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The Effect of Leadership Skill-Building on Nurse Leader Behaviors

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THE EFFECT OF LEADERSHIP SKILL-BUILDING ON NURSE LEADER BEHAVIORS

by

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Dedication and Acknowledgements

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Abstract

Patient outcome data are an important factor in healthcare. Reports by the Institute of Medicine between 1999 and 2001, as well as recent research by Linda Aiken and her colleagues have added more emphasis to measures that can be taken to improve patient outcomes. Because of the role they play in healthcare facilities, nurse leaders are in a position to take the lead in improving patient outcomes. There is evidence to suggest that nurse leaders' transformational leadership behaviors are associated with positive patient outcomes.

The purpose of this project was to identify the effect of transformational leadership skill-building training on nurse leaders' behavior in the acute care setting. The project included assessments of nine nurse leaders by those nurses which are supervised by the nurse leaders. The results indicated the nurse leaders' behavior score of 3.1 was in the transformational range (3.0-3.75.)

Transformational leadership skill-building training followed the assessment process. A post training evaluation by the previous assessors followed the training. The distribution of the transformational leadership behavior scores did not change following the training.

Chapter One: Introduction

The Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System,* (Kohn, Corrigan, & Donaldson, 1999), provided the country with information on the nature of medical errors and unsafe practices in healthcare. The report indicated changes in healthcare practices were needed to provide safe and effective care to citizens.

The first IOM report was followed two years later by publication of *Crossing the Quality Chasm: A New Health System for the 21ST Century* (Kohn, Corrigan, & Donaldson, 2001), a document that began the process of relating information to the healthcare industry on how the process of changing healthcare in America should occur. In particular, the authors stated that nursing needed to use evidence to provide care that was patient centered. According to the report, an environment where the system was reviewed as the issue rather than the individual would improve patient safety and healthcare.

A third IOM report, *Health Professions Education: A Bridge to Quality* called for radical transformation of the educational processes for all healthcare providers (Greiner

& Knebel, 2003). Specifically, the authors stated that, if nursing leadership created an environment that produced a culture of safety, better patient outcomes would be produced.

In response to these reports, the Center for Medicare and Medicaid developed practice guidelines designed to improve patient outcomes (Center for Medicare and Medicaid (CMS), HHS, 2007). Facilities are now being evaluated using these guidelines. In 2007, a guideline for a patient satisfaction survey which grades hospitals was added. Additionally, The Joint Commission requires hospitals to continually monitor patient care indicators, and hospitals must have data to show patient care improvements to obtain and retain their Magnet status (American Nurses Credentialing Center, 2005).

There is also a call for information technology and theory to optimize patient care (Phillips, 2005; Pipe, 2007). Leaders are called upon to hold themselves accountable for reporting errors in care and to become change agents to correct the errors (Vogelsmeier & Scott-Cawiezell, 2007). More than 10 years ago, Trofino (1995) suggested that leaders in healthcare must become masters of change, systematic thinkers, sharers of vision, adapters in continuous improvement, re-definers of healthcare, and be

involved in public and community activities to provide quality healthcare.

Today nursing leaders are functioning in an atmosphere of uncertainty, full of change, lacking adequate resources and staff, yet with the responsibility for meeting the challenge of providing quality care. Based on regulations and reports, the nursing leaders must provide the environment and tools necessary to ensure the best patient care outcomes while operating during a nursing shortage with financial restrictions that are in a state of continual flux. The question is: Is there a style of leadership that will produce quality patient care outcomes?

A systematic review by Wong and Cummings (2007) presented a synthesis of the evidence related to this issue published through April 2005. Seven studies met their inclusion criteria which specified articles published in English that documented a relationship between leadership behaviors of nurse leaders and patient outcomes. The authors found evidence to suggest a positive relationship exists between transformational leadership-type behaviors and patient outcomes, including patient mortality, reduced patient falls, reduced patient complications and increased patient satisfaction. The leadership behaviors identified

included communication, openness, participative management, and relationship building (Wong & Cummings, 2007).

Although transformational leadership concepts were introduced by Burns in 1978, Bass is primarily credited with the current transformational leadership theories (Bass, 1998; Bass & Avolio,1995). Bass' theory contains four leadership areas: idealized influence (attitudes and behaviors), inspirational influence, intellectual stimulation, and individual consideration. Idealized influence indicates the leader is the one who has high moral standards, and ethical conduct is of high quality. Charismatic leaders are inspirational motivators. They are able to persuade others to give to a cause. Intellectual stimulation refers to having staff question the norms, think differently, produce innovations, and become involved in coaching and mentoring. Relationship building is involved in individual consideration (Bono & Judge, 2004).

Purpose

The purpose of this practice change project was to identify the effect of transformational leadership skill-building training on nurse leaders' behavior in the acute-care setting.

Definition of Terms

For the purposes of their use in this practice-change project, the following definitions are given.

Nurse leaders. Nurse leaders are nurses who have 24 hour responsibility for one or more units in an acute-care healthcare facility.

Skill-building training. Skill-building training includes transformational leadership simulations.

Chapter Two: Review of Literature

This chapter provides an overview of the search strategies used to discover the evidence with respect to the relationship between leadership behaviors and patient outcomes. This is followed by a synthesis of the evidence. Finally a discussion of the available evidence regarding methods for imparting transformational leadership knowledge and skills is presented.

Search Strategies

To obtain evidence of a relationship between nurse leadership behaviors and patient outcomes, the databases of the Cochrane Library, CINAHL, Thomas Gate Library, EBSChost, Medline, and ProQuest were searched. The terms "nurse leader," "nurse leadership style" and "patient outcomes" produced no results. Using the terms "leadership" and "clinical outcomes" resulted in eight hits. The abstracts of the articles were reviewed using the following inclusion criteria:

1. Peer reviewed journal
2. Written in English
3. Nurse leader identified
4. Nurse leaders' leadership style or education noted
5. Patient outcomes identified
6. Relationship between leader's behavior and patient outcomes tested

Studies published prior to April 2005 that were already included in the Wong and Cumming's (2007) systematic review were not included in the current review.

Due to the lack of evidence in nursing, a search for evidence in the education and business areas was begun. Using "principal's leadership style" instead of nurse leaders and "student performance" instead of patient outcomes with the other criteria remaining the same, 192 hits appeared. Upon review of the abstracts and searching for systematic review and meta-analyses, only one meta-analysis was found. (Waters, Marzano, & McNulty, 2003)

In the area of business, a search using "chief executive officer" (CEO) as the nurse leader and "CEO leadership style with company performance" as the patient outcome was conducted. The data bases of EBSCOhost/ProQuest were used. Although there were 36 hits, only one study met the inclusion criteria (Xenilou & Simosi, 2006).

Evidence from Nursing Literature

Eight articles were found for review using the previously described process. None, however, met the criteria for inclusion for analysis. Therefore, the systematic review by Wong and Cummings (2007) is the only nursing evidence available for this project. The patients in the seven studies reviewed by Wong and Cummings ranged

in age from newborn to 87 years. All but one of the studies was conducted in a hospital. The other was conducted in a long-term care facility.

Wong and Cummings (2007) identified the following patient outcomes categories: patient satisfaction, patient mortality and patient safety, adverse events, and complications. The review concluded that sample sizes were adequate; 2,014 nurses took part in the seven studies. Theoretical or conceptual frameworks were used and were appropriate. Four of the seven studies used multiple sites; all studies were prospective, and randomization was used in two studies. The response rate was less than 60% in four of the studies. Of the studies that reported demographics, the average age of the nurse was 37 years. The leadership measurement in these studies included the practices, styles, behaviors, and competencies of nurse leaders. The conclusion was that there is a positive relationship between transformational nursing leadership and improved patient outcomes. A summary of the evidence provided in the systematic review by Wong and Cummings follows in Table 2.1

Evidence from Education Literature

A meta-analysis study showed a relationship between the principal's behavior and leadership style with student performance. The meta-analysis was sponsored by McRel, a

Table 2.1
Summary of Wong and Cummings' Review

AUTHOR	SUBJECTS	TOOLS	RESULTS
Anderson, et al. (2003)	164 DON 201 RNs	Management practices Communication openness Participation in decision making Relationship-oriented leadership surveys	Transformational leadership style associated with increased patient satisfaction scores and decreased patient adverse advents
Boyle (2004)	390 RNs 11,496 patients	Nursing work index	Association between patient mortality and nurse manager support
Doran, et al. (2004)	41 Managers 717 RNs/RPNs 880 patients	Multifactor Leadership questionnaire 5X Patient Quality questionnaire	Increased association with patient satisfaction and transformational leadership style
Hourser (2003)	30 Managers 177 RNs	Leadership Practices Inventory	Falls decreased due to greater relationship-oriented leadership and staff stability. Reduced incidence of pneumonia and urinary tract infections associated with positive leadership behaviors. Transformational leadership style association patient satisfaction.
Larrabee, et al. (2004)	90 RNs	Multifactor Leadership questionnaire 5X	Relationship between nurse leadership and patient satisfaction
McNesse-Smith (1999)	19 Managers 221 RNs 299 patients	Leadership Practices Inventory	Positive leadership behaviors associated with increased patient satisfaction
Pollock & Koch (2003)	218 RNs 73 MDs 77 RTs	ICU nurse/physician questionnaire	Reduced incidence of neonatal periventricular hemorrhage/ periventricular leukomalacia associated with higher leadership ratings

From Table 3 in "The Relationship Between Nursing Leadership and Patient Outcomes: A Systematic Review," by C.A. Wong and G.G. Cummings, 2007, *Journal of the Nursing Management, 15,* pp.516.

private, nonprofit research corporation, who reviewed 70 studies of 2,894 schools, 1,400 teachers, and over 1.1 million students (Waters, Marzano, & McNulty, 2003). It covered 30 years of research in education. The researchers found a .25 correlation between the leadership of the principal (as described by the teachers) and student achievement. Twenty-one specific leadership responsibilities correlated with student achievement outcomes (see Table 2.2). These are responsibilities that could be used by nurse leaders. The average "r" in these categories ranges from a low of .15 in contingent rewards to a high of .32 in intellectual stimulation. The specific leadership style mentioned in the analysis was transformational.

Evidence from Business Literature

The findings from the search for evidence in business literature using the previously described criteria with the "CEO" as the nurse leader and the "company performance" as patient outcomes produced seven studies for evaluation. One article met the inclusion criteria. In this study by Xenilou and Simosi (2006) 32 business units of a large corporation were evaluated. Transformational leadership was

Table 2.2

Leadership Behaviors Correlated with Student Achievement

Behavior	Correlation	Behavior	Correlation
Displays situational awareness	.33	Provides discipline and protection	.24
Provides intellectual stimulation	.32	Focuses on clear goals	.24
Challenges the status quo	.30	Knowledge of current curriculum, instruction, and assessment practices	.24
Allows for input in decisions	.30	Has strong lines of communication	.23
Fosters a culture of shared beliefs, community and cooperation	.29	Has flexibility in leadership behaviors depending on situations	.22
Advocates and speaks for school to all shareholders	.28	Inspires and leads innovations	.20
Monitors effectiveness of practice and impact on student learning	.28	Demonstrates awareness of the personal aspects of teachers and staff	.19
Provides order for procedures and standards	.26	Maintains visibility	.16
Provides resources for professional development	.26	Involvement in curriculum, instruction, and assessment procedures	.16
Recognizes and celebrates school achievements and acknowledges failures	.25	Recognizes and rewards individual accomplishments	.15
Communicates and operates from strong ideals and beliefs	.25		

From Figure 3 in "Balanced leadership: What 30 years of research tells us about the effect of leadership on student achievement," by T. Walters, R.J. Marzano, and B. McNulty, 2003, McRel Report, p.4.

found to have an indirect positive impact on performance. Over 300 employees in 33 branches of this financial business completed the questionnaire. Branches' with transformational leaders had a higher percentage of goal achievement. (Xenikou and Simosi 2006) Over 300 employees in 33 branches of this financial business completed the questionnaire. Branches' with transformational leaders had a higher percentage of goal achievement. Xenikou and Simosi (2006) note that "transformational leadership might create group expectations for higher performance which in time affects levels of performance" (p.576).

Summary of Leadership and Outcomes Evidence

The systematic review in nursing, the meta-analysis in education, and a quantitative study in business all point to a relationship between transformational leadership behaviors and outcomes. In nursing, the specific outcomes are clinical patient measurements. In education, the outcome data were student achievement scores, and in business the outcome was improved business performance. Based on these data, improved nurse leader transformational leadership behaviors should result in improved patient outcomes.

Improving Transformational Leadership Knowledge and Skills

Transformational leadership behaviors can be taught and learned (Bass, 1998). Transformational leadership training has an indirect effect on the performance of subordinates (Barling, Weber, & Kelloway, 1996; Kelloway, Barling, & Helleur, 2000) and can be developed to ensure all personality and learning styles are included (de Charon, 2003). This approach would ensure that all nurse leaders could be taught transformational leadership behaviors.

Real life scenarios are the best way to teach leadership (Morrison & Helfman, 2003). That is to say situations that actually exist in the facility should be used to teach leadership behaviors. This practice change project is designed with this and the preceding factors in mind.

Chapter Three: Methodology

This chapter provides a discussion of the design for this evidence-based practice change to determine the effect of transformational leadership skill-building training on nurse leaders' behavior in the acute care setting. This is followed by a description of the methodology, including setting and sample, instrumentation, procedures, data analysis and protection of human subjects.

Practice Change Design

This study involved the implementation of an evidence-based transformational skill-building program for nurse leaders. A one group before-and-after design was employed to measure changes in transformational leadership behaviors. An assessment by those supervised by the nurse leaders was completed before a transformational leadership educational program; the same assessment was completed by the same group of participants three months after the educational intervention.

Setting and Sample

The setting was a 321 bed in-patient Magnet facility in northeast Florida. The nursing department has a decentralized flat structure with all nurse leaders

reporting to the chief nursing officer (CNO). The CNO's nursing leadership team consists of 10 directors, four supervisors, and one coordinator. The facility employs over 400 nurses, most of which report to these nurse leaders who in turn report to the chief nursing officer.

The sample for this study included the nurse leaders in this facility. The criterion for inclusion in this evidence-based practice change project was nurse leaders with twenty-four hour responsibility for one or more units or departments.

Instruments

A participant profile was used to collect basic demographic information on all participants. These data included age, educational level, number of years in nursing, number of years in a nursing leadership position, and number of years in current position.

Leadership behaviors were measured using the Multifactor Leadership Questionnaire (MLQ) developed by Bass and Avolio (1995) at the Lincoln Gallup Leadership Institute. The current version is the MLQ 5X. The MLQ 5X is a 45-item questionnaire using a 5-point (0-4) Likert scale. Each of the questions in the questionnaire was scored. The scores were summarized into the following transformational leadership areas: idealized attributes, idealized

behaviors, inspirational motivation, intellectual stimulation, and individual consideration.

External validity of the tool was determined by the developers by review of meta-analysis of the military and broad based literature in organizational psychology in the United States and the Philippines (Bass and Avolio, 1995). The reliabilities for the tool range from .74 to .94.

Procedures

Nurse leaders were approached by a third party who described the project, answered any questions about participation, and obtained the written consent (Appendix A). Once consent was obtained, a request was emailed to each nurse supervised by the nurse leaders requesting participation in the project (see Appendix B). This email included information on the project and the steps necessary for participation in the project. It also included the fact that those answering the questionnaire could not be identified individually and that the nurse leaders rating scores would be provided after the project as total and not individual scores.

All participants (nurse leaders) about whom the raters completed the questionnaires (assessment) were involved in the transformational leadership skill-building program for four weeks. Three months after the training program,

leadership behaviors were again evaluated by the same nurses who completed the first assessment.

Intervention

The transformational leadership skill-building program consisted of an overview of transformational leadership followed by simulations in which nurse leaders were asked to use transformational leadership behaviors in the scenarios provided. They were also requested to bring scenarios for class discussion. The educational program and the simulations were constructed with the aid of consultants from Mind Garden using the data from the MLQ5 questionnaire. Mind Garden is an independent well-known national company which has tools for psychological assessments and provides assistance with evaluation of the data and suggestions for training.

Bi-weekly training sessions were conducted by the Principal Investigator (PI) during work time and participants were requested to attend all sessions. The face-to-face sessions were one hour in length and were conducted on site at the chosen facility. There was no cost to the participants. There was no facility cost since the nurse leaders were salaried employees, and those whom the nurse leaders supervises completed the questionnaires during their breaks and lunch periods, although they did

have the option of completing the survey on their own time. The PI was responsible for all finances in relation to this project.

Protection of Human Subjects

This project was presented to the acute-care facility's IRB and to the University of North Florida's IRB for approval. Consent to participate was obtained from nurse leaders and nurses supervised by the nurse leaders (see Appendices A and B). In order to minimize any potential bias related to the fact that the PI was also the supervisor of the participants in the project, was involved in neither the consent process nor the data collection process.

Chapter Four: Results

This chapter provides a description of the sample and the results of the analysis pertaining to outcomes. This is followed by a discussion of unintended consequences and barriers to completing the objective.

Sample

There were 10 nurse leaders who met the criteria for inclusion. All 10 agreed to be in this project however, one had to discontinue her participation due to illness. Seven of the participants were female. One of the participants was in 31-40 age group while the remaining eight were split between the 41-50 age group and the 51-60 age group. All had been in nursing practice more than 11 years with one-third of them practicing nursing for more than 21 years. All but one had been in a nursing leadership position for more than six years and two had been in nursing leadership roles for more than 21 years. The educational level of the nurse leaders was evenly distributed with one third of the leaders in each of the categories of ADN, BSN, and MSN. Two of the MSN nurse leaders were in a doctoral program at the time of the project.

In the second assessment the over all transformational leadership mean score remained at 3.1; however, some of the individual category scores did change as noted in Table 4.1.

Table 4.1
Transformational Leadership Assessments

Categories	MLQ5 Before (n = 42)	MLQ5 After (n = 32)
Overall	3.1	3.1
Idealized Attributes	3.2	3.1
Idealized Behaviors	3.1	3
Inspirational Motivation	3.3	3.2
Intellectual Stimulation	3.1	2.9
Individual Consideration	3	3

From Mind Garden Multifactor Leadership Questionnaire Feedback Reports March and June 2009 @ www.mindgarden.com p. 29-32

The category with the largest change was Intellectual Stimulation with a -.2 change. The question within this area with the largest change in score was "Seeks differing perspectives when solving problems." The first assessment score was 3.3 and the second assessment score was 2.8. Because these scores were mean scores and the number of assessors was 42 in the first assessment and 32 in the second assessment and because a Likert scale was used for the scoring, a distribution analysis was used to determine significance. Consultation with a statistician resulted in use of the Mann-Whitney test for analysis. It found that

the distribution of ratings was not statistically different between the assessments ($p = 1.0$).

Since the scores provided by Mind Garden were mean scores, the distribution of the responses within all the categories was analyzed to determine any changes in the distribution of responses. There were four statements in each of the five categories which were scored. That is a total of 20 statements which were analyzed. SPSS was used for all statistical analysis. Using the Mann-Whitney test, the p-values for each question ranged from .548-1.000 and was not significant by question nor by category. To verify the Mann-Whitney results, the Moses, Two-Sample Kolmogorov-Smirnov, and Wald-Wolfowitz statistical tests were also computed by question and by category and there was no statistically significant change in the distribution of the responses between the two first assessments.

Chapter Five: Discussion

This chapter provides a discussion of the project, its outcomes and issues that arose in the completion of the project. This is followed by a discussion of the limitations of the study as well as recommendations for the acute care facility for possible application of this project in other settings, and for future research.

Leadership Skill Building and Nurse Leader Behavior

The purpose of this evidence-based project was to identify the effect of transformational leadership skill-building training on nurse leaders' behavior. The results of the MLQ5 indicated there was no statistical change in the transformational leadership behaviors exhibited by the nurse leaders.

Issues

The number of staff nurse assessments was of concern. Why did 72 nurses agree to participate and only 42 actually did participate. Some possible answers were provided by the on site administrator who noted that those completing the assessments felt the assessment tool (MLQ 5X) was too lengthy. She reported that some reported it took them forty-five minutes to complete the survey. Some began but

never completed the survey. There were also issues with the volunteers receiving the assessment tool in their home email due to firewalls on their individual computers. The onsite Mind Garden administrator said that some of the volunteers came to her and she provided entry into the assessment tool at the facility. Mind Garden was in a computer conversion during the second assessment and many of the assessments were lost and had to be repeated. This was a concern of the onsite administrator.

During the period of time for both these assessments the facility was in high census alert condition. The staff nurses were working overtime shifts and were weary. In addition there was a national nursing survey distributed to staff nurses during the second assessment period. These events could have been factors in the lack of participation by staff nurses in the assessments of their nurse leaders.

The time period for the nurse leaders to improve their leadership behaviors may not have been sufficient for them to make changes that their staff could observe. The nurse leaders themselves were in the midst of making some difficult decisions based on the economy of the facility while ensuring that there was adequate staff for the volume of patients. They were performing staff duties themselves

due to the peak census. They may have been over taxed with issues at the time.

Another factor which requires consideration is that of the educational intervention. This intervention used real life scenarios for teaching. This was based on Morrison and Helfman's (2003) recommendation that this was the best way to teach leadership. This might not have been the best approach for this particular nurse leader group. Perhaps the facilitator for the teaching, who was also the supervisor for the nurse leaders, was not the appropriate facilitator for the group. This was considered early in the project, but since the supervisor was the one who normally provided education to the nurse leaders, it appeared appropriate for the supervisor to provide the intervention.

Because the nurse leaders' mean scores were at the benchmark in the first assessment, improvement was difficult to demonstrate. Also since the nurse leaders were mature in their leadership experiences, their leadership behaviors may have been so well ingrained that they could not or were not willing to improve.

The facility where this project occurred is a Magnet facility. Magnet facilities are known to be ones where the nurse leaders are transformational leaders. The facility received their designation in 2006 and the nurse leaders,

all of whom were there at the time, may have reached the highest levels of transformational leadership that they are capable of achieving.

Recommendations for the Facility

This facility is expected to submit for Magnet re-designation this year as it is part of the facility's strategic plan. Since transformational leadership is the leadership style that Magnet embraces, this facility might consider repeating the assessment in another 3 months. Perhaps there will be a change in the distribution of the transformational leadership ratings. It is recommended that if the facility chose to repeat the assessment, a paper assessment tool be used. This due to the computer issues noted before. This project and the information obtained could be used in the facility's Magnet documentation for re-designation.

The facility could repeat the project and have an expert in the field of leadership present the transformational skill-building intervention. This would eliminate any concerns of bias as in this project where the PI presented the intervention.

The long term goal of this intervention was to improve patient care. With this in mind, the facility, which already has patient outcome data prior to the start of the

project, could compare that data with the data in one year to see if there are any improvements. Perhaps there will be an improvement in patient outcomes even though the nurse leaders, at this point in time, are not being seen by their staff as displaying more transformational leadership behaviors.

Application to Other Settings

Other facilities could replicate this project. As a matter of fact, a facility in another part of the state has been in conversation with this PI regarding using the same methodology and comparing their results with this facility's results. The other facility is a Magnet facility and is also on the schedule for re-designation in 2010.

Recommendations for Future Research

Since this project was began two years ago, a post project literature search for any evidence published during this time period was completed. Using the same terms of "nurse leader" and "patient outcomes", the Cochrane, ProQuest, and Med-line produced 39 articles. Abstracts on these articles were reviewed. None of the articles identified the nurse leader's leadership style with specific patient outcomes. Therefore, more studies are needed on nurse leaders and patient outcomes. Specific nurse leader's behavior such as talking positively about a

patient outcome (zero patient falls) might be studied to determine if these behaviors affected that specific patient outcome (fewer patient falls).

Appendix A: Consent to Participate

CONSENT TO PARTICIPATE

I, _____, agree to participate in the Leadership Skill Intervention Project conducted by Barbara Drummond-Huth. I understand that this is a UNF student project. I further understand that the information obtained will be used in the student's dissertation. The purpose of this project is to identify the effect of transformational leadership skill-building on nurse leaders' behavior. This program of skill building includes the following components:

1) The participant will complete a demographic form.
2) There will be an evaluation of the nurse leader's leadership style by those for whom the participant has responsibility.
3) Participation in bi-weekly classes for a period of four weeks is required. (1 class may be excused).
4) There is no cost to the participant.
5) Anomyninity of the participant will be maintained in the data.
6) No participant will be linked to an individual score.
7) A participant may review group scores after the project is complete.
8) A participant may opt out of the project at any time.
9) There will be no retribution to anyone who does not volunteer for the program.

I understand and volunteer to participate in this project.

_____ _____
Nurse Leader Date

_____ _____
Witness Date

Appendix B: Letter to Staff

Dear Registered Nurse,

You are invited to participate in a practice change project as part of a doctoral student's project at the University of North Florida. The purpose of the project is to access the effectiveness of a skill building educational intervention with nurse leaders. Your nurse leader has volunteered to be in this project and understands his/her staff is being ask to rate their leadership behaviors. You will be ask to rate forty-five statements regarding your nurse leader. The responses include: Not at all, Once in a while, Sometimes, Fairly often, and Frequently , if' not always.

You participation is completely voluntary. Your job will not be affected by your participation or your decision not to participate. Your responses will be given and collected by computer. You are ask to use hospital computers only. You may do this during your regular schedule work hours. Mind Garden, a nationally know psychological testing company will be collecting the information and will present the information in aggregate to the student in this project. There will be no identifiers on the summary. In other words neither the student, nor the nurse leader will know from which computer or which nurse gave the ratings.

If you volunteer to participate, you will complete a rating at the beginning of this project and then another rating three months later. If you want to participate, please go to the Mind Garden web site (www.mindgarden.com) , using this code number _____, you will be given directions on completing the questionnaire regarding your director. The dead line to complete the first rating is _____. An email similar to this will be sent out in approximately three months for the second rating. It is hoped that if you volunteer, you will complete both ratings; however, you may opt to complete only one of the ratings.

Precautions as outlined above have been taken to assure that those who complete the ratings of their nurse leaders are kept confidential. If you have questions regarding this project, please see Glenda Soese at extension #4413 in the Nursing Administration Office.

Thank you for your consideration.

UNF IRB Number: 08-149
Approval Date: 11/4/08
Revision Date: _____

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