses based on respondent demographics demonstrates that the LPI and the transformational leadership model can be an effective leadership model for the nursing profession.

As health care organizations are placing direction and focus on the need for effective leadership to manage the financial obligations as well as the challenges with the delivery of health care, it may be the perfect time to begin to look to other leadership theories and training programs to assist in the development of the future leaders in nursing and health care. The nursing shortage continues to provide an additional burden on the delivery of health care and strong nursing leadership will certainly be a critical piece of the management of health care in these demanding times.

As the nursing shortage persists and the level of medical care that is required for the delivery of patient care continues to increase, it may be that this tool can be utilized as a tool for early identification of future nurse leaders. It is also likely that based on the need for more licensed registered nurses over the licensed vocational (practical) nurse, that more extensive leadership training will be required. This may stimulate the need for further leadership development and training to be incorporated into nursing school

curriculum. The role of the registered nurse in the health care environment is to oversee the licensed vocational nurse on a daily basis. This role will likely be more successful if provided further leadership education and training. This can also be an important first step in the development of leadership mentoring programs that can begin with the entry-level registered nurse position and build as the role is enhanced and as the early leaders are identified.

Transformational leadership has been identified as the leadership theory that is most suited for the demands of nursing management and leadership as well as health care leadership (Welford, 2002). In light of the national health care crisis and with a new political administration, the time is right to take the leap into a new leadership model that can help change and transform individuals, and provide the influence that will move followers further than ever expected. The transformational leadership model can be effective at all levels of health care delivery, from the community clinic setting, to the large hospital setting, into the large managed care organization, and ultimately into the national political environment.

It is recognized by the nursing profession that nurses who provide direct patient care have significant potential for providing leadership in health care delivery restructuring (Habel, 2009). However, the same problem continues to exist: Nurses in most clinical settings are not involved in the decision-making process. Habel also identified that nurses and other health care professionals often find it difficult to carry out changes that have been imposed from above. This continues to plague health care organizations and demonstrates how nurses are not involved in leadership and decision-making processes. Chapter 1 identified the critical importance of all nurses having

leadership training and support in order to impact positively the delivery of patient care as well as impact positively the health care environment. Staff nurses need to demonstrate leadership in order to fulfill their responsibilities as patient advocates and to assist in the restructure of a more effective health care delivery system. It is incumbent on all registered nurses to believe that they are not just a nurse. As a nurse, it is important to act powerfully through self-confidence, to have high professional self-esteem, and to be visionary. The nursing profession is just beginning to recognize the key role that leadership plays. Based on the results of this study, it may finally be the right time to consider new leadership theories and practices to enhance the profession of nursing and to impact positively the delivery of high quality patient care.

*Recommendations for the Nursing Profession*

Based on the results of this study and from the review of the literature, it appears that there is a great opportunity for nursing leadership to take on a new presence and a new approach to the way nurse leaders are identified and mentored. This may be the opportunity for health care organizations and schools of nursing to take a critical look at the way nurse leaders are developed. It may also be the time for nursing academia to look at the theories of nursing as they are taught. The nursing leadership and leadership in health care may be able to take advantage of the leadership theories and development programs that currently exist in other industries.

The process should begin with recommendations to professional nursing organizations, national accrediting bodies, curriculum development committees, and hospital organizations on the critical need for further leadership development in nursing. This leadership development should be outside the standard nursing theories and practice

models that are currently utilized. The results of this study provide an opportunity to function as a transformational leader, as it encompasses a wide range of leadership influence. Transformational leadership can be specific and focus the influence of followers on a one-on-one level. It can also be utilized in a broad sense for influencing whole organizations and even entire cultures (Northouse, 2004). This broad use of transformational leadership is critical, as this concept will require an entire culture shift. The experience the researcher had while working with leaders in nursing environments exemplified the need for a strong culture shift. The researcher received strong negative feedback that the tool that was being utilized was not a nursing specific tool and that the leadership theory was not based on a nursing theory. I anticipate a difficult uphill battle as it relates to this strong cultural shift. However, the need for effective leadership in nursing is critical. The state of the nation's health care system and the significant impact of the nursing shortage clearly demonstrate the need for nursing to have strong leadership that is actively involved at the national level.

All health care settings require leadership skill and functionality in order to provide high quality patient care. The state of the health care environment requires an extensive investigation into identifying best practices for the delivery of high quality patient care. Nursing leadership will be a critical factor in this process. The provision of direct patient care will also require fundamental leadership skill that will need to be instructed and developed in the future nursing education programs.

*Recommendations for Future Research*

Based on the results of this study, the following future research enhancements and considerations should be investigated. First, it would be important to consider the sample

size from which this study was done. The sample of 100 nurses is quite small, making it difficult to generalize to the entire U.S. registered nurse population, as there are more than 2.9 million registered nurses in the United States (ANA, 2007).

Second, would be to consider other instruments that could be utilized either to replace the LPI tool or to enhance it with further data to investigate the perceptions of leadership behaviors for nurse leaders. Because the LPI instrument was utilized with a different scoring matrix, it asked participants to provide opinions based on the ideal leader and, likely, the ideal environment. The reality of their perceptions on leadership behaviors may be different if they were evaluating their nurse leader.

Third, would be to investigate the use of other leadership instruments. The Multifactor Leadership Questionnaire (MLQ) which was developed by Bass in 1985 (as cited in Northouse, 2004) may be another evaluative tool that could be utilized. The MLQ is often used when measuring transformational leadership (Northouse, 2004). When researching the use of the MLQ in the nursing environment, one study was found that evaluated the psychometric properties of the MLQ among nurses. The study found that the modified version of the MLQ is a suitable instrument to measure multidimensional nursing leadership (Kanste, Miettunen, & Kyngas, 2006).

Fourth, future research studies may investigate the use of both the LPI and the MLQ and the perceptions of leadership behaviors in nursing. It may be interesting to investigate any similarities in the findings and or dissimilarities between the two instruments. Because the research on leadership in nursing utilizing the theories and tools commonly utilized in other industries is limited, further research is recommended to continue the search for effective models of leadership for nursing that can be

incorporated into leadership training, education, and mentoring programs.

*Summary*

The perceptions of required leadership behaviors for nurse leaders as measured by the LPI, based on this study, are interestingly supportive of all 30 items for leadership. This study sought to determine which characteristics of leadership were most important for nurse leaders to possess based on the opinions of the registered nurses who were surveyed. The study also investigated whether any correlation existed between the perceptions and the background characteristics of the nurse respondent. Because the study provided no significant variations in the perceptions of required behaviors, it offers the hope that existing leadership theory and measurement tools may be utilized in the nursing and health care arena. Through further investigation and research, additional insights will be discovered, and a greater understanding of what is required to provide effective leadership training to future nurse leaders.

While completing this study and reviewing the study results, the researcher felt excited and energized by the possible changes that are in store for nursing leadership. She was even more energized when reviewing a brief article in the May 2009 *California Nurse Week Magazine* by Hurley, titled "Develop career-spanning leadership skills." The article highlighted a variety of ways to develop leadership in nursing. One suggestion was to read books about leadership. One of the books this article recommended was *The Leadership Challenge* from Kouzes and Posner (2002a). The researcher believes that the future of nursing leadership can begin by exposing the current beliefs to the new possibilities.

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# APPENDIX A

## Introduction Letter

Dear Participant,

Thank you for participating in this study. The following are some important pieces of information that you need to know prior to completing this survey.

- This research study is being conducted in partial fulfillment of the requirements for an Ed.D. in Organizational Leadership from Pepperdine University.
- The purpose of this study is to identify the perceptions of required characteristics for nurse leaders as measured by the Leadership Practices Inventory.
- Participation in this study is voluntary and all information is confidential. Please do not write your name on any of the documents provided to you.
- You do not need to answer every question.
- Your job status will not be affected by refusal to participate or withdraw from this study.

Sincerely,

Shelly Lummus R.N., M.N., F.N.P.c

# APPENDIX B

## Demographic Form

Demographic Information

1. Please identify how many years you have been a Registered Nurse. _____

2. Please identify your current position. (Circle your response)
   a. Staff Nurse
   b. Nursing Manager/Supervisor
   c. Department Manger
   d. Executive Level
   e. Other:_____

3. Please identify your highest education level achieved. (Circle your response)
   a. Associate Degree
   b. Diploma in Nursing
   c. Bachelor Degree
   d. Masters Degree
   e. Doctoral Degree

4. Please identify your nursing area of specialty. _____

# APPENDIX C

## Opinion Survey Tool

Leadership Practice Inventory (LPI)
James M. Kouzes and Barry Z. Posner (2003)


To what extent to you perceive each of the listed behaviors level of importance for a Nurse Leader to possess? Choose the response number that best applies to each statement and record it in the box to the right of that statement. Every statement must have a rating.

The RATING SCALE runs from 1 to 5. Choose the number that best applies to each statement.

| | |
|---|---|
| 1 = Not Important for a Nurse Leader to possess<br><br>3 = Fairly Important for a Nurse leader to possess | 5= Very Important for a Nurse Leader to possess |

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

# APPENDIX D

## Permission to Use LPI Instrument

**KOUZES POSNER INTERNATIONAL**
15419 Banyan Lane
Monte Sereno, California 95030 USA
FAX: (408) 354-9170

August 15, 2007

Ms. Shelly Lummus
5225 Tedford Way
Yorba Linda, California 92886

Dear Shelly:

Thank you for your request to use the Leadership Practices Inventory (LPI) in your research project. We are willing to allow you to *reproduce* the instrument as outlined in your request, at no charge, with the following understandings:

(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 the authors, 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 research paper 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 us. Best wishes for every success with your research project.

Cordially,

Barry Z. Posner, Ph.D.
Managing Partner

I understand and agree to abide by these conditions:

(Signed) Shelly R. Lummus Date: 9/20/07