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**The relationship of first-line nurse managers' leadership style
and staff nurse satisfaction**

Kerstein, Mary Beth, M.S.N.

Madonna University, 1991

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LEADERSHIP STYLE AND STAFF NURSE SATISFACTION

by

Mary Beth Kerstein

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Nursing
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Abstract

The Relationship of First-Line Nurse Managers Leadership Style and Staff Nurse Satisfaction

by

Mary Beth Kerstein

The shortage of nurses has reached a critical level in many regions of the country. Several authors have identified manager influence, style, and power as factors that affect professional staff satisfaction and retention. Hinshaw and Atwood's (1987) theoretical model of anticipated turnover was used. This study investigated leadership styles of first-line nurse managers as perceived by both their nursing staff and by the managers themselves by using the LEAD instruments. The relationship between perceived leadership style and staff nurse perceived satisfaction was also examined by utilizing the Nursing Job Satisfaction Scale. The sample consisted of nurses working on Medical-Surgical units at a large suburban community hospital. Comparison of mean scores and t-tests did not reveal statistical significance, however, the data were reflecting results reported in the literature. This study concluded with the recommendation that further research be conducted to include a larger sample, to make findings more conclusive.

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Problem Statement

The shortage of nurses has reached a critical level in many regions of the country. The supply of nurses has decreased significantly in relation to the number of positions available whereas the demand has continued to rise dramatically. The enrollments in schools of nursing are just recently beginning to show slight increases. Lewin (1990) cited that the National League for Nursing found that about 230,000 students were enrolled in registered nurse programs during the Fall of 1990. This was a 14% increase over 1989's enrollment of 201,458. Lewin (1990) also mentioned that the highest enrollment in the past twenty years was 250,000 students in 1983. However, the increased demand for nurses cannot be solved by the schools alone. With an ever changing health care environment, increasing levels of medical technology, expanding elderly population, and patients with higher acuity levels, increased numbers of nurses will be needed. There just are not enough nurses prepared to meet this demand.

Millonig (1990) points out that "retention of staff has far-reaching implications in terms of both productivity and cost-effectiveness for a health care agency" (p.20). Hinshaw, Smeltzer, and Atwood (1983) cite "turnover of nursing staff, especially professional or registered nurses,

merits attention because of its consequences in terms of 2
quality of care compromises and economic costs" (p.134). It
takes several months before a new hire's efficiency and
effectiveness reaches a productive level. Jones (1990)
points out that "turnover not only impacts the costs
associated with hiring and orienting new staff members, but
can also lead to staff instability and a decrease in the
quality of patient care" (p.18). Jones (1990) reports "the
costs associated with nursing turnover have been estimated in
the literature to range from as little as \$1,280 to as high
as \$50,000 per RN turnover" (p.20). The true costs may even
be higher because advertising costs, public relations, fees
for nurse recruiters, and orientation costs are often
excluded from calculations (Butler & Parsons, 1989; Jones,
1990). With hospitals attempting to survive in today's
market, an extremely high emphasis is placed on cost
containment. The dilemma of high turnover of nurses is
becoming more acute and with it the concern for nurses' job
satisfaction (Blegen & Mueller, 1987). Multiple authors
(Price & Mueller, 1981, 1986; Blegen & Mueller, 1987;
Weissman, Alexander, & Chase, 1981) state that job
satisfaction is related causally to turnover.

Hospital administrators realize something needs to be
done about nurse job satisfaction in order for healthcare
facilities to continue to provide quality service (Butler &
Parsons, 1989). Various factors have previously been
identified as promoting or contributing to nurses' job

satisfaction. Monetary compensation, control, and managerial support of nurses' decisions were ranked as equally important by staff nurses (n = 212) and decision makers (n = 152) to staff nurse retention and satisfaction (Butler & Parsons, 1989). Roedel and Nystrom (1988) found "statistically significant relationships emerge consistently between job satisfaction facets and three of the five job characteristics: task identity, autonomy, and feedback from the job" (p.36). The other job characteristics included skill variety and task significance. Hinshaw, Smeltzer, and Atwood (1987) pointed out that being recognized as professionals and professional growth were seen as producing high satisfaction among nursing staff and had an influence on their remaining at an institution.

Several authors (Leininger, 1979; Sheridan & Vrendenburgh, 1978; Taunton, Krampitz, & Woods, 1989a) have identified manager influence and power as factors that affect professional staff satisfaction and retention. In Duxbury, Armstrong, Drew, and Henley's (1984) study of head nurse leadership style and its relationship to staff nurse burnout and job satisfaction, the data revealed that "head nurse consideration was clearly related to staff nurse satisfaction and predictability in staying within a hospital setting" (Hinshaw, Smeltzer, & Atwood, 1987, p.14). First-line nursing managers need to consider these factors as they attempt various retention strategies.

Several studies (Adams, 1990; Kramer & Schmalenberg,

1988a, 1988b) agree that leadership behavior of chief nurse executives is an important factor in job satisfaction and retention of nurses. Taunton, Krampitz, and Wood's (1989b) research supported the proposition that the middle manager is an important factor in retention of professional staff in hospitals. The leadership style of the first-line nursing manager also contributes to work environment of staff nurses. Duxbury, Armstrong, Drew, and Henly (1984) state that "the nurse in this pivotal position can moderate the effects of the demanding work environment on staff nurses by thoughtfully maintaining a leadership style that is supportive of the needs of staff nurses" (p.97). Many agree that there is no one particular leadership style that is effective for all situations and/or all subordinates (Achenbach, 1989; Adams, 1990; Duxbury, Armstrong, Drew, & Henly, 1984; Gilles, 1988; Millonig, 1990; Taylor, 1990). An area of interest that deserves further research is the role of first-line nurse managers and their impact on staff nurse satisfaction and retention effects.

Purpose

The purpose of this study was to investigate leadership styles of first-line nurse managers as perceived by both their nursing staff and by the managers themselves. The relationship between perceived first-line nurse manager's

leadership style and staff nurse satisfaction was then examined.

Research Questions

For the purposes of this study, the following research questions were addressed.

1. What are the first-line nurse managers' self-perceptions and their staff nurses' perceptions of the manager's leadership style?
2. Is there a relationship between leadership style characteristics of first-line nurse managers as perceived by their staff nurses and the satisfaction level of those staff nurses?
3. What are the leadership style characteristics of first-line nurse managers as perceived by the nurse managers and the satisfaction level of their respective staff nurses?

Operational Definitions

For the purposes of this study the following operational definitions were used.

Staff Nurse: Registered Nurses and Licensed Practical Nurses licensed to practice in the State of Michigan and currently employed at least part time (.4 FTE or greater) on a medical-surgical unit in a selected community hospital setting.

First-line Nurse Manager: The nurse who is responsible for the day-to-day operational activities on a patient care unit; assuring the availability of nurses and support services; interpreting the goals, standards, policies, and budget preparation and accountability (Beaman, 1986). In the organization being studied this position is called a unit manager.

Leadership Style: "The leadership style of an individual is the behavior pattern that person exhibits when attempting to influence the activities of others as perceived by those others" (Hersey & Blanchard, 1988, p.116). Leadership style was measured by the LEAD instruments (Center For Leadership Studies, 1973). The four styles of leadership determined by this tool include: telling, selling, participating, and delegating.

Self-perception: "The first-line nurse manager's perception of their own leadership behavior as measured by the research tool "LEAD-Self" (Center For Leadership Studies, 1973).

Staff Nurse Perception: The staff nurse's perception of his/her first-line nurse manager's leadership style as measured by the research tool "LEAD-Other"(Center For Leadership Studies, 1973).

Satisfaction: Nursing job satisfaction incorporates both organizational satisfaction and professional/occupational satisfaction as measured by Hinshaw and Atwood's (1987) research tool "Nurse Job Satisfaction Scale". The tool was

used to measure the nurse's current level of job satisfaction.

CHAPTER TWO

Literature Review

The three main areas of study in this literature review included the first-line nursing manager, leadership styles, and staff nurse job satisfaction. The literature revealed a wealth of information on these topics. The theoretical model used was anticipated turnover developed by Hinshaw and Atwood.

First-line Nursing Manager

The first area reviewed in the literature was the role of the first-line nursing manager. The role of the manager has expanded over the years to be more than the "head nurse" of the past, who supervised patient care activities. The role has developed into a much broader range of responsibilities, such as hiring and firing unit employees, maintaining budgetary accountability, and allocating resources. Several studies that describe activities and tasks of first-line nurse managers were reviewed (Beaman, 1986; DiMarco, Goodson, & Hauser, 1989; Jones & Jones, 1979; O'Neil & Gajdostik, 1989; Porter-O'Grady, 1986; Stevens, 1974, 1983; Sheridan & Vredenburgh, 1978; Sullivan & Decker, 1988; Weeks & Schneider, 1987). Jones and Jones (1979) observed nurse managers and assistant nurse managers to identify their roles. The three role groups identified include

interpersonal roles, informational roles, and decisional roles. Beaman (1986) indentified the 31 most common tasks of first-line nurse managers from a survey of 73 hospitals in California. Some of these most common tasks include: budget preparation, scheduling, evaluation performance appraisals, discipline, goal setting, and participation in quality assurance activities. O'Neil and Gajdostik (1989) surveyed nurse managers and supervisors in an attempt to define essential tasks. Seventy-one tasks were classified into seven categories of planning, organizing, staffing, leading, communicating, decision-making, and controlling. In reviewing the literature, it was found that the specific role description and accountabilities of the first-line nurse manager are elusive and vague, needing further delineation.

The importance of the nurse in the first-line managerial position was highlighted in the literature. Weeks and Schneider (1987) pointed out that successful head nurses or first-line nurse managers had low staff turnover, collaborative relationships with physicians; and positive perceptions of quality care by patients, families, and administrators. Jones and Jones (1979) described the first-line manager as vital to quality patient care. Plachy, Froelich, and Blanco (1983) labeled the first-line manager as the "fulcrum of managerial influence in a hospital" (p.27). The first-line nursing management position becomes unique in its level of complexity due to numerous

interactions among people within the department and among other divisions of the health care facility (Stevens, 1974). Jones and Jones (1979) described this position as the "units' key processors of enormous amounts of information" (p.50). The majority of objectives for any nursing service are related to what happens to the patient. The first-line nurse manager was the administrative channel through which these objectives ultimately were implemented or had failed to be implemented (Stevens, 1983).

Leadership Style

Stevens (1983) pointed out that "in nursing, the first-line nurse manager is responsible for producing desired patients' states and health outcomes through use of nursing staff, equipment/supplies, and systems that organize the work to be done" (p.5). To achieve these goals, the first-line nursing manager may employ a variety of leadership styles or consistently use one style. In reviewing the literature, most studies agreed that there is no one particular leadership style that is appropriate in all cases, situations, or with all employees (Achenbach, 1989; Adams, 1990; Duxbury, Armstrong, Drew, & Henly, 1984; Gilles, 1988; Hersey & Blanchard, 1988; Sheridan & Vredenburgh, 1978; Sullivan & Decker, 1988; Tannenbaum & Schmidt, 1973; Taylor, 1990). A first-line nurse manager may employ one leadership style in an emergency situation, and other styles during an interview, discipline session, and planning sessions.

Sullivan and Decker (1988) state that "an effective nurse manager leadership style is one that best complements the organizational environment, the tasks to be accomplished, and the personal characteristics of the people involved" (p.214).

Leadership styles may range from very authoritarian to democratic, to laissez-faire, and may change according to the situation. Authoritarian leadership style utilizes primarily directive behavior, placing a greater emphasis on task accomplishment. The authoritarian leadership style can be useful in emergency situations or when the nurse leader is the only one who has the essential information or skills in areas where the staff nurses are lacking experience (Sullivan & Decker, 1988). The democratic or participative leadership style focuses more on people, teamwork, open communication, and development of an effective work group. The other end of the continuum is the permissive style of leadership, where there is very little or no direction from the leader. This style can be effective in a highly motivated, professional group with equivalent knowledge and skills, however, it is not generally useful in healthcare teams because of the wide range of skills and knowledge that exists (Achenbach, 1989).

Tannenbaum and Schmidt (1973) explained four internal forces that influence a manager's leadership style: his/her value system, confidence in subordinates, leadership inclinations, and his/her own feelings of security in uncertain situations. Factors in the situation might include: the type of organization, the group's effectiveness,

and the problem itself. Tannenbaum and Schmidt (1973) indicated that the appropriate leadership style that should be used in a given situation is influenced by factors in the leader, the followers, and the situation. The same situation can vary in different environmental settings or with different people involved.

The Ohio State Leadership studies initiated in 1945 defined and described leadership behavior in two dimensions: initiating structure and consideration. They developed two tools, the Leader Behavior Description Questionnaire (LBDQ) which described how leaders carry out their activities, and the Leadership Opinion Questionnaire (LOQ) to gather data on the leader's self-perceptions. The Ohio State studies found that structure and consideration were separate and distinct dimensions through which the behavior of a leader could be described as any combination of both dimensions (Hersey & Blanchard, 1988). The dimensions of structure and consideration related to supervisor behavior have been studied in a variety of settings. Structure has been defined by Sullivan and Decker (1988) as "behaviors in which the nurse manager organizes and defines the work to be accomplished and establishes well-defined routine work patterns, channels of communication, and methods of getting the job done" (p.213). The second dimension, consideration, was defined as "behavior that conveys mutual trust, respect, friendship, warmth, and rapport between the nurse manager and the staff" (Sullivan & Decker, 1988, p.213).

Sheridan and Vredenburg (1978) sampled nurses in a metropolitan hospital (n = 216) to investigate relationships between head nurses' leadership behaviors and staff nurses' job tensions, performances, and terminations. Their results revealed that consideration had an inverse relationship with nursing performance, job tension, and turnover. They also found initiating structure had a positive relationship to terminations. Sheridan and Vredenburg (1978) asserted that "the predictive relationships indicate that the leader's behavior has varying effects on the work environment and job performance" (p.94).

Hersey and Blanchard (1988) cited that "while it is important to recognize that managers have different leadership styles, it is important to remember that style is not how leaders think they behave in a situation but how others (most importantly, their followers) perceive their behavior" (p.149). Nursing leaders must learn how they are perceived by their subordinates and others. This information may be difficult to obtain, if subordinates fear reprisal for giving honest negative interpretations of the leader's behavior. Hersey and Blanchard (1988) recommended that leaders know the expectations that subordinates have about the way they should respond in certain situations. "Leaders must either change their style to coincide with followers' expectations or change follower expectations" (Hersey & Blanchard, 1988, p.152). Hersey and Blanchard (1988) looked at task behavior and relationship behavior which are similar

to those identified as initiating structure and consideration from the Ohio State studies.

Satisfaction

The third area reviewed in the literature was job satisfaction. A number of factors play a role in determining one's level of job satisfaction. Any one factor has varying effects on employee satisfaction, with the effects depending upon the employee's expectations and the importance that the nurse places on that factor (Larson, Lee, Brown, & Shorr, 1984). Redfern (1980) reported that nurses who stayed in their jobs were more satisfied with certain extrinsic satisfiers such as hospital policies, working conditions, pay, and advancement opportunities than were their counterparts who left. Redfern (1980) found no significant differences in certain intrinsic factors (autonomy, security, use of ability, achievement, and responsibility) among nurses who quit or remained. Some of these factors, however, have been identified by other researchers to be important job satisfiers.

Satisfaction occurs when an individual's needs and job characteristics are compatible and discrepancy between expectations and reality is minimized (Herzberg, Mausner, & Snyderman, 1955). Hinshaw, Smeltzer, and Atwood (1987) collected data from 1597 nursing staff members from 15 various hospitals. Sixty-eight percent of respondents were from urban hospitals and the other 32% were from rural

hospitals. Hinshaw et. al. stated that "professional growth and being recognized as professionals were also seen as producing high satisfaction among staff and had an influence on their staying at an institution" (p.15). They also reported that "control over professional practice within the institution, as well as autonomy in one's own professional practice were viewed as 'satisfiers' to staff nurses" (Hinshaw, Smeltzer, & Atwood, 1987, p.15).

Several studies in the literature (Duxbury, Armstrong, Drew, & Henly, 1984; Hinshaw, Smeltzer, & Atwood, 1987; March & Simon, 1958; Price & Mueller, 1981; Porter & Steers, 1973; Vroom, 1964) supported the idea that increased job satisfaction directly contributes to reduced turnover. Vroom (1964) stated that "there is a consistent negative relationship between job satisfaction and the probability of resignation" (p.186). Price and Mueller's (1981) research substantiated the predictions that both types of job satisfaction (organizational and professional/occupational) influenced anticipated turnover negatively; i.e., the higher the job satisfaction, the lower the anticipated turnover. In the Weisman, Alexander, and Chase's (1981) study, job satisfaction significantly influenced intent to leave, which in turn influenced turnover but the relationship was of a low magnitude.

Duxbury, Armstrong, Drew, and Henly's (1984) study quantified the relationships of head nurse leadership style with staff nurse burnout and job satisfaction as reported in

questionnaires completed by staff nurses working in Neonatal Intensive Care Units (NICU's). The respondents included a total of 283 Registered Nurses employed by 14 hospitals drawn from a national random sample. Three instruments were used in this study: the Minnesota Satisfaction Questionnaire, the Tedium Scale, and the Leadership Opinion Questionnaire. Their results found that "head nurse consideration is clearly related to staff nurse satisfaction ($r = .55, p < .001$) and to a lesser extent to burnout ($r = -.29, p < .001$)" (Duxbury, Armstrong, Drew, & Henly, 1984, p.100). The levels of consideration and structure were based on staff nurses' perceptions of these behaviors. The task and role descriptions of the first-line nursing manager parallel the leadership behaviors of structure and consideration. Kramer and Schmalenberg (1988a, 1988b) described characteristics of nursing managers as resembling that of structure and consideration. They studied "magnet hospitals" in order to determine the extent to which these hospitals possessed the characteristics also found in the "best run" companies. Kramer and Schmalenberg (1988a, 1988b) defined "magnet hospitals" as hospitals in the United States which had a reputation for quality nursing care and being good places to work. Magnet hospitals' nursing departments had to meet certain criteria regarding retention and turnover rates, proportion of registered nurses on staff and a higher ratio of nurses to patients. Characteristics such as quick and easy exchange of information, a people-focused orientation

(consideration behavior), and high intensity of measurement and feedback (structure behavior) were determined in this study to be present in both the "magnet hospitals" and in the "best run" companies.

Kramer and Schmalenberg (1991) surveyed over 1,800 nurses from across the country in order to compare the level of job satisfaction in magnet hospital nurses with that of nonmagnet hospital nurses. Fourteen of the original 16 magnet hospitals agreed to participate, and 1,444 surveys were distributed. The second group was randomly chosen by the nth sampling of 5,000 Nursing 89 subscribers who worked as staff nurses in hospital settings from across the United States. The response rate of magnet hospital nurses was 65% (n = 939) and the nonmagnet response rate was 53% (n = 808). They inquired about five generally agreed upon aspects of job satisfaction which included: organizational structure, professional practice, management style, quality of leadership, and professional development. In all instances the magnet hospital nurses were more satisfied with their jobs than were the nurses from nonmagnet hospitals.

Volk and Lucas (1991) surveyed full-time registered nurses working on nine adult critical care units in a southeastern metropolitan area. Eighty one nurses returned the completed surveys for a response rate of 58.9%. Their research study focused specifically on the effects of management style and anticipated turnover of critical care staff nurses. Their results showed a significant positive

relationship between current management style and age ($r = .258, p = .0218$) and tenure in the institution ($r = .311, p = .0047$). Their results also found that anticipated turnover scores were negatively related to age ($r = -.259, p = .02$), tenure in current position ($r = -.236, p = .03$), and tenure within the institution ($r = -.223, p = .05$). Utilizing the Pearson Product Moment Correlation, the relationship between the current management style and anticipated turnover was significant ($r = -.575, p = .0001$). Volk and Lucas (1991) summarized that as management style approached the participative style, less turnover was anticipated. Their findings showed that respondents (critical care nurses sampled) desired a more participative approach to management.

Conceptual Model

Hinshaw, Smeltzer, and Atwood's (1987) model specifies the organizational and individual factors predicted to influence job satisfaction and anticipated, as well as actual turnover of nursing staff (Figure 1). This model encompassed both mobility and organizational factors. The organizational factors included group cohesion, control over practice, job stress, and autonomy. The mobility factors included age, education, kinship responsibilities, experience in nursing, and tenure within the organization (Hinshaw, Smeltzer & Atwood, 1987). The model was divided into five stages with each one influencing the other stages, i.e., the factors in

Stage I were expected to influence factors in Stage II. Stage V is the last stage defined as actual turnover or voluntary resignation from the organization. Stage IV is known as anticipated turnover, wherein the staff nurse anticipates resignation at some undetermined point in the future. Stage III consists of organizational and professional/occupational job satisfaction. Slavitt, Stamps, and Piedmont (1978) referred to organizational satisfaction as a staff member's positive or negative opinion of the job in terms of pay or reward, nursing administrative style, professional status accorded, and interaction with colleagues. Hinshaw, Smeltzer, and Atwood (1987) referred to professional/occupational satisfaction as the staff nurse's opinion of the quality of care they delivered, time to conduct their care activities, and general enjoyment of their position. Stage II encompasses the organizational factors, and Stage I; the mobility factors. This model illustrates the complex, multivariate, multistaged nature of predicting nursing satisfaction and nursing staff turnover.

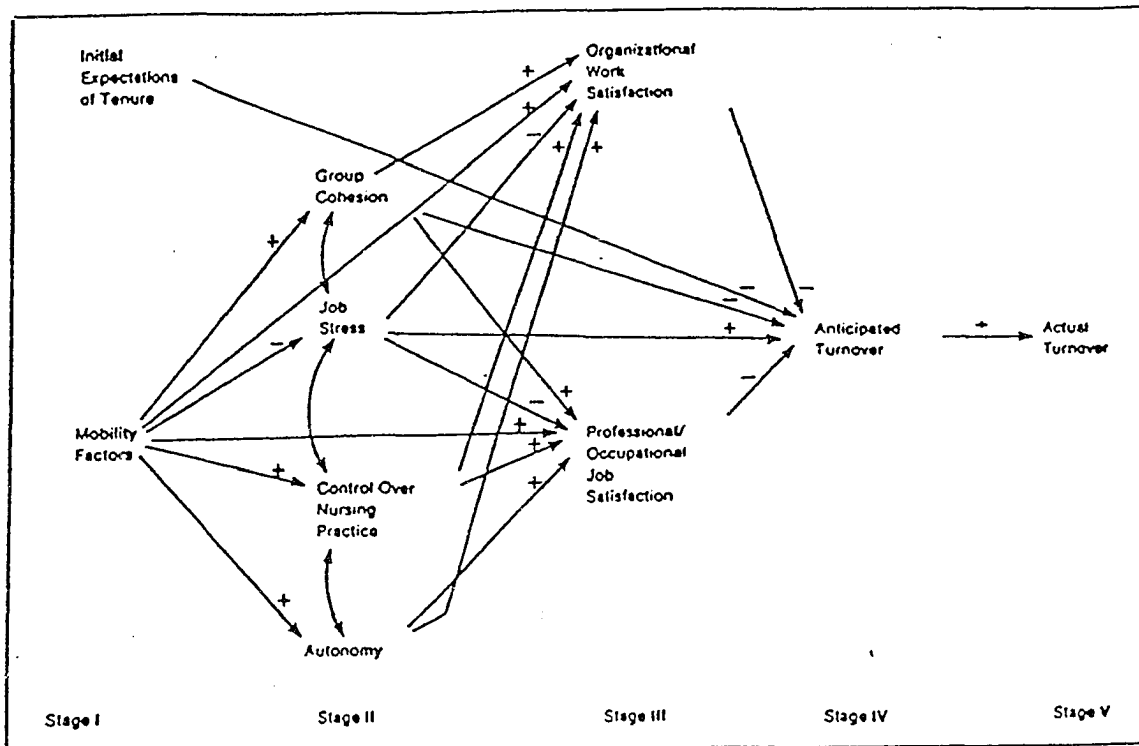


Figure 1. Theoretical Model: Anticipated Turnover

Note. From "Innovative retention strategies for nursing staff" by A. Hinshaw, C. Smeltzer, and J. Atwood, 1987, *Journal of Nursing Administration*, 17(6), p.9.

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Based on the research literature and the theoretical framework the following hypotheses were developed for testing.

H(R)1: There is a significantly higher level of job satisfaction in staff nurses on units with higher concordance of perceptions of leadership style between managers and staff.

H(R)2: There is a significantly higher level of job satisfaction in individual staff nurses who have concordance of perception with their manager regarding the managers leadership style.

The independent variable is leadership styles with the dependent variable of staff nurse job satisfaction.

CHAPTER THREE

Methods and Procedures

Research Design

This study used a descriptive correlational research design to describe and explain the variables. Polit and Hungler (1987) cited the general aim of descriptive correlational research is to describe the relationship among variables rather than infer cause-and-effect relationships. The research hypotheses examined the relationships between the managers' perceptions and staff perceptions of leadership style and staff nurse job satisfaction. The independent variable is leadership styles with the dependent variable of staff nurse job satisfaction.

Setting and Sample

This study took place at a large community hospital located in southeastern Michigan. This suburban hospital had a capacity for over 300 beds. The nursing staff were the primary caregivers for a mainly adult population. There were approximately 545 nurses employed at the hospital within the Division of Nursing at the time of the study.

The sample for this study consisted of nurses on four medical-surgical nursing units. All four of the units had a mixed staff that is composed of Registered Nurses, Licensed

Practical Nurses, Nursing Technicians, and Patient Care Assistants. The nurse to patient staffing ratios were comparable among the selected units. Sampling criteria also specified that the nurses participating were to have worked in their positions for three months or longer in order to have an adequate basis for determining the unit manager's style.

The first unit was a 44 bed medical-surgical unit, the majority of the patient population was typically in for cardiac related diagnoses. The second unit had 31 beds, and provides care primarily for patients receiving chemotherapy or patients with a chemical dependency problem. The third unit had 34 beds, and primarily cared for patients with respiratory difficulties. The fourth unit had 42 beds, and provided nursing care primarily for diabetic or ostomy patients.

Instrumentation

Three standardized instruments were used in the study: (1) LEAD-Self by Hersey and Blanchard, 1988 (Appendix A), (2) LEAD-Other by Hersey and Blanchard, 1988 (Appendix B), and (3) Nurse Job Satisfaction Scale by Hinshaw and Atwood, 1987 (Appendix C). A researcher constructed demographic questionnaire was used to collect data from each respondent (Appendix D).

LEAD-Self: This study utilized the LEAD-Self and LEAD-Other instruments to identify perceptions of the first-line nurse manager's leadership style. The tool LEAD stands for Leader Effectiveness and Adaptability Description in which respondents were asked to select from four alternative actions, reflecting four different types of leadership styles. The LEAD instruments were originally developed by Hersey and Blanchard for use in training settings to measure three aspects of leader behavior: (1) style, (2) style range, and (3) style adaptability. The LEAD-Self contains 12 leadership situations in which respondents are asked to select from four alternative actions that include: (1) a high task/ low relationship behavior, (2) a high task/ high relationship behavior, (3) a high relationship/ low task behavior, and (4) a low relationship/ low task behavior. The leader is to choose the behavior that would most closely describe his/her own behavior in that type of situation. LEAD-Self was designed to measure the manager's self-perception of his/her leadership style (Hersey & Blanchard, 1988). See Appendix C for the situations and alternative actions included in the tool.

LEAD-Other: LEAD-Other was also designed to be used in training situations to gather information about leadership style as perceived by others. The LEAD-Other tool can be completed by the leaders' subordinates, superiors, or associates. In this study, LEAD-Other was be completed by

the nurse managers' subordinates. This tool was composed of the same 12 situations as in LEAD-Self, but the subordinates were to circle the alternative action choice they thought most closely described the behavior of their manager in the situation provided. The purpose of this instrument was to evaluate the subordinates' perceptions of the leadership style in terms of the four styles (Appendix D). The purpose of distributing and analyzing the LEAD-Self and LEAD-Other data was to determine if there were any differences between self-perception and the perception of others.

The LEAD instruments have been used extensively in a variety of management setting. The LEAD instruments (LEAD-Self and LEAD-Other) have been used together in over 20,000 leadership events from 14 different cultures (Hersey & Blanchard, 1988). Included in these studies were interviews with over 2,000 middle managers from industry and education, along with a sample of the leaders' followers for correlation and content validity. LEAD-Self has been used with Chief Nurse Executives (CNEs) to identify leadership behavior and characteristics of CNEs from hospitals identified as being successful in recruiting and retaining nurses (Adams, 1990; Kramer & Schmalenberg, 1988a, 1988b). The focus of their research was on leadership style and effectiveness of CNEs to determine if they used leadership behaviors that promoted staff nurse retention. Adams (1990) found the test-retest reliability for leadership style on the LEAD-Self to be .71. Consent to use the LEAD instruments was

obtained from William Turk, Vice President of the Center for Leadership Studies (Appendix E).

Nurse Job Satisfaction Scale: The Nurse Job Satisfaction Scale was utilized in Hinshaw and Atwood's research on anticipated turnover among nursing staff (Appendix C). Hinshaw and Atwood adapted the Brayfield and Rothe (1951) Job Satisfaction Scale devised for the study of industrial workers' attitudes to be used with RN's, LPN's, and nursing assistants. A five year program of instrument development was undertaken to modify the tool to be used with nurses working within most types of clinical services.

The information regarding the development, reliability, and validity of the Nurse Job Satisfaction Scale was obtained from A.S. Hinshaw (personal communication, March 11, 1991). The original adapted scale was a five-point Likert-type instrument which had six subscales: enjoyment, quality of care, care/comfort measure, job interest, time to do one's job, and feedback. Construct validity was estimated in three ways: 1) factor analysis yielded average mature subscale factor loadings of .63; 2) convergent and discriminant validity estimates which met all predictions for both rank and direction; and 3) predictive modeling which supported the predicted directions and magnitudes of relationships. Based on the early item analysis, the care/comfort subscale was deleted. The alpha coefficient for the remaining 23 items was .88; theta was .90.

Following the factor analysis by scale and by stage, the

five questions from the Work Satisfaction Scale (Slavitt, Stamps, Piedmont, & Haase, 1978) task requirements subscale were added to the subscale, time to do one's job. The revised 28 item scale loaded on five factors with enjoyment in one's job, the quality of care, and time to do one's job/task requirements as identifiable factors. The five factors explained 53.8% of the variance. The alpha and theta reliabilities for the 28 item scale were both .90. Predictive modeling results from the context of the Anticipated Turnover Study (Hinshaw, Atwood, Gerber, & Erickson, 1987) supported the construct validity of the Nursing Job Satisfaction Scale by differential, yet significant, predictions. One example is that professional/occupational job satisfaction is a buffer for job stress in anticipated turnover (Hinshaw, Atwood, Gerber, & Erickson, 1987).

The finalized scale was a Likert scale which measured the current level of satisfaction for each of the three subscales. The scale rating had a range of strongly agree (SA), agree (A), undecided (U), disagree (D), to strongly disagree (SD). For each item the respondent was to circle the one most appropriate response. The scoring of the questions alternated between positively and negatively worded statements. A sample question was as follows: "I consider my job rather unpleasant". Consent to use the tool was obtained from the co-author, Dr. Atwood (Appendix F).

Data Collection Procedures

Prior to beginning data collection, the nursing administrator of the hospital to be used in the study was contacted. A verbal description of the study, plus a copy of the purpose, cover letter, and questionnaires were given to both the administrator and the first-line nurse managers. Following review of these materials, permission was granted from the nursing administrator to conduct the study. Next, permission to conduct the study was obtained from the Human Subject Review Committee of Madonna University (Appendix G).

A cover letter was attached to each questionnaire for the participant which stated the purposes of the study, conditions of consent, confidentiality issues, and the right not to participate. Each participant was asked to mail the completed questionnaires within one week to the researcher's office by inter-departmental mail without a return address or signature (Appendix H). Consent was implied by the completion and return of the questionnaires.

After approval was granted, the questionnaire was distributed to all nurses meeting sample criteria within the designated medical-surgical areas. The researcher assembled and stapled the cover letter, Demographic Data Sheet and instruments, attached these to pre-addressed security lined envelopes, and gave them to a volunteer. Before distribution occurred, the instruments were color-coded, with one color being designated for each unit, placed in the security lined envelopes, and sealed by a volunteer to prevent the

investigator from identifying from which particular nursing unit the results were obtained. This made the results anonymous, and reduced any fears a nurse manager or staff nurse may have felt about the data collection process.

Data Analysis Procedures

Data collected from the Demographic Data Sheet, LEAD instruments, and Nurse Job Satisfaction Scales were coded and compiled as recommended by the authors and entered into a personal computer. In order to test the study hypotheses, quantitative statistical analysis was completed. The demographic data were analyzed by calculating the percent of selected variables. The statistical tests that were completed included calculating the mean scores for the nurse job satisfaction scales, the LEAD instruments, and comparing the mean scores by completing the t-tests. A level of significance of $p < 0.05$ was established prior to data analysis.

Findings

The purpose of this chapter is to present the results of data analysis from leadership style questionnaires and nurse job satisfaction surveys from a community hospital located in southeastern Michigan. This study utilized the LEAD-Self and LEAD-Other instruments from Hersey and Blanchard to identify leadership style characteristics of first-line nurse managers. Hinshaw and Atwood's Nurse Job Satisfaction Scale was utilized to measure staff nurse job satisfaction. The information was obtained from four nursing units.

A total of 123 questionnaires were mailed out, 119 to staff nurses and four to first-line nurse managers. Prior to distribution all four nurse managers agreed to participate in the study, however, only two nurse managers returned the questionnaires. Fifty-seven nurses returned their questionnaires for a 46.34% response rate, however, not all parts were fully completed. Fifty people completed all parts fully for a 40.65% response rate.

Research Question Number One

What are the first-line nurse manager's self-perceptions and their staff nurse's perceptions of the manager's leadership style?

This question was answered by using only the data from the

first two work groups. In groups three and four the managers³¹ did not return their questionnaires to the researcher. For Group One, the manager's identified dominant leadership style was selling, with the first alternate style as participating. Forty-four percent of the staff also perceived selling as their leader's dominant style. Eighty-six percent of the staff perceived manager one's style to be either selling and/or participating as the dominant or first alternate behavior. Table one presents the scores from LEAD-Other as perceived by Group One's staff.

Table 1

Dominant And First Alternate Leadership Styles Used By Manager Number One As Perceived By the Nursing Staff

Style	<u>Dominant</u>		<u>First Alternate</u>		<u>Total</u>	
	Frequency	%	Frequency	%	Frequency	%
Telling (S1)	3	17%	0	0%	3	8%
Selling (S2)	8	44%	5	28%	13	36%
Participating (S3)	2	11%	6	33%	8	22%
Delegating (S4)	0	0%	0	0%	1	0%
S2 and S3	5	28%	5	28%	10	28%
S1 and S3	0	0%	1	5%	1	3%
S1, S3, S4	0	0%	1	5%	1	3%
Total	<u>18</u>	<u>100%</u>	<u>18</u>	<u>99%</u>	<u>37</u>	<u>100%</u>

In Group Two, the manager's identified dominant style was participating, with the first alternate as selling. The nursing staff rated selling as the manager's dominant style

67%. One hundred percent of this staff perceived their manager's style to be either selling and/or participating as the dominant or first alternate behavior. Table 2 presents Group Two's perceptions of their manager's leadership style.

Table 2

Dominant and First Alternate Leadership Styles Used By Manager
Number Two As Perceived By The Nursing Staff

Style	<u>Dominant</u>		<u>First Alternate</u>		<u>Total</u>	
	Frequency	%	Frequency	%	Frequency	%
Telling (S1)	0	0%	0	0%	0	0%
Selling (S2)	6	67%	2	22%	8	44.5%
Participating (S3)	2	22%	6	67%	8	44.5%
Delegating (S4)	0	0%	0	0%	0	0%
S2 and S3	1	11%	1	11%	2	11%
Total	9	100%	9	100%	18	100%

The second area of data used to evaluate research question one is the leadership adaptability scores. Table three displays the leadership style adaptability scores in a summary format. For Groups One and Two, a comparison can be made between self-perception and staff perception of leadership style adaptability. For Groups Three and Four, only the staff's perception is available. The leadership style adaptability scores reflect the manager's ability to vary their leadership style in response to a specific situation. Scores in the 0-23 range indicate a need for self-development in this area. Scores in the 24-29 range reflect a moderate

degree of adaptability depending upon the situation. Scores for all the managers fell into the 24-29 range indicating a moderate degree of flexibility. The manager's in Group One and Group Two rated their own adaptability scores higher than the nursing staff's perceptions, but remained within the same range.

Table 3

Leadership Style Adaptability Scores

<u>Leader</u>	<u>Self Score</u>	<u>Staff Score</u>
<u>Manager Number One</u>	29	24.7
<u>Manager Number Two</u>	28	26.0
<u>Manager Number Three</u>	N/A	26.3
<u>Manager Number Four</u>	N/A	24.6

Adaptability Scores Key

0-23	Need for self-development
24-29	Moderate degree of adaptability
30-36	High degree of adaptability

Research Question Number Two.

Is there a relationship between leadership style characteristics of first-line nurse managers as perceived by their staff nurses and the satisfaction level of those staff nurses?

For Group One, 44% of the staff perceived selling (S2) as their leader's dominant style. Eighty-six percent of the staff perceived their manager's style to be either selling

and/or participating as the dominant or first alternative behavior. The mean satisfaction score for staff nurses in Group One was 84.55. The staff nurse with the lowest satisfaction score (60) perceived their manager as a teller (S1). The staff nurse with the highest satisfaction score (107) perceived the same manager as a seller (S2). Table 4 displays the scores for each staff nurse in Group One. The abbreviation S2/S3 reflects a tied score between selling (S2) and participating (S3) characteristics. The final leadership style delegating (S4) was not perceived as a dominant leadership style by any of the participants.

Manager number one's perceived dominant leadership style was selling. Thirteen of the staff in this group agreed with the manager's self-perception and they had a mean satisfaction score of 86.23. The five staff who did not agree with the manager's perceived dominant style had a mean satisfaction score of 80.20.

Table 4

Staff Perception of Manager's Dominant Leadership Style, Adaptability, and Their Own Satisfaction For Group One

Staff Nurse	Leader's Dominant Style	Leader's Adaptability Score	Staff Satisfaction Score
1.	S2	26	72
2.	S2	25	76
3.	S2	27	107
4.	S2	30	89
5.	S2/S3	25	99
6.	S3	26	80
7.	S2/S3	29	85
8.	S3	25	89
9.	S1	20	98
10.	S2	20	105
11.	S2	24	79
12.	S2	25	70
13.	S2	26	72
14.	S2/S3	25	91
15.	S1	18	74
16.	S2/S3	26	75
17.	S1	22	60
18.	S2/S3	26	101
Average		24.7	84.55

Key

S1 = telling S2 = selling S3 = participating S4 = delegating

For group two, 67% of the staff perceived their manager's dominant style as selling. One hundred percent of the staff perceived their manager's style to be either selling and/or participating as the dominant or first alternate behavior. The mean satisfaction score for Group Two nurses was 89.89. The staff nurse with the lowest satisfaction score (62) in this group rated their manager as selling (S2). The staff nurses with the highest satisfaction score (99) in this group

also rated their manager as selling (S2). Table 5 lists the scores for each staff nurse in Group Two.

Table 5

Staff Perception of Manager's Dominant Leadership Style, Adaptability, and The Staff's Satisfaction For Group Two

Staff Nurse	Leader's Dominant Style	Leader's Adaptability Score	Staff Satisfaction Score
1.	S2	30	62
2.	S2	23	83
3.	S2	24	98
4.	S2	25	90
5.	S2	28	93
6.	S2	23	99
7.	S2	25	93
8.	S2	31	94
9.	S2/S3	25	97
Average		26.0	89.89

S1 = telling S2 = selling S3 = participating S4 = delegating

The mean satisfaction score for group two nurses was 89.89. The three staff nurses who agreed with the manager's self-perception of participating as the dominant leadership style had a mean satisfaction score of 95. For the six staff nurses who did not agree with the manager's self-perceived leadership style, the satisfaction mean score was 87.33.

For Group Three, 70% of the staff perceived selling as their leader's dominant style. Eighty-one percent of the staff perceived their manager's style to be either selling and/or telling as the dominant or first alternative behavior.

Table 6 displays the frequency and percentages for staff nurse perceptions of manager number three.

Table 6

Dominant and First Alternate Leadership Styles Used By Manager Number Three As Perceived By The Nursing Staff

Style	<u>Dominant</u>		<u>First Alternate</u>		<u>Total</u>	
	Frequency	%	Frequency	%	Frequency	%
Telling (S1)	2	15%	6	46%	8	31%
Selling (S2)	9	70%	3	23%	12	46%
Participating (S3)	2	15%	2	15%	4	15%
Delegating (S4)	0	0%	1	8%	1	4%
S1 and S2	0	0%	1	8%	1	4%
Total	13	100%	13	100%	26	100%

The mean satisfaction score for staff nurses in Group Three was 89.54. The staff nurse with the lowest score (74) for this group ranked their leader as participating (S3). The staff nurse with the highest satisfaction score (101) for this group perceived their manager as a seller (S2). Table 7 lists the scores for each staff nurse in Group Three.

Table 7

Staff Perception of Manager's Dominant Leadership Style
Adaptability and Their Own Satisfaction For Group Three

Staff Nurse	Leader's Dominant Style	Leader's Adaptability Score	Staff Satisfaction Score
1.	S2	24	93
2.	S3	24	78
3.	S1	17	98
4.	S2	31	92
5.	S2	33	97
6.	S2	33	97
7.	S2	33	77
8.	S2	23	98
9.	S2	22	101
10.	S2	26	91
11.	S3	31	74
12.	S2	27	92
13.	S1	19	76
Average		26.3	89.54

Key

S1 = telling S2 = selling S3 = participating S4 = delegating

For Group Four, 100% of the staff perceived selling to be the manager's dominant leadership style. Table 8 displays the frequency and percentages for staff nurse perceptions of manager number four.

Table 8

Dominant And First Alternate Leadership Styles Used By Manager
Number Four As Perceived By The Nursing Staff

Style	<u>Dominant</u>		<u>First Alternate</u>		<u>Total</u>	
	Frequency	%	Frequency	%	Frequency	%
Telling (S1)	0	0%	3	37.5%	3	19%
Selling (S2)	8	100%	0	0	8	50%
Participating (S3)	0	0%	3	37.5%	3	19%
Delegating (S4)	0	0%	0	0	0	0%
S1 and S3	0	0%	2	25%	2	12%
Total	<u>8</u>	<u>100%</u>	<u>8</u>	<u>100%</u>	<u>16</u>	<u>100%</u>

The mean satisfaction score for staff nurses in group four was 92.75. The staff nurse with the lowest satisfaction score (74) perceived the manager to be a seller. The staff nurse with the highest score (108) also perceived the manager to be a seller. Table 9 lists the scores for each staff nurse in Group Four.

Table 9

Staff Perception of Manager's Dominant Leadership Style,
Adaptability, and Their Own Satisfaction For Group Four

Staff Nurse	Leader's Dominant Style	Leader's Adaptability Score	Staff Satisfaction Score
1.	S2	22	108
2.	S2	26	88
3.	S2	23	91
4.	S2	26	83
5.	S2	24	74
6.	S2	24	87
7.	S2	23	105
8.	S2	29	106
Average		24.6	92.75

Key

S1 = telling S2 = selling S3 = participating S4 = delegating

Table 10 is a summary of the mean staff nurses' perception of leadership style and mean staff nurse satisfaction score by unit. All four units identified their manager's leadership style as dominantly selling. The mean satisfaction scores range from 84.55 to 92.75. The leadership adaptability scores as perceived by the staff nurses range from 24.6 to 26.3.

Table 10

Mean Staff Nurses' Perception And Mean Staff Nurse Satisfaction By Unit

UNIT	Perceived Dominant Style	First Alternate Style	Leaders Adaptability Score	Staff Nurse Satisfaction
Group One (n=18)	S1	S3	24.7	84.55
Group Two (n=9)	S2	S3	26.0	89.89
Group Three (n=13)	S2	S1	26.3	89.54
Group Four (n=8)	S2	S1/S3	24.6	92.75

Key

S1 = telling S2 = selling S3 = participating S4 = delegating

Table 11 represents t-test scores for staff perceptions of the leader's dominant style, adaptability, and the staff's satisfaction level. For the aggregate, the staff nurse satisfaction level was highest with staff nurses who perceived their manager as sellers compared to staff nurses who perceived their leaders as telling. Significance for the t-test was defined as less than one at the 0.05 level. No significant differences were identified comparing satisfaction scores to leadership style. Significance was found when comparing the leader adaptability scores.

Table 11

T-test Scores For Total Staff Perception Of Manager's Dominant Leadership Styles And Satisfaction Scores

Dominant Leadership Style	versus	Alternate Leadership Style	Leader Adaptability t-value	Staff Satisfaction t-value
Participating	vs	Selling	0.12	0.41
Participating	vs	Telling	2.17*	0.21
Selling	vs	Telling	2.14*	0.68
Sell/Part	vs	Telling	2.88*	0.34

*p = < .05

Table 12 represents the means and standard deviation scores for staff perception of dominant leadership styles, leader adaptability scores, and staff nurse job satisfaction as an aggregate. Telling as the perceived dominant leadership style received the lowest satisfaction score (mean 81.20) as compared to selling which received the highest satisfaction score (mean 89.48) for the aggregate. The perceived leader adaptability score was also lowest (mean 19.20) for the telling leadership style.

Table 12

Means And Standard Deviation Scores For Total Staff Perception Of Dominant Leadership Styles, Leader Adaptability Scores, And Staff Satisfaction

Leadership Style	Adaptability Scores		Staff Satisfaction Scores	
	mean	SD	mean	SD
Telling	19.20	1.72	81.20	14.78
Selling	26.19	3.48	89.48	11.93
Participating	25.83	2.41	84.83	8.21
Selling/ Participating	26.05	2.42	85.23	10.73

Research Question Number Three.

What are the leadership style characteristics of first-line nurse managers as perceived by the nurse managers and the satisfaction level of their respective staff nurses?

Table 13 presents a summary by unit of the nurse manager's self perception and the mean satisfaction score for their staff nurses.

Table 13

Manager's Self Perception And Staff Nurse Satisfaction By Unit

Unit	Dominant Style	Staff Nurse Satisfaction
Group One	Selling	84.55
Group Two	Participating	89.89
Group Three	Not Available	89.54
Group Four	Not Available	92.75

The manager for Group One's perceived dominant leadership style was selling. The mean satisfaction score for staff nurses in Group One was 84.55. The manager for Group Two perceived their dominant leadership style as participating. The mean satisfaction score for staff nurses in Group Two was 89.89, which is higher than in Group One. For groups three and four, the manager's self-perceptions were unavailable.

Hypothesis Number One

The first hypothesis posed by the researcher stated: There is a significantly higher level of job satisfaction in staff nurses on units with higher concordance of perceptions of leadership style between managers and staff. Due to limited sample size the findings could not be analyzed for statistical significance. Group Two nurses agreed 100% with their manager's perception that selling and/or participating were the dominant or first alternate behaviors and had a mean satisfaction score of 89.89. Group One nurses agreed 86% with their manager's perception that selling and/or participating were the dominant or first alternate behavior and had a lower mean satisfaction score of 84.55. Groups Three and Four could not be compared due to lack of manager's response.

Hypothesis Number Two

The second hypothesis posed by the researcher stated: There will be a significantly higher level of job satisfaction in individual staff nurses who have concordance of perception with their manager regarding the manager's leadership style. Due to the limited sample size the findings could not be statistically tested, however, the data did show a trend in this direction with both Groups One and Two. For Group One, the mean satisfaction score for staff nurses was 84.55. Thirteen of the staff (72%) agreed with their manager's dominant style and had a mean satisfaction score of 86.23 which is higher than the combined mean for this group. Also the nurses who disagreed with the manager's perception included five staff (28%) whose mean satisfaction score was 80.20 which is lower than the combined score for that group. For Group Two the mean satisfaction score was 89.89. Three of the staff nurses (33%) agreed with their manager's perceived dominant style and had a mean satisfaction score of 95 which is higher than the combined mean for this group. Six staff nurses (67%) in Group Two did not agree with the manager's perceived dominant leadership style and had a slightly lower mean satisfaction score of 87.33.

Demographic Data

Because of the small sample size for first-line nurse managers, the demographic data on these two individuals has

been deleted to preserve anonymity.

Experience Level: Characteristics of the staff nurse experience levels related to the length of time in nursing and the length of time in the present hospital is depicted in Table 14. Length of time in nursing ranged from one to more than 16 years with the greatest percentage (31%) in the 16 years and over category. The length of time at the present hospital ranged from less than one year to more than 16 years with the highest percentage (35%) in the one to three years category.

Table 14

Experience Level of Staff Nurse Group

Experience Level	<u>Time In Nursing</u>		<u>Time at Present Hospital</u>	
	n	%	n	%
Under 1 year	0	0%	1	2%
1 to 3 years	7	15%	17	35%
4 to 6 years	8	17%	10	21%
7 to 10 years	6	12%	5	10%
11 to 15 years	12	25%	7	15%
16 years and over	<u>15</u>	<u>31%</u>	<u>8</u>	<u>17%</u>
Total	48	100%	48	100%

Current Position: Analysis of demographic data indicated that 56% (27) of the staff work full-time and 44% (21) of the staff work part-time. Table 15 represents the current position characteristics such as employee status and shift commitment. Forty-four percent of the respondents worked

7:00AM to 3:30PM and another 12% worked 7:00AM to 7:30PM for a total of 56% working the day shift. The other 44% worked the afternoon or night shift.

Table 15

Current Position of Staff Nurse Group

<u>Employee Variables</u>	<u>Number</u>	<u>Percent</u>
<u>Employee Status</u>		
Full-time	27	56%
Part-time	<u>21</u>	<u>44%</u>
Total	48	100%
<u>Shift Commitment</u>		
7A-3:30P	21	44%
7A-7:30P	6	12%
3P-11:30P	8	17%
7P-7:30A	7	15%
11P-7:30A	5	10%
Weekend Only	0	0%
Other	<u>1</u>	<u>2%</u>
Total	48	100%

Educational Characteristics: The educational preparation of the staff nurses who responded ranged from LPN to BSN. The highest percentage (48%) of respondents had an associate's degree and the second largest group were LPN's (29%). Table 16 portrays the frequency and percentages for each educational level.

Table 16

Educational Characteristics of Staff Nurse Group

Highest Education Level Completed	Number	Percent
LPN	14	29%
Diploma Nursing Program	5	10%
Associate Degree	23	48%
BSN	6	13%
Total	48	100%

Personal Characteristics: Personal characteristics of the respondents include age and gender as depicted in Table 17. The largest percentage (46%) of staff nurses were in the age group 26 to 35 years, with the second largest (31%) being the 36 to 45 years classification. One hundred percent of the respondents who completed all questionnaires were female.

Table 17

Personal Characteristics of Staff Nurse Group

Characteristic	Number	Percent
<u>Age</u>		
25 years and under	4	8%
26 to 35 years	22	46%
36 to 45 years	35	31%
46 to 55 years	5	11%
56 to 65 years	<u>2</u>	<u>4%</u>
Total	48	100%
<u>Gender</u>		
Female	48	100%
Male	0	0%
Total	<u>48</u>	<u>100%</u>

CHAPTER FIVE

Conclusion

With the nursing shortage at critical levels throughout the country, the literature provides numerous attempts to explain and resolve the situation. The retention of nursing staff merits close attention. The dilemma of high turnover of nurses is becoming more acute and with it the concern for nurses' job satisfaction (Blegen & Mueller, 1987). An area of interest that deserves further research is the role of first-line nurse managers and their impact on staff nurse satisfaction and retention.

The purpose of this research study was to investigate leadership styles of first-line nurse managers as perceived by both their nursing staff and by the managers themselves. Additionally the relationship between perceived first-line nurse managers leadership style and staff nurse satisfaction was examined.

The literature review focused on three main areas of study which included the first-line nursing manager, leadership styles, and staff nurse job satisfaction. The role of the manager has expanded over the years to become more than the "head nurse" of the past, with a much broader range of responsibilities. In reviewing the literature, it was found that the specific role description and

accountabilities of the first-line nurse manager were elusive and vague, needing further delineation. The importance of the nurse in the first-line managerial position, however, was consistently emphasized in the literature.

The second major area of emphasis in the literature review was leadership style. Most studies agreed that there is no one particular leadership style that is appropriate in all cases, situations, or with all employees. Leadership styles may range from very authoritarian to democratic to laissez-faire leadership style, and may change according to the situation. The Ohio State Leadership studies in 1945 (Hersey & Blanchard, 1988), defined and described leadership behavior in two dimensions, initiating structure and consideration. Hersey and Blanchard found that structure and consideration were separate and distinct dimensions, whereby the behavior of a leader could be described as any combination of both dimensions. They also looked at task behavior and relationship behavior which were similar to those identified as initiating structure and consideration from the Ohio State studies.

The third area reviewed in the literature was nurse job satisfaction. Satisfaction occurs when an individual's needs and job characteristics are compatible and discrepancy between expectations and reality is minimized (Herzberg, Mausner, & Snyderman, 1955). Hinshaw, Smeltzer,

and Atwood (1987) collected data from 1597 nursing staff members from 15 various hospitals. Several studies in the literature supported the idea that increased job satisfaction directly contributes to reduced turnover. Kramer and Schmalenberg (1991) surveyed over 1,800 nurses from across the country in order to compare the level of satisfaction in magnet hospital nurses with that of non-magnet hospital nurses.

Hinshaw, Smeltzer, and Atwood's (1987) theoretical model of Anticipated Turnover was used as a basis for this study. The model specifies the organizational and individual factors predicted to influence job satisfaction and anticipated, as well as actual, turnover of nursing staff. This study used a descriptive correlational research design. The sample for this study consisted of four medical-surgical nursing units at a large community hospital located in southeastern Michigan. Three instruments were used in the study: (1) LEAD-Self, (2) LEAD-Other, and (3) Nurse Job Satisfaction Scale along with a researcher-constructed demographic questionnaire. The LEAD instruments were originally developed by Hersey and Blanchard for use in training settings to measure aspects of leader behavior. The LEAD instruments have been used extensively in research and a variety of management settings. The Nurse Job Satisfaction Scale was utilized in Hinshaw and Atwood's research on anticipated turnover among nursing staff. Data analysis was completed by calculating

the descriptive statistics and t-tests.

Interpretation of Findings

For research question number one, what are the first-line nurse managers' self-perceptions and their staff nurses perceptions of their leadership style? For Group One, the manager and 44% of staff perceived the dominant leadership style as selling and 86% of the staff perceived this manager's style to be either selling and/or participating as the dominant or first alternate behavior. For Group Two, the manager's identified dominant style was participating with the first alternate of selling. Sixty-seven percent of staff perceived selling as dominant style, however, 100% of staff perceived this manager's style to be either selling and/or participating as the dominant or first alternate behavior. For Groups Three and Four the managers did not return their questionnaires so a comparison could not be made.

For research question number two, is there a relationship between leadership style characteristics as perceived by the staff nurses and their satisfaction level some interesting data were revealed. For Group One, the staff nurse with the lowest satisfaction score (60) perceived their manager as a teller (S1) whereas the staff nurse with the highest score (107) perceived the same manager as a seller (S2). For Group Two, the staff nurse

with the lowest score (62) rated their manager as a seller and the nurse with the highest score (99) also rated the manager as a seller. For Group Three, the staff nurse with the lowest score (74) ranked their leader as participating (S3) and the highest score (101) perceived their leader as a seller (S2). For Group Four, the staff nurse with the lowest score (74) and the staff nurse with the highest score (108) both perceived their manager as a seller. Overall the staff nurses who perceived their managers as tellers (S1) had the lowest personal satisfaction scores (mean 81.20), and the lowest perceived manager adaptability scores (mean 19.20). The nurses with the highest satisfaction scores (mean 89.48) and highest perceived adaptability scores (mean 26.19) were those who perceived their manager's dominant style as selling (S2). The group with the second highest scores were those staff nurses who perceived their manager as tied between selling and participating behaviors.

What are the leadership style characteristics of first-line nurse managers as perceived by themselves and the satisfaction level of their staff nurses? For research question number three a comparison could only be done between groups one and two. The Group One's manager's perceived dominant style was selling (S2) and had a staff mean satisfaction score of 84.55. The manager for group two perceived their dominant style as participating (S3) and had a staff with a higher mean satisfaction score

(89.89).

Hypotheses one and two could not be subjected to the proposed statistical analysis due to nonparticipation by two of the nurse managers. The raw data appeared to be consistent with the literature in that nurses who agreed with the manager's self-perception had a higher satisfaction score than those who disagreed with the manager's perceived leadership style.

Conclusions

Although the hypotheses for this study were not supported by statistical analysis, the findings are similar to those found in the literature. Adams (1990) surveyed chief nurse executive (CNE's) of acute care hospitals in the San Francisco Bay area with a response rate of 86% or 57 respondents utilizing the LEAD-Self instrument. The CNE's in Adam's sample most frequently perceived selling as their dominant style followed by participating behavior. This is consistent with this study of nurse managers. Adams (1990) points out that both selling and participating are high in relationship behavior which emphasizes communication and encourages input from subordinates thus promoting nurse job satisfaction and retention. Adams (1990) also did not have any respondents choose delegation (S4) as a dominant or first alternate behavior. Volk and Lucas (1991) summarized that as management style approached the participative style, less turnover was anticipated

amongst the critical care nurses. Lucas (1988) studied the relationship of organizational management style and job satisfaction of clinical nurse specialists employed in hospitals. Higher perceived management style scores were associated with higher levels of current job satisfaction in the clinical nurse specialists.

Leadership style has been cited as significant in both burnout and turnover among nurses (American Academy of Nursing, 1983; Duxbury, Armstrong, Drew, & Henly, 1984; Wandelt, Pierce, & Widdowson, 1981). Other researchers (Sheridan, & Vredenburgh, 1978; Sheridan & Vredenburgh, 1979) reported mixed findings about the relationships between leadership and employee job satisfaction and retention. An individual's leadership style is affected by the leader's personal characteristics (Fiedler, 1967) the nature of the work to be done (Vroom, 1975), employee needs, and the situation in which the leadership relationship exists (Hersey & Blanchard, 1988). Managerial influence and power have been identified as factors that affect professional staff satisfaction and retention (Leininger, 1979; Sheridan & Vredenburgh, 1978; Taunton, Krampitz, & Woods, 1989a).

Major Limitations

This research study had several limitations. The sample size was small and limited the ability to extrapolate results to a larger population. Two of the

first-line nurse managers did not return their self-perceptions questionnaires to the researcher after previously committing themselves to the study. Discrepancies can also occur in the perception of leadership style because each person's interpretation may vary based on their own beliefs.

Implications For Practice

Although hypotheses one and two could not be subjected to the proposed statistical analysis, the raw data were going as anticipated. High relationship behavior which is found with selling and participating leadership styles was associated with a higher leader adaptability and satisfaction scores. First-line nurse managers may want to be more cognizant of how they interact with staff nurses and their ability to adapt leadership style in various situations. Several studies have found consideration and relationship behaviors to have an impact of staff nurse satisfaction. Hersey and Blanchard (1988) cite that "while it is important to recognize that managers have different leadership styles, it is important to remember that style is not how leaders think they behave in a situation but how others (most importantly, their followers) perceive their behavior" (p. 149). First-line nurse managers should learn how they are perceived by staff nurses. This information could be gained informally or by formal means such as a questionnaire. After receiving feedback, the manager may

decide to further develop their interpersonal or leadership skills to meet the needs of the staff.

Suggestions For Future Research

The relationship between leadership behaviors or first-line nurse managers and nursing job satisfaction is complex. Many factors influence both the management style of leaders and the satisfaction level of nurses.

Further studies need to be repeated at a larger institution, between different nursing departments, or on more units to allow for a larger sample size, and to make the results more generalizable.

Additionally a study to answer the question: "Is there a significant difference between the current style and the desired management style of first-line nurse managers as perceived by their nursing staff?" could be designed.

Similarly the question, "Do nurses in specialty areas such as obstetrics, critical care, emergency, and surgery prefer the same type of management style as nurses in other clinical areas of the hospital?" should be studied to allow generalizability to the nursing specialties.

The question remains: does increasing job satisfaction increase employee retention? March and Simon (1958) relate that the evidence points to a strong correlation, but other factors may be equally important. "Today's nursing manager

must deal continually with three dimensions: (1) the job - the task that has to be done; (2) the mission - the goal of the organization; and (3) interpersonal relations - the people who do the job" (Baille, Trygstad, & Cordoni, 1989, p. 2).

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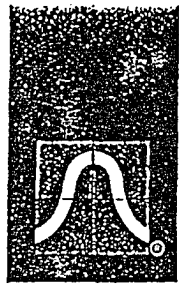
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Appendix A
LEAD -Self Questionnaire



LEAD SELF

Leadership Style/Perception of Self

Developed by Paul Hersey and Kenneth H. Blanchard

Your name _____

PURPOSE

The purpose of this instrument is to evaluate your perception of your leadership style in terms of "telling," "selling," "participating," or "delegating," and to indicate whether the style is appropriate in various situations.

INSTRUCTIONS

Assume you are involved in each of the following twelve situations. Each situation has four alternative actions you might initiate. Read each item carefully. Think about what you would do in each circumstance. Then, circle the letter of the alternative action choice which you think would most closely describe your behavior in the situation presented. Circle only one choice.

After you have circled one choice for each situation, use the "LEAD Directions for Self-Scoring and Analysis" to score and array the data.

Leadership **E**ffectiveness & **A**daptability **D**escription

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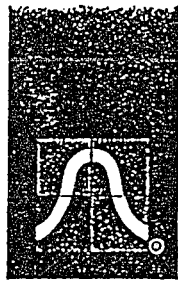
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65-66, Appendix A

68-69, Appendix B

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**LEAD****OTHER**

Leadership Style/Perception of Other

Developed by Paul Hersey and Kenneth H. Blanchard

PURPOSE

The purpose of this instrument is to evaluate your perception of the leadership style of the leader named to the right, in terms of "telling," "selling," "participating," or "delegating," and to indicate whether the style is appropriate in various situations.

INSTRUCTIONS

Assume _____ is involved in each of the following twelve situations. Each situation has four alternative actions this leader might initiate. Read each item carefully. Think about what this person would do in each circumstance. Then, based on your experience with this leader, circle the letter of the alternative action choice which you think would most closely describe the behavior of this person in the situation presented. Circle only one choice.

After you have completed this form, return it to:

so that person may use the "LEAD Directions for Self-Scoring and Analysis" to score and array the data.

You are this leader's (check one):

- Boss
 Associate
 Follower

Leadership **E**ffectiveness & **A**daptability **D**escription

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Appendix C

Nurse Job Satisfaction Scale

Anticipated Turnover Among Nursing Staff

NURSE JOB SATISFACTION SCALE
(Brayfield and Rothe; Hinshaw and Atwood)

Response Options

SA = Strongly Agree
A = Agree
U = Undecided
D = Disagree
SD = Strongly Disagree

Subscales

Q = Quality of Care
E = Enjoyment
T = Time to Do One's Job

Directions: For each item below, circle the appropriate response.

<u>Subscale</u>	<u>Item</u>	<u>Options</u>	<u>Scoring Key</u>
Q	1. Most days I have time to provide hygiene measures for my patients.	SA A U D SD	(+)
E	2. I consider my job rather unpleasant.	SA A U D SD	(-)
T	3. Usually I have enough time to do a good job of patient care.	SA A U D SD	(+)
E	4. I enjoy my work more than my leisure time.	SA A U D SD	(-)
T	5. Many days I would have to stay overtime to get all my paper work done.	SA A U D SD	(-)
T	6. Many days I feel harassed because I don't have time to do all I want to do.	SA A U D SD	(-)
E	7. I feel fairly well satisfied with my present job.	SA A U D SD	(+)
Q	8. I am not satisfied with the level of individualized care I am now giving.	SA A U D SD	(-)
E	9. Most of the time I have to force myself to go to work.	SA A U D SD	(-)
Q	10. Under the circumstances it is difficult to provide high quality care	SA A U D SD	(-)
E	11. I am satisfied with my job for the time being.	SA A U D SD	(+)
E	12. I definitely dislike my work.	SA A U D SD	(-)
E	13. I feel that I am happier than most other people.	SA A U D SD	(+)
Q	14. Most of the time I am satisfied with patient care that I give.	SA A U D SD	(+)

<u>Subscale</u>	<u>Item</u>	<u>Options</u>	<u>Scoring Key</u>
E	15. Most days I am enthusiastic about my work.	SA A U D SD	(+)
Q	16. It is hard for me to give patient care which meets my standards.	SA A U D SD	(-)
E	17. I like my job better than the average worker does.	SA A U D SD	(+)
E	18. I find real enjoyment in my work.	SA A U D SD	(+)
E	19. I am disappointed that I ever took this job.	SA A U D SD	(-)
T	20. There are some conditions concerning my job that could be improved.	SA A U D SD	(-)
T	21. I feel I have time to do both the paper work and my patient care.	SA A U D SD	(+)
Q	22. I feel satisfied with the technical care I give.	SA A U D SD	(+)
Q	23. I am able to keep my patients comfortable.	SA A U D SD	(+)

Addendum:

The following five items (the task requirements subscale) from Slavitt, et al's (1978) Index of Work Satisfaction were included with the 23 item version (1984) of Atwood and Hinshaw's Nurse Job Satisfaction Scale, based on results of simultaneous factor analysis of scales.

	<u>Options</u>	<u>Scoring Key</u>
1. I could deliver much better care if I had more time with each patient.	SA A U D SD	(-)
2. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.	SA A U D SD	(+)
3. The amount of time I must spend on administration ("paper") work on my service is reasonable, and I am sure that patients do not suffer because of it.	SA A U D SD	(+)
4. I do not spend as much time as I would like to taking care of patients directly.	SA A U D SD	(-)
5. I think I could do a better job if I did not have so much to do all the time.	SA A U D SD	(-)

Reference:

Slavitt, D. B., Stamps, P. L., Piedmont, E. B. and Haase, A. M. B. (1978). Nurses' satisfaction with their work situation. Nursing Research, 27(2), 114-120.

Appendix D

Demographic Data Sheet

Directions: Please check the one most appropriate response to each of the following items.

1. Length of time in nursing:

- under 1 year
- 1 to 3 years
- 4 to 6 years
- 7 to 10 years
- 11 to 15 years
- 16 years and over

2. Length of time in present hospital:

- under 1 year
- 1 to 3 years
- 4 to 6 years
- 7 to 10 years
- 11 to 15 years
- 16 years and over

3. Employee status:

- full-time
- part-time

4. Shift committment:

- 7A-3:30P
- 7A-7:30P
- 3P-11:30P
- 7P-7:30A
- 11P-7:30A
- Weekend-only
- Other

5. Highest education level completed:

- LPN
- Diploma Nursing Program
- Associate Degree
- BSN
- Bachelor's, Non-nursing
- MSN
- Master's, Non-nursing
- Doctorate

6. Age:

- 25 years or under
- 26 to 35 years
- 36 to 45 years
- 46 to 55 years
- 56 to 65 years
- 66 years and over

7. Gender:

- female
- male

Appendix E

Permission to Use LEAD Instruments

March 5, 1991

LEADERSHIP
STUDIESMary Beth Kerstein, RN
14111 Cavell
Livonia, MI 48154

Dear Ms. Kerstein:

230 W. THIRD AVE.
ESCONDIDO,
CALIFORNIA
92025-4180

619/741-6595


Your request for utilization of the LEAD Series instruments in your thesis has been received and reviewed. Your interest in Situational Leadership is appreciated. Development of effective leadership skills and health care applications has been a major thrust of Dr. Hersey and the staff here for the last decade. The text, Situational Leadership in Nursing, coauthored by Dr. Bonnie Weaver Duldt, RN, is one apex of that focus.

You are granted permission from Leadership Studies to use the LEAD series instruments, including LEAD Self, Other and Directions as part of your thesis. The instruments may be included in whole or part. The entire instrument may be used as an element of the appendix or segments may be extracted to illustrate points. However, with each use, please conspicuously place the following words in an appropriate place near each illustration of figure: "Copyrighted Material from Leadership Studies, Inc. Used by Permission. All Rights Reserved."

Of course, all instruments should be acquired from a legitimate source, such University Associates. A resource Guide is enclosed.

Your topic appears to be timely and original. If you have any questions or wish further clarification please feel free to contact me or a member of my staff. If possible, I would like a copy of your finished thesis for Dr. Hersey's library. Good luck with your research.

Sincerely,



William C. Turk
Vice President

Enclosure: UARG

Permission to Use Nurse Job Satisfaction Questionnaire



THE UNIVERSITY OF NORTH CAROLINA
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Curriculum in Public Health Nursing
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FAX: (919) 966-7141

The University of North Carolina at Chapel Hill
Campus Box 7400, 263 Rosenau Hall
Chapel Hill, N.C. 27599-7400

April 5, 1991

Mary Beth Karsten, R.N.
Exchange Student
14111 Cavell
Livonia, MI 48154

Dear Ms. Karsten:

Per your letter of March 19, you have our permission to use the "Nursing Job Satisfaction Scale". Dr. Husker and I wish you well with your graduate research investigating the relationship between first-line managers' leadership style and staff nurse job satisfaction. Also, we would request that you share any information regarding the process of using the instrument and the results or outcomes of its use.

Sincerely,
Jan F. Whitworth, Ph.D., FAAN
Professor

cc: AS Husker, Ph.D., FAAN

Appendix G

Permission from Human Subject Review Committee Madonna University

MADONNA COLLEGE

APPROVAL FOR USE OF HUMAN SUBJECTS

TO: MARY BETH KERSTEIN
Graduate Student

FROM: Fr, J. Sajdak, Chair
Human Subjects Review Committee (HSRC)

RE: Use of Human Subjects

DATE: 5/01/91

TITLE: The Relationship of First-line Nurse Managers Leadership Style
and Staff Nurse Job Satisfaction.

_____ I have reviewed your application for use of human subjects which you submitted to be reviewed by the HSRC. I have found your research to be exempt as identified by the Madonna College Guidelines for Review of Research Involving Human Subjects. You may now initiate research with human subjects.

✓ _____ Your research has been approved by expedited review procedures. You may now initiate research with human subjects.

_____ Your research has been approved by a full committee review. You may now initiate research with human subjects.

IMPORTANT: No student investigator may initiate research with human subjects without prior written approval of Chair of HSRC. Compliance with approved plan of approach is required to obtain acceptance of completed thesis as a partial requirement for the masters degree.

Comments:

Fr. John Sajdak, m

Appendix H
Cover Letter

Dear Colleague,

I am a graduate student at Madonna University currently completing the course requirements toward a Master of Science in Nursing. In order to meet these requirements, I am conducting a research survey on the perceptions of leadership style and staff nurse job satisfaction. It would be greatly appreciated and advantageous to my study if you would take a few minutes to complete this questionnaire. The results may benefit by helping nursing administration become more aware of the perceptions of leadership style and the levels of staff nurse job satisfaction.

You have been selected to participate in the study due to your position in the organization. Your participation in this study is completely voluntary and you are free to decline completing the questionnaire. All questionnaires are anonymous and will be kept confidential to the researcher.

In this packet you will find:

1. Demographic Data Sheet
2. LEAD Instrument (Leadership Style Questionnaire)
3. Nurse Job Satisfaction Scale

The completion and return of the tools will be considered your consent to participate. Completion of the tools should take no longer than 20 minutes of your time. Please do not sign your name to the tools or to the return envelope. Completed surveys should be sent back to the researcher by inter-departmental mail to:
Mary Beth Kerstein RN - 5 Central.

Please try to return the questionnaires within the next two weeks if possible.

As a thank you for your cooperation in this research study, you are invited to participate in a raffle. The two prizes are \$25.00 gift certificates to Mountain Jacks restaurant. To enter, please write your name and unit on the raffle form and place in the "Research Study Raffle" box located in your conference room.

Thank you for your assistance in this study, it is greatly appreciated.

Sincerely,

Mary Beth Kerstein RN, BSN
5 Central

Appendix I

Permission to Use Figure

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Telephone (215) 238-4200
Telex: 83-4566 Fax: (215) 238-4227
Cable Address: Lippcot, Philadelphia

J. B. Lippincott Company



March 19, 1991

Mary Beth Kerstein
14111 Cavell
Livonia, Mi. 48154

Dear Ms. Kerstein:

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This course of action must be taken since many times representation of the copyrighted material may change between the time a thesis is submitted and the date that a contractual arrangement for publication has been secured.

Congratulations as you complete your advanced studies, and with very best wishes for your future work!

Sincerely,

Marie P. Wayne

Marie P. Wayne
Permissions Assistant

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