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Transformational Leadership Assessment of Nurse Managers and Assistant Nurse Managers

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by

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Approval Page

This capstone project has been approved by the following committee members.

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Abstract

Transformational Leadership behaviors are essential to build and sustain a healthy work environment in healthcare. Nurse Managers who possess transformational leadership behaviors lead nursing teams with a higher degree of engagement, work satisfaction, and retention. The purpose of this project was to perform an assessment of transformational leadership characteristics among nurse managers and assistant nurse managers, develop an educational program to teach transformational leadership behaviors, and incorporate a transformational leadership assessment into the orientation onboarding process of new nurse managers and assistant nurse managers. The Full Range Leadership Model (FRLM) asserts leaders should use multiple leadership characteristics or behaviors to effectively lead teams. A voluntary convenience sample of 21 Registered Nurses who held a nurse manger or assistant nurse manager role participated in this project. The tool used to assess leadership characteristics was the Multifactor Leadership Questionnaire-5X (MLQ-5X). Of the participants who attended the two presentations which were intended to review the MLQ-5X leadership characteristic assessment results, no one indicated the ability to discuss the importance of transformational leadership behaviors prior to the education, while 65% of the attendees indicated the ability to discuss the importance of transformational leadership behaviors following the education. In addition, 100% of the Nurse Manager and Assistant Nurse Manager participants who attended the education indicated the MLQ-5X leadership assessment tool should be administered to all newly hired nurse managers and assistant nurse managers as part an onboarding educational plan. Of the participants attending the two presentations to share transformational leadership behaviors to retain registered nursing staff, 82% indicated the

presentation was “absolutely” beneficial. No one indicated the education was not beneficial to their individual leadership education.

Keywords: leadership, transformational leadership, transactional leadership, passive/avoidant leadership, nurse manager, assistant nurse manager

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Finally, to my children, Steven and Lauren, and my family who supported me, sent me notes of encouragement, and called me to wish me luck before every paper or presentation. You showed me grace and forgiveness for missing school functions or athletic events while I was navigating this journey. I hope and pray you see, "The choice

and power is within you, be an overcomer, be tenacious, and follow your dreams. Nothing is impossible for them who Love the Lord" (Luke 1:37). May Our Lord and Savior richly bless each of you as you chase your dreams, and that you give all the success and glory back to Him.

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INTRODUCTION

Nurse Managers (NMs) and assistant nurse managers (ANMs) have a direct impact on the health of the work environment for the staff who care for patients and families. The relationship between nurse mangers, assistant nurse managers, and the interdisciplinary team is vital for transforming and leading change within the healthcare delivery system. To be effective leaders, NMs and ANMs must possess the requisite leadership skills to motivate, inspire, and create an environment to foster staff engagement, a sense of value and purpose, and the ability to contribute to the organizational and nursing mission (Prufeta, 2017). Unhealthy work environments within hospital settings can result in absenteeism, increased levels of stress, and ineffective communication and collaboration between interdisciplinary team members (Huddleston, Mancini, & Gray, 2017).

Leadership characteristics, style, and skill set of the NM and ANM has gained recent attention regarding the impact leadership style has on staff engagement and patient care. Although the Chief Nursing Officer (CNO) and other nurse leaders have responsibility for ensuring quality care at the bedside, the gap between the front line clinical staff and senior nursing leaders is expanding with the constant change and unpredictability of healthcare. Due to this gap, the CNO must depend on the NM and ANM to demonstrate characteristics of leadership which affect staff satisfaction, morale, and retention. Competent nurse managers are pivotal members of the nursing leadership team and are essential in maintaining a safe and healthy environment for nursing staff (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Malloy & Penprase, 2010; Makaroff, Storch, Pauly, & Newton, 2014). Healthcare systems who provide ongoing leadership

educational offerings and recognize the impact of developing and mentoring nursing leaders within their organizations increase their ability to recruit and retain highly engaged frontline clinical nursing staff (Mathena, 2002; McGuire & Kennerly, 2006).

The unpredictable work environment of a bedside clinical nurse in the hospital setting can be stressful. Bedside nurses plan, implement, and evaluate the comprehensive and often complex care for his/her patient population while maintaining a safe and caring environment. Multi-tasking, safely implementing physician orders, coordinating interdisciplinary care, and planning the transition of care through the continuum of care are all daily responsibilities. According to the literature, the stress of working long hours can lead to burnout, compassion fatigue, an increased risk for errors, job dissatisfaction, and turnover. Leadership behaviors, skills, and abilities of the nurse manager and assistant nurse manager are recognized as making a critical difference and contribution to job satisfaction and overall morale of the bedside clinical nurse.

Wood (2009) reported more than 120,000 registered nurses work outside the profession of nursing citing dissatisfaction with the hospital workplace environment as the primary reason for leaving the profession. According to the American Association of Colleges of Nursing (AACN) (2012), the nursing profession is projected to have a significant rate of job growth through the year 2020. Additionally, AACN (2012) reported the annual turnover rate for registered nurses (RN) averaged 14%; the average age of a registered nurse in 2012 was 44.5 years; and, a significant association exists between increased patient-to-nurse ratio and nurse burnout, turnover, and hospital acquired complications. Additional facts presented by AACN (2012) regarding nurses who work in the United States:

- Low nurse retention rates contribute to an increase in patient deaths.
- In 2007, over 13% of newly licensed registered nurses changed jobs after one year with 37% reporting they were ready to leave the profession.
- Over 75% of nurses cite the nursing shortage as presenting a major problem for the quality of their work life.

Effective nurse leaders understand the psychological and physiological needs of their associates and are able to assist staff in coping with day to day stressors of the job. A growing body of evidence-based research suggest leaders who primarily display transformational leadership characteristics are considerably more likely to have engaged subordinates and a higher rate of retention of registered nurses (Mathena, 2002; Thyer, 2003; Murphy, 2005; Spinelli, 2006; McGuire & Kennerly, 2006; Nielson, Yarker, Brenner, Randall & Borg, 2008; Huddleston & Gray, 2016). Transformational nurse leaders are perceived to be better nurse leaders than transactional or passive/avoidant leaders. Kleinman (2004) indicated nurse managers involved in the day to day operations of the unit and actively involved staff in decision-making and shared governance, maintained the highest nurse satisfaction and retention rates. Conversely, staff working for managers who display predominantly transactional, passive avoidant or laissez-faire leadership styles were shown to have higher levels of burnout, emotional exhaustion, and turnover (Bormann & Abrahamson, 2014).

Nurse Managers and ANMs have an increasing amount of stress and responsibility in their day to day workload, are usually promoted from within the current nursing unit or held roles such as charge nurse, nurse educator, or chairperson of unit based or hospital committees. As bedside nurses, they were highly respected by nursing

peers and physician colleagues, consistently displayed clinical expertise and were seen as the informal leaders on the unit. Bedside nurses who leave front-line nursing roles to become nurse managers can learn the basic technical and task fundamentals needed to manage a complex nursing unit. Maintaining a balanced budget, ensuring safe care, managing patient emergencies, facilitating discharges and admissions, and providing safe staffing ratios are just a few of the basic skill-based competencies required of nurse managers. The medical center where the project was conducted offers onboarding programs for new managers to address the human resource and financial skills needed by managers from all disciplines. Human resource curriculum includes introduction to personnel policies that cover the hiring process, family medical leave requirements, documentation of behavior, progressive disciplinary procedures, termination of associates, time keeping and payroll policies, and how to deal with difficult situations. Financial curriculum includes developing operational and capital budgets, calculating hours-per-patient-day, creating safe staffing grids, and review of financial reports.

Curriculum to onboard and orient the nurse manager or assistant nurse manager rarely consists of a proactive leadership characteristic assessment, evaluation of current leadership skills, training based on identified opportunities, or a mentoring relationship to ensure the NM or ANM successfully transitions into the pivotal role of nurse leader. Leadership characteristic assessment, as part of the onboarding process, should be standard curriculum offered to all newly hired NMs and ANMs. Based on leadership characteristic assessment, an individualized educational plan can be developed and designed to mentor new NMs and ANMs to learn and master transformational leadership skills and competencies essential to mold managers into transformational nurse leaders.

SECTION I

Background and Significance

Problem Background

Nurse Managers and ANMs who lack the transformational leadership characteristics necessary to build cohesive teams or maintain a healthy registered nurse (RN) work environment experience a higher rate of RN team member turnover. Effective NM and ANM transformational leadership characteristics are essential competencies needed to achieve the organizational and nursing mission to provide safe, effective, quality care to patients. Because transformational leadership characteristics are beneficial to improve staff nurse satisfaction and positive patient outcomes, leadership characteristic assessment and transformational leadership education are necessary competencies for nurse managers (Hutchison & Jackson, 2013).

Significance

The purpose of this project was to increase the transformational leadership skills of nurse managers and assistant nurse managers within the participant organization. The mission of the participant organization is to "Provide Excellence in Health" and the vision is to "Become a National Leader in Healthcare Quality." The ability to recruit, empower, and retain frontline nursing staff, and ensure nurse leaders possess transformational leadership characteristics and skills, support both the organizational mission and vision. One of the main values of the participant organization is to build a winning team of professionals who work together in an interdisciplinary manner to provide the highest quality of care. The aim of this Doctorate of Nursing Practice (DNP) project was to teach transformational leadership skills to NMs and ANMs and to

incorporate leadership characteristic assessment into the onboarding and orientation process for all newly hired nurse managers and assistant nurse managers.

Setting and Identified Need

The project institution is a large, 540-bed tertiary, not-for-profit medical center in the southeastern section of the United States. The medical center is part of a corporate healthcare system consisting of three acute care hospitals, two skilled nursing facilities, an inpatient hospice home, and a home health care division. The main medical center serves a five county catchment area and includes a Level 1 Trauma Center, Level III Neonatal Intensive Care Unit, Oncology, Women's and Children's, and Cardiac service lines and a nationally accredited Chest Pain Center, Stroke Center, and Bariatric Center.

The hospital system is the largest employer in the area with over 6,300 associates and 500 employed and community based physicians. Over 1,100 registered nurses are employed in the medical center and approximately 980 hold direct clinical care roles. There are five adult critical care units, four cardiac-vascular telemetry units, four medical-surgical telemetry units, one oncology-palliative care unit, four medical-surgical units, one labor and delivery unit, one post-partum unit, one pediatric unit, one pediatric intensive care unit, and one neonatal intensive care unit. In addition to inpatient nursing units, there are seven outpatient nursing departments within the medical center.

Stakeholders

Several hospital departments were interested in the project. Nurse Managers and ANMs were interested in their individual transformational leadership characteristic assessment results, and the training workshop to follow, in order to gain insight and knowledge regarding successful leadership behaviors. By improving NM and ANM

leadership behaviors and fostering healthier work environments, Clinical Unit Educators, frontline clinical nursing staff, and ancillary colleagues also will benefit from the project. System support departments, such as Human Resource, Finance, Corporate Education, Nursing Education, and the Recruitment and Retention Departments were also interested in the project. The project medical center has an average cost of $78, 384 for salary and benefits to recruit, hire, onboard, and validate minimum competency of new graduate registered nurses. Nurse Managers and ANMs are highly engaged in this process to ensure a successful transition from student nurse to professional nurse. Figure 1 outlines internal and external stakeholders.

Internal Stakeholders:	**External Stakeholders:**
• Nurse Managers/Assistant Nurse Managers	• Human Resource Department
• Nursing Directors	• Finance Department
• Clinical Unit Educators	• Corporate Education Department
• New Graduate Registered Nurses	• Nursing Education Department
• Veteran Registered Nurses	• Recruitment and Retention Department

Figure 1. Internal and External Stakeholders are identified as listed and are cross disciplinary throughout the organization of interest.

Resources

The organization had access to the Corporate Education Department and the Leadership Development classes offered by the Director of Organizational Development. In addition, on a quarterly basis, the hospital system provides off-site Leadership Development Institutes which cover a variety of topics including, how to have difficult conversations, how to perform annual associate evaluation reviews, how to deal with low

performers, how to re-recruit high performers, how to hold monthly meetings with your supervisor and your associates, and how to deescalate anxious patients and/or family members. Additional resources shared within the system included availability of educational classroom space, computer equipment, and the on-line healthcare learning management system.

Organizational Assessment (SWOT)

In order to assess the need for leadership characteristic assessment and skill development, an analysis of strengths, weaknesses, opportunities and threats (SWOT) was performed. (See Figure 2)

SWOT Analysis	
Strengths:	**Weaknesses:**
• One Chief Nursing Officer • Chief Nursing Officer with 11 years tenure in the organization • Nursing Directors with tenure • Dedicated Corporate Education Department • Dedicated Organizational Development Director • Nurse Managers interested in concept • Assistant Nurse managers interested in concept	• Organization's lack of leadership assessment process • Organization's lack of leadership training specific to NM & ANM • Organization's lack of funding for professional development specific to NM & ANMs • Organization's lack of funding to attend state or national educational seminars
Opportunities:	**Threats:**
• Ability to promote professional development with nursing • Increase nurse manager and assistant nurse manager competence and confidence • Improved retention rates among NM and ANM • Improved retention rates among frontline nurses • Empowered interdisciplinary teamwork • Decrease cost of turnover/ recruitment	• Varying non-nurse executive support for adding human or financial resources for NM/ ANM assessment or education • Timing of the project during the new computer system implementation • Nurse manager or assistant nurse manager turnover during project • Project investigator was the organization Chief Nursing Officer • Ability of investigator or co-investigator to maintain confidentiality

Figure 2. SWOT Analysis

Magnitude of the Problem

Registered Nurses (RNs) are essential to provide care for patients in the acute care setting. According to the American Nurses Association (ANA, 2014), by 2022, there will be a need for an additional 1.13 million nurses representing a 20.2% increase in nursing numbers to over 3.44 million nurses. From 2014 to 2024, the rate of growth for RNs in the United States is projected to increase over 16% (Bureau of Labor Statistics, 2016). The Bureau of Labor Statistics projected the need for an additional 440,000 nurses to replace the nurses anticipated to retire by 2024. These estimates show a growth of the nursing workforce in the United States from 2.75 million in 2017 to 3.19 million by 2024 (Juraschek, Zhang, Ranganathan, & Lin, 2012). The ANA (ANA, 2014) estimates 551,000 nurses will retire by 2022 and the rate of retirement combined with the projected needed growth in RN numbers will make it increasingly difficult to meet the demand for nurses. With this increasing demand, preparing NM and ANM who understand the behaviors and skills needed to recruit, retain, and empower nursing staff is vital.

Curriculum to onboard and orient the nurse manager or assistant nurse manager rarely consists of proactive leadership characteristic assessment, evaluation of current leadership competencies, training based on identified opportunities, or mentoring needed to ensure the NM or ANM successfully transitions into the pivotal role of nurse leader. Leadership characteristic assessment, as part of the onboarding process, should be standard curriculum offered to all newly hired NMs and ANMs. Based on the leadership characteristic assessment, an individualized educational plan can be developed and designed to mentor new NMs and ANMs through the transformational leadership skills and competencies intended to mold managers into transformational nurse leaders.

Impact of Problem on the Organization

The organization has a total of 27 budgeted nurse manager positions and four assistant nurse manager positions. The turnover rate for nurse managers in 2015 and 2016 was 22% and 18.5% respectively (Duggar, 2017). The turnover rate for assistant nurse managers in 2015 and 2016 was 0% and 20% respectively. Calendar year to date through March 2017, the turnover rate for nurse managers was 11% and assistant nurse managers was 40%. An aggregate of the last 27 months, between January 2015 and March 2017, the nurse manager position has turned over at a rate of 51.8%. Based on the median salary with benefits for a nurse manager, the organization conservatively spent $98,000 to recruit, hire, and orient a newly hired nurse manager. All 14 NM positions were filled internally with RNs who lacked managerial experience. Replacing 14 nurse managers over the last 27 months cost the organization approximately $1,372,000 in salary alone. According to Titzer, Phillips, Tooley, Hall, and Shirley (2013) it is estimated that six months or more is needed for the onboarding of new nurse managers; indicating proactive methods must be utilized to identify and develop nurse leaders. Based on the literature, unstable nursing leadership leads to nursing associate turnover, lack of engagement, increased burnout, and a higher incidence of hospital acquired conditions (Bormann & Abrahamson, 2014).

Team Selection and Formation

To best facilitate the project, the Doctorate of Nursing Practice faculty assigned Dr. Nicole Waters as the Chair of the committee. The project investigator utilized organizational experts to serve on the committee. Mrs. Betty Warlick, MN, RN, Director of Corporate Education and Chair of the Nursing Research Council, Mr. Shane Williams,

MBA, Director of Organizational Development, and Mr. Robert "Bobby" Steed, MBA, Manager of Data Quality and System Black Belt served as committee members.

Defining the Scope of the Project

The overall purpose of the project was to obtain a baseline assessment of leadership characteristics for the nurse managers and assistant nurse manages within the organization of interest. Based on the initial assessment, the intent was to develop an educational program to teach transformational, transactional, and passive-avoidant leadership behaviors and tie those behaviors to actions proven to retain nursing staff. The goal of the project was to increase the baseline knowledge of transformational leadership behaviors among nurse managers (NMs) and assistant nurse managers (ANMs), and to incorporate leadership characteristic assessment into the orientation and onboarding of newly hired nurse managers and assistant nurse managers.

SECTION II

Literature Review

A literature review was conducted by searching a variety of databases and search engines including the EBSCO*HOST*, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Research Starters, Mosby's Nursing Consult, Medline, ProQuest Nursing & Allied Health Source, and Google. Key terms used for the search included leadership, management, nurse manager, leadership competencies, leadership questionnaires, multifactorial leadership, leadership style, nurse leaders, nurse executives, ethics in nursing, nursing turnover, nursing burnout, nursing engagement, nursing empowerment, shared governance, leadership behaviors, leadership characteristics, transformational leadership, transactional leadership, passive avoidant leadership, nursing leadership development, nursing leader burnout, and nursing leader turnover.

Literature review failed to identify an agreed upon definition of leadership. According to Burns (1978), "Leadership is one of the most observed and least understood phenomena on earth" (p. 2). According to Bennis and Nanus (1985), "…no clear and unequivocal understanding exists as to what distinguishes leaders from non-leaders, and perhaps more important, what distinguishes *effective* leaders from *ineffective* leaders" (p. 11). Leadership characteristics and leadership behaviors effective leaders possess were more frequently found. Howell (2012) lists leadership characteristics as, "determination, drive, initiative, energy, assertiveness, perseverance, and at times, dominance" (p. 5). Bass and Avolio (2004) described successful leaders as those who possess characteristics associated with a transformational leader. Transformational leaders are those who have

five leadership components to include leaders who build trust, demonstrate integrity, inspire others, coach staff for success, and encourage critical thinking.

Leadership Development

To emerge as a leader, one must embrace the concept that leadership is a developmental learning process in which leadership skills build upon experiences one has in leadership roles. Often times, emerging leaders learn the behaviors needed to be a successful leader by observing their direct supervisor or other individuals in leadership positions. While observing other leadership behaviors does not make one a leader, observing and emulating great leaders offers a baseline for developing leadership skills. In contrast, observing ineffective leadership behaviors offers a baseline for aspiring leaders to avoid ineffective leadership style or behaviors.

Leadership development is a lifelong process (Grossman & Valiga, 2013). The healthcare environment is in constant fluctuation and chaos, and conflict will always exist especially as human and financial resources become scarce. Leaders should constantly refine, renew and further develop skills and competencies needed to articulate new visions, help staff navigate the unknown and manage conflict. Kleinman (2003) states nurse managers are typically unprepared to manage the business activities of leadership. While the nursing profession has traditionally been unable to agree on entry level educational preparation, nursing executives seem to be aligned with requiring nurse managers to have baccalaureate level or higher education. Many organizations use online educational programs, national certificate programs, continuing education, in-service educational offerings, and seminars to enhance leadership development (Kleinman, 2003).

McKinney, Titzer-Evans, and McKay (2016) recognized frontline nurse manager responsibilities are extensive and often NMs are torn between the demands of frontline nursing staff, physicians, patients, and their hospital administrators. In order to balance these demands, nurse managers must use a blended skill set of clinical skill, leadership ability, and managerial knowledge. The primary reason NMs are not prepared to be successful in the current demanding healthcare environment is the lack of formal leadership training (McKinney et al., 2016). While expert clinical nurses don't always develop into expert nurse managers, according to Westphal (2012), 61% of NM are promoted internally from frontline clinical positions. Nurse Managers who have been in their role less than five (5) years have turnover rates as high as 50% (Kallas, 2014). And, it is estimated in next few years, 75% of nurse manager positions will be vacant (Wendler, Cison-Sitki, & Prater, 2009). These statistics create an imperative for organizations to develop existing and future nurse mangers and leaders at every level. The Institute of Medicine (2010, p. 11, 13-14) in their Future of Nursing Report have several recommendations that relate to leadership development:

- Recommendation 2: Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
- Recommendation 3: Implement Nurse Residency Programs for entry level nurses transitioning to practice and nurses aspiring to leadership positions
- Recommendation 6: Ensure that nurses engage in lifelong learning
- Recommendation 7: Prepare and enable nurses to lead change to advance health

Transformational Leadership Development

Bowles and Bowles (2000) conducted a comparative analysis of the leadership provided by nurse leaders in Nursing Development Units (NDUs) and conventional clinical settings in England. The goal of the project was to compare nurse leaders use of transformational leadership skills in NDU compared to non-NDUs. The sample consisted of 70 nurses, evenly distributed between the NDUs and non-NDUs. Each grouping consisted of seven clinical leaders and 28 clinicians. Telephone interviews were conducted with a 100% response rate. The study concluded NDU managers scored higher in transformational leader practices than non-NDU nurse leaders. Of note, the NDU leaders were trained using a Leadership Practice Inventory (LPI) based on transformational leadership. The NDU leader scores were more congruent with the observer scores than were the non-NDU leader and observer scores. The conclusion reached by the researchers indicated the LPI was an effective tool for training nurse leaders. One proposed limitation of the study was the possibility the verbal questioning via telephone interviews could have been confusing to the participants.

Doody and Doody (2012) stated effective leadership is a "vehicle through which healthcare delivery and consumer demands can be fulfilled" (p. 1212). Their article focuses on transformational leadership and the application of leadership behaviors using idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. The authors point out transactional leadership behaviors within nursing must be considered in relationship to the experience and capabilities of the subordinate because there are some instances where the leader is required to intervene to prevent harm to patients or before mistakes occur. The transformational leader has the ability to

use both transformational and transactional characteristics to ensure safe practice, deal with emergent situations or crisis management.

Lacasse (2013) questioned whether today's nurses were ready for the "challenge of leading healthcare reform based on best practices and current evidence, ensuring safety and quality in all aspects of care, integrating principles of patient-centered care, and leading interprofessional teams while being fiscally responsible, ethical, caring, and compassionate caregivers" (p, 431). Basic leadership curriculum is integrated into baccalaureate nursing programs and further enhanced in graduate and post graduate degree programs. In the practice setting, several nursing professional organizations have developed leadership competencies.

The American Organization of Nurse Executives (AONE, 2005) developed five competency domains for nurses in executive practice. These domains are centered on communication and relationship building, leadership skills, professionalism, knowledge of the healthcare environment, and business skills. In 2015, AONE published the Nurse Executive Competencies: System (Chief Nursing Executive) CNE to include communication, knowledge, leadership, professionalism, and business skills (AONE, 2015). Competencies for communication include effective communication, relationship management, influencing behavior, diversity, shared decision making, community involvement, medical staff relationships, and academic relationships. Competencies for Knowledge of the Healthcare Environment include clinical practice knowledge, delivery models and work design, health care economics, health care policy, governance, evidence-based practice and outcome measurement, patient safety, utilization management, quality improvement metrics, and risk management. Competencies for

Leadership include foundational thinking skills, personal journey disciplines, system thinking, succession planning, change management, advocacy, and active membership in professional organizations. Competencies for Business Skills include financial management, human resource management, strategic management, marketing, information management and technology, and business research (AONE, 2015).

The National Center for Healthcare Leadership (NCHL, 2005) developed competencies for leaders in medicine, nursing, and administration with a focus on transformational leadership with seven domains, execution of tasks with eleven domains, and relationship behaviors with eight domains. The NCHL Health Leadership Competency Model mirrors the competencies outlined by AONE in their Competencies for System Chief Nurse Executives. Figure 3 depicts the NCHL Health Leadership Competency Model.

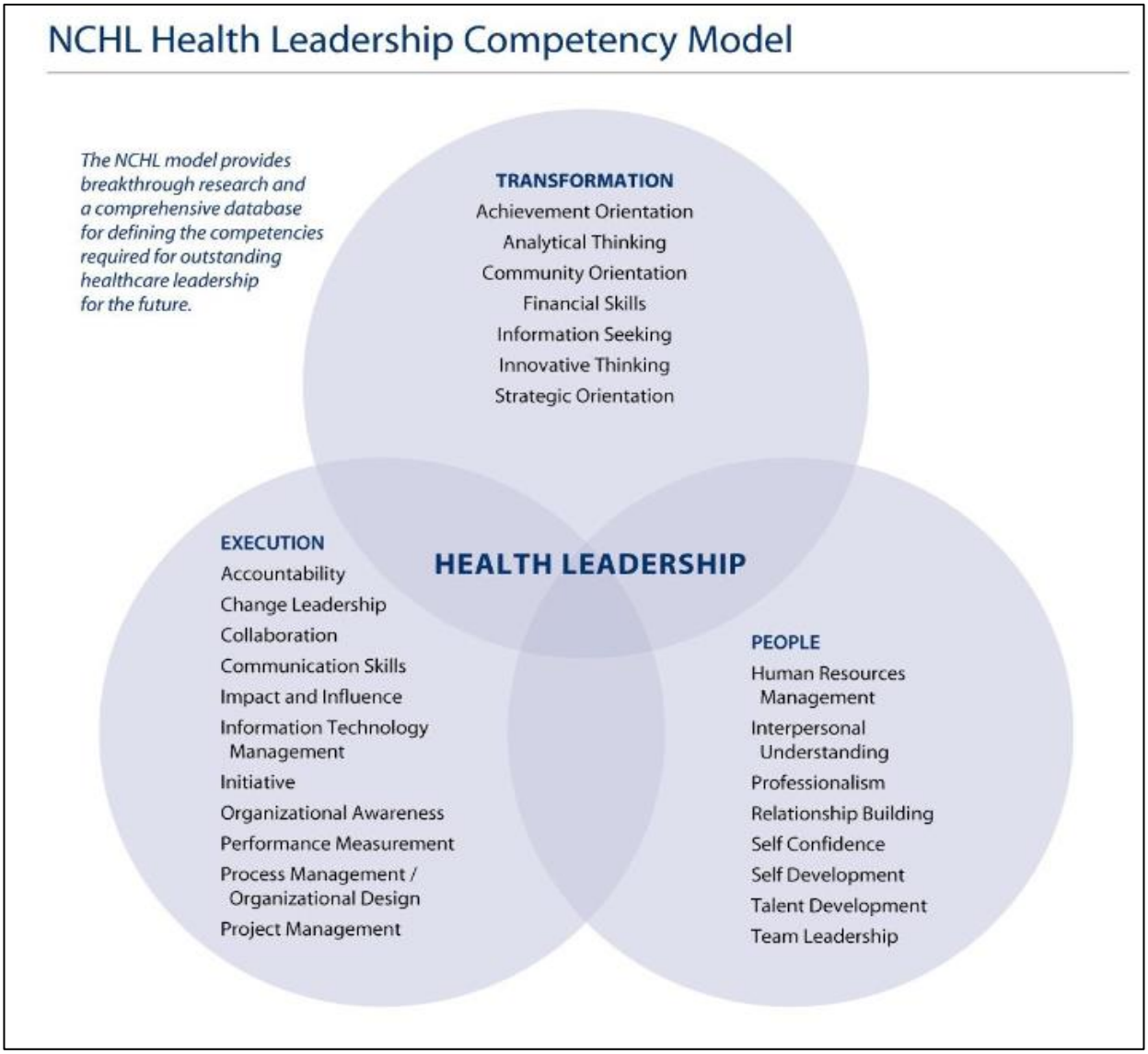


Figure 3. The NCHL Health Leadership Competency Model © 2006-2012 National Center for Healthcare Leadership. All rights reserved.

The American Nurses Association (ANA, 2006) developed the ANA Leadership Institute and the "Nurse Manager Skill Inventory Tool" to allow nurse managers to perform a self-evaluation and pair the results with their supervisor's assessment to create a professional development plan based on the Nurse Manager Learning Domain Framework. This framework has three domains the ANA asserts are essential for nurse managers to make an optimal contribution to the profession of nursing. The three domains are: "(1) The Science: Managing the Business, (2) The Art: Leading the People, and (3) The Leader Within: Creating the Leader in Yourself" (ANA, 2006, p. 1).

The American Nurses Association (2013) published the ANA Leadership Institute™ Competency Model in order to build, enhance and strengthen leadership competencies of nurses and those working or serving in the nursing profession. The standards of professional performance competencies outlined by the ANA are collaboration, communication, education, environmental health, ethics, evidence-based practice and research, leadership, professional practice evaluation, quality of practice and resource utilization. The ANA (2013) states, "Professional development is central to enhancing the ability to function and contribute in a rapidly changing health care environment. A continued commitment to the nursing profession requires a nurse to remain involved in continuous learning" (p. 4). The ANA Leadership Institite™ has developed competency clusters for the emerging leader, the developing leader and the advanced leader. Each cluster has curriculum focused on leading self, leading others, and leading the organization. The new nurse manager or assistant nurse manager would enroll in the "Emerging" competency cluster to learn competencies for adaptability,

initiative, integrity, self-awareness, communication, conflict, diversity, relationships, decision-making, problem solving and project management.

Transformational Leadership in a Magnet® Culture

According to the American Nurses Credentialing Center (ANCC, 2008), transformational leadership enhances the motivation, morale, and performance of followers through a variety of behaviors. The behaviors include instilling a sense of pride in self and identity to the mission and vision of the organization, being a role model for peers and subordinates, taking ownership for success and mistakes, and understanding the strengths and opportunities in team members in order to strengthen team member performance. Magnet® (ANCC, 2008) defines the management style of nurse leaders as visionary and transformational, who are visible and accessible, and effectively facilitate vertical and horizontal communication among all levels of nursing. In addition to the management style of nurse leaders, the quality of nursing leaders should reflect a strong sense of support and advocacy for nursing staff and patient care. Nursing leaders should cultivate a decision-making process to involve nurses from a variety of roles and ensure the nursing mission, vision, values, and philosophy is congruent with those of the organization. Also central to the Magnet® model is the presence of professional development to support orientation, in-service training and continuing education for nurses in all levels of practices to ensure there are opportunities and resources for competency-based clinical advancement, formal education and professional certification.

Transformational Leadership components were adopted by the Magnet® Recognition Program in 2008. According to the 2014 Magnet® Application Manual, (ANCC, 2014) the Magnet® journey is a transformative one in which leader-staff

relationships are the key to nurse satisfaction, nurse empowerment and involvement, and maintaining a safe and healthy work environment. Foundational to the Magnet® culture is the ability of the nursing manager and leader to integrate frontline staff with nurse manager and nurse executives. This is accomplished by ensuring organizational commitment to professional growth, continuous multilevel communication, engagement of associates and empowering the frontline staff.

Schwartz and Wilson (2011) assert success in the workplace is contingent on a leader's ability to effect positive change and inspire others to achieve greater outcomes. Nurse leaders attempt to balance declining reimbursement, ensure adequate staffing levels with competent staff, recruit and retain staff, maintain regulatory and governmental requirements, and ensure staff have the competencies to interact with complex technology while maintaining efficient, quality-focused care. McClure and Hinshaw (2002) maintain leadership is essential in the creation of the Magnet® environment, and transformational leadership behaviors create environments essential to achieving Magnet® recognition by the ANCC. Magnet® recognition monitors compliance with three areas related to transformational leadership: strategic planning; advocacy, influence, and visibility; and accessibility and communication.

Nursing Leadership Orientation

Conley, Branowicki, and Hanley (2007) believe many nurse manger and nurse leader orientation programs are loosely structured and often only meet regulatory requirements. While one essential competency of the nurse manager is to know and ensure regulatory compliance, the ideal orientation program builds on "experiential knowledge and cultivates knowledgeable, articulate leaders who establish structured

goals and expectations, uses visionary approaches to solve problems, and places a priority on developing their staff and facilitating high-level practice" (Upenieks, 2003, p. 141). In addition to structured classroom learning opportunities, orientation programs should also incorporate information regarding the organizational culture, important values, and the internal and external environment. Nurse Managers are often the gatekeepers of an organization's culture and the link between upper management and frontline nursing staff and need to effectively promote and foster the organizations value system, mission and vision (Conley et al., 2007).

Galuska (2014) recommends all nurses be prepared to answer the call of leadership by assuming transformational leadership roles that increase quality, safety, access, and value in the healthcare system. Continued personal commitment to, and investment in, self-learning opportunities for leadership development, as well as organizational resource allocation are critical for nurse leaders to advocate for the patients and communities they serve. Graduate education can provide the didactic content for the development of leadership competencies. Individual organizations must then establish ongoing professional development with individualized career paths to enhance nursing leadership behaviors and skills throughout the healthcare system to enable nurses to lead the improvement of care quality.

Transformational Leadership and Healthy Work Environments

Lake (2002) developed the Practice Environment Scale of the Nursing Work Index (PES-NWI) intended to measure the health of hospital work environments. The PES-NWI has been endorsed as the gold standard to measure quality of the nursing practice environment by several organizations in the United States promoting healthcare

quality. Sanders (2015) reviewed 119 articles utilizing the PES-NWI published between 2002 and 2014 and performed a meta-analysis on 22 articles. Most of the 22 articles linked practice environments to nurse job outcomes, and to nurse-reported assessments of quality, safety, and frequency of adverse events. The preliminary meta-analysis showed strong positive associations between the nursing practice environment and patient safety outcomes, and a strong negative association between practice environment and nurse job outcomes, including dissatisfaction, burnout, and intent to leave.

Aiken et al. (2008) reported 26% of hospitals surveyed using the PES-NWI (n = 43) were in the poor environment category and 49% (n = 83) were in the mixed environment category as measured by the Practice Environment Scale of the Nursing Work Index. The data suggested unhealthy work environments continue to exist and affect the quality of care received by patients.

Transformational Leadership and the MLQ-5X

Avolio, Bass, and Jung, (1999), in their classic study, reexamined the effectiveness of the MLQ-5X to determine if the tool actually measured the transformational, transactional and laissez-faire factors it was developed to assess (Avolio et al., 1999). The sample included 3,786 respondents, divided in 14 independent samples from the United States and abroad, ranging in sample size from 45 to 549 participants. The authors determined the improved 12 category MLQ (Form 5X) was more reliable and measured additional leadership dimensions than the original six category version. This resulted in a more reliable questionnaire measuring "the actual range of leadership styles that are exhibited across different cultures and organizational settings" (Avolio et al., (1999), p. 460).

Kleinman (2004) conducted a study in a 465-bed community hospital by asking 79 staff nurses and 10 nurse managers to complete the MLQ-5X developed by Bass and Avolio (2004). Staff rated the leadership ability of their managers and managers rated themselves as leaders. Results concluded the more time nurse managers interacted with their staff, the less managers were perceived as laissez-faire. Managers who were available and engaging to staff, promoted intellectual stimulation and open, clear communication. Professional growth of nurse leaders to include the development and display of effective leadership strategies was determined to be an essential nurse leader competency.

McGuire and Kennerly (2006) surveyed 500 registered nurses and 63 nurse managers using the MLQ-5X to determine the relationship between the organizational commitment of staff nurses and the leadership styles of nurse managers. McGuire and Kennerly (2006) concluded managers who display transformational leadership characteristics have the ability to motivate staff performance and influence attitudes. Conversely, managers who display laissez-faire leadership characteristics do not have effective leadership skills. The resulting hypothesis stated nurse managers can be taught transformational leadership skills, influence staff behavior, and inspire staff.

Spinelli (2006) conducted an empirical evaluation to study the relationship of leadership behaviors of managers as perceived by their subordinates in healthcare organizations, and the willingness of the subordinate to exert extra effort for the leader. The MLQ-5X was administered to hospital Chief Executive Officers and 101 of their subordinates at five Pennsylvania hospitals. Spinelli concluded transformational leaders were stronger and more positive than their transactional and laissez-faire counterparts.

Spinelli (2006) noted "the more the subordinate manager perceived the leader as exhibiting transformational behaviors, the greater he or she reported exerting extra effort, expressed satisfaction with the leader, and believed the leader to be more effective" (p, 13). Spinelli also determined transformational leaders who use transactional leadership styles as well, are more effective leaders. Passive avoidant leadership styles resulted in negative outcomes for staff exerting extra effort or expressing satisfaction with the leader. Spinelli recommended senior leaders must commit to identifying, recruiting, and developing transformational candidates to become effective leaders.

Kanste, Miettunen, and Kyngäs (2006) studied the psychometric properties of the MLQ among nurses working in Finland. The initial study was conducted in 2001 and a subsequent study was conducted in 2002 to test the internal consistency of the MLQ using Cronbach's *x* coefficient, item-analysis and intra-class correlation coefficient. The results of the study indicated the MLQ was an appropriate tool to measure multidimensional nursing leadership components. Internal consistency and stability among nurses was shown to be fairly stable.

Transformational Leadership, Nursing Satisfaction and Retention

Kanste, Kyngas, and Nikkila (2007) studied the relationship between leadership dimensions and burnout among staff nurses. The researchers used the MLQ-5X to survey 601 nurses. The survey was distributed by mail and sent to nurses from multiple healthcare organizations. In addition to the MLQ-5X, the Maslach Burnout Inventory-Human Services Survey (MBI-HHS) was used (Maslach & Jackson, 1986). The MBI-HSS is the original and most widely used version of the MBI and is designed for professionals working in a diverse array of occupations, including nurses, physicians,

health aides, social workers, health counsellors, therapists, and other fields focused on helping people live better lives. The results of the 2007 study indicated leaders who were transformational and active management-by-exception leaders had staff with less burnout. In contrast, passive avoidant, laissez-faire leaders had staff who exhibited increased nurse burnout and emotional exhaustion. The researchers suggested nurse managers needed proper training to effectively give staff positive and constructive feedback about performance.

Sellegren, Kajermo, Ekvall, and Tomson (2009) determined four major factors influenced staff turnover: 'intrinsic values of motivation', 'workload', 'unit size', and 'leadership'. Manager behavior was said to have a significant impact on work climate, satisfaction, and intention to leave or stay. According to the staff nurses interviewed for the study, nurse manager behavior should be honest, clear with structure and work-related goals, while supporting and listening to staff. Each of these characteristics are indicative of a transformational leadership style.

O'Brien-Pallas, Murphy, Shamian, Li, and Hayes (2010) studied nursing turnover in Canadian hospitals to determine the impact and key drivers of nurse turnover and the implications for nursing management. While the study focused more on staff role ambiguity, role conflict with the nursing unit and among the interdisciplinary team, the study results were also consistent with transformational leadership research demonstrating better leadership is associated with better outcomes for nurses and patients and increased retention of staff.

Barlow and Zangaro (2010) conducted a meta-analysis to determine the consistency, reliability, and construct validity of the Anticipated Turnover Scale (ATS).

By accessing research databases, communicating with researchers, and consulting with experts, the researchers examined 12 studies including five articles, five dissertations, one pilot study and one unpublished research study. Inclusion criteria included studies with quantitative analysis of empirical data, the geographical location of the study was restricted to the US, sample included registered nurses, and the findings were reported for registered nurses exclusively. The ATS was determined to "demonstrate excellent reliability and construct validity across studies of RNs in the US" (p. 862).

Weber (2010) performed a literature search using the following key words: 'transformational leadership', 'staff satisfaction', 'transactional leadership', 'burnout', and 'healthcare'. More than 300 articles contained the term, 'transformational leadership'. Weber's PICO question was, "In healthcare organizations (P), how does transformational leadership (I) influence staff satisfaction and job burnout (O)?" Fifteen studies were found to be valid, reliable, and applicable to practice. The MLQ was used in 13 of the 15 studies. Across the studies, transformational leadership was shown to increase the well-being of staff nurses and decrease in burnout. When transformational leadership components were compared to other leadership styles about staff satisfaction, higher staff satisfaction was correlated with transformational leadership while lower staff satisfaction was related to all other styles of leadership. Overall, the literature review indicated transformational leadership decreases exhaustion and burnout and increases well-being and job satisfaction.

Brewer et al. (2016) examined the effect of transformational leadership on early career nurses' intent to stay, job satisfaction, and organizational commitment. High turnover of frontline nurses was seen as a persistent problem and had a profound negative

impact on patient outcomes. The authors found many studies did not consider intent to stay, job satisfaction, organization commitment, and leadership characteristics in one correlational study. This study was a cross-sectional, correlational study of nurses who had been licensed for 7.5-8.5 years. The authors used a sample of 1,037 nationally representative newly licensed registered nurses for the study. This was the only study found in the literature review that found transformational leadership did not have a significant impact on intent to stay or job satisfaction, but had a significant association with organizational commitment. The authors indicated transformational leadership has the potential to slow attrition and retain nursing talent by creating a positive work environment that is supportive of nursing.

Nurse Managers are seen as the link between nursing executives and frontline nursing staff and assume roles that bridge both organizational and professional goals. Nursing retention is one of the main responsibilities of the nurse manager. Organizationally, NMs and ANMs are expected to maintain a stable workforce to reduce direct and indirect costs associated with turnover. Professionally, NMs know the benefits of nurse retention translate to the provision of quality patient centered care. Anthony et al. (2005) examined the pivotal role of nurse managers by conducting focus groups (n= 32) to evaluate the roles and skills of NMs, the leadership characteristics that serve to facilitate or serve as barriers to nurse retention, and the strategies the NMs used to improve retention. The authors determined the role of the NM is complex, has competing demands, and requires a skill set to enable the NM to function in highly uncertain environments. Leadership skills and the ability to engage and empower frontline nursing staff is essential to retention. Servant leadership was a paradigm of leadership the

authors found during the focus groups. Nurse Managers indicated their role was to "serve" their staff, who in turn, "serve" their patients. The NMs spoke about being champions for nursing care delivery, professional growth, and the overall quality of care. Servant leadership was one way to recognize the needs of a multigenerational workforce.

SECTION III

Theoretical Underpinning of the Project

Theoretical Framework

The Full Range Leadership Model, (FRLM) developed in 1990 by Bruce Avolio and Bernard Bass, (Avolio, Zhu, Koh, & Bhata, 2004) has been widely used in leadership research and was the conceptual model/ theoretical framework for this project. The FRLM asserts leaders have a primary style of leadership associated with transformational, transactional, or passive avoidant characteristics. Effective leaders are able to seamlessly move between leadership styles based on the situation and the needs of the team. Transformational leadership includes four component behaviors: idealized influence (II), inspirational motivation (IM), individualized considerations (IC), and intellectual stimulation (IS). Transformational leaders are active, effective, and have a profound impact on others.

Transactional leadership includes three component behaviors: contingent reward (CR), passive management-by-exception (MBE-passive), and active management-by-exception (MBE-active). Passive avoidant leadership includes one component behavior known as laissez-faire (LF). One of the basic underpinnings of the FRLM suggested leaders use components of each style in varying frequency to achieve the outcome the leader is trying to achieve. Bass and Avolio (2004) assert the most effective leaders use transformational leadership characteristics the majority of the time and use passive avoidant leadership characteristics with less frequency. The Full Range Leadership Model is represented in Figure 4.

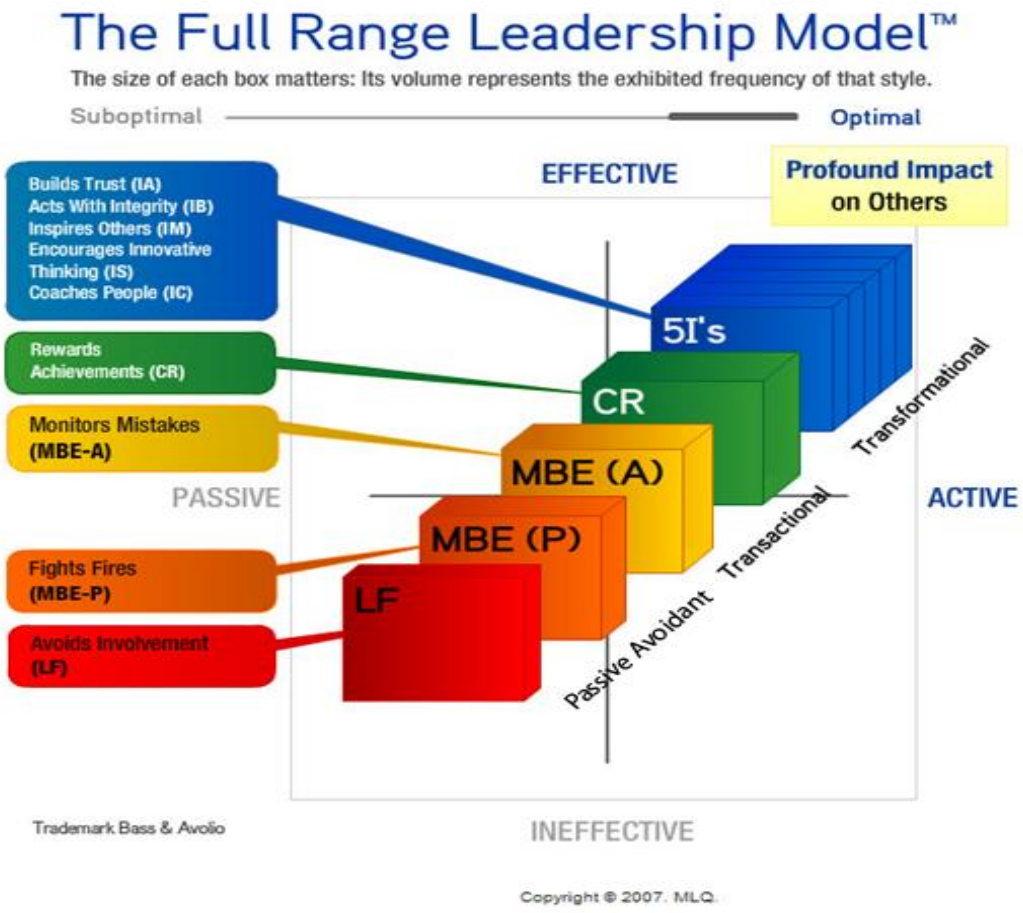


Figure 4. Full Range Leadership Model (Mindgarden, 2007).

Transformational leaders invest time and energy ensuring the success of individual subordinates and the success of the team. Figure 5 outlines the conceptual-theoretical-empirical structure linking the FRLM with the leadership assessment results based on the Multifactor Leadership Questionnaire-Form 5X.

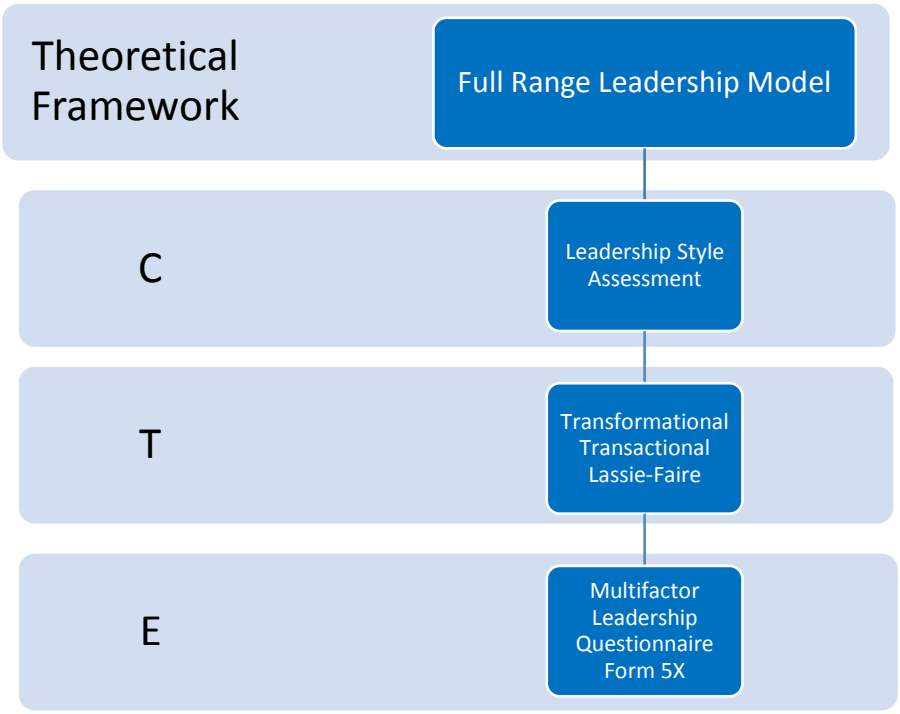


Figure 5. Conceptual, Theoretical, and Empirical (CTE) structure for the Full Range Leadership Model for the project of leadership style assessment behaviors.

Concepts and Definitions

Leadership

Leadership is a complex term. Leadership is an observable set of skills and abilities useful whether one is a front line caregiver or an executive. The American Organization of Nurse Executives describes nurse leaders as being knowledgeable, strong, risk-takers able to convey and articulate the organizational strategic vision, and has the ability to lead followers to achieve organizational mission and goals (AONE, 2011). The American Nurses Credentialing Center defines quality of nursing leadership as leaders who are knowledgeable, have a strong sense of advocacy and support for nursing, are visionary and transformational, support career development and advancement, and promote a safe and healthy work environment (ANCC, 2014).

Nurse Manager

The Nurse Manager is a Registered Nurse who is responsible for managing a nursing unit with regards to financial, budgetary, staffing, and quality initiatives. The Nurse Manager has 24-hour responsibility and accountability for the quality of care provided by the nursing and ancillary staff, is responsible for associate and patient satisfaction, and quality outcomes measures.

Assistant Nurse Manager

An Assistant Nurse Manager is a Registered Nurse who assists the nurse manager and is responsible for day to day staffing, time keeping, payroll, and rounding with physicians, patients, and associates.

Transformational Leader

A Transformational Leader is a leader who uses influence, rapport, inspiration and empathy to engage the team to achieve results greater than expected. This leader is willing to sacrifice themselves for the greater good of the organization. Transformational leaders are known to lead by example, are viewed more positively by others and are more successful in their careers. Transformational leaders are associated with higher levels of purpose, adaptability, consistency, and engagement.

Transactional Leader

A Transactional Leader is a leader who focuses on results, uses a formal line of authority and maintains a system of rewards and punishments to entice subordinates to meet the objective. Transactional leaders provide resources and rewards to those who are productive, follow the rules, and accomplish a given task. Transactional leaders are associated with lower levels of subordinate satisfaction and focus on short-term gains.

Passive Avoidant Leader

A Passive Avoidant Leader is a leader who avoids difficult situations, conflict, and is usually absent from the team when they need the leader the most. Also known as 'Laizze-Faire', this leader stands on the premise of, "If it ain't broke, don't fix it." Passive Avoidant leaders are known to have teams who are low performers, disengaged, lack self-motivation, and creativity, and tend to have low quality and satisfactions scores.

Mission

The initial mission of this project was to obtain a baseline assessment of NMs and ANMs within the organization, share the group results with participants, and present educational material on transformational, transactional, and passive-avoidant leadership

behaviors intended to improve retention of frontline registered nursing staff. The second mission of the project was to incorporate the MLQ-5X Leadership Characteristic Assessment into the onboarding of all newly hired NMs and ANMs within the organization. The leadership assessment results for the index group provided the basis for the development of the educational program for NMs and ANMs within the organization.

SECTION IV

Project Design

The purpose of the project was to determine the leadership behaviors of the current nurse managers and assistant nurse managers in the organization of interest, to share the results of the Multifactor Leadership Questionnaire 5X (MLQ-5X) Leadership Characteristic assessment with the participants, and provide educational information on Transformational Leadership behaviors intended to retain RN staff. The following chapter presents the design, setting, sample, methods, ethical considerations employed to protect human subjects, surveys, data collection process, results of the MLQ-5X assessment, and evaluation results from the two educational sessions presented on February 22, 2017 and two educational sessions presented on March 2, 2017.

Setting

The project consisted of a voluntary convenience sample of approximately 21 associates who held NM or ANM positions in the healthcare organization. Within the study organization, the NMs were defined as registered nurses who held positions of responsibility and accountability for oversight of registered nurses, ancillary staff, and interdisciplinary team members assembled to care for patients at the individual unit level. Nurse Managers had 24 hour accountability for the quality of care delivered to patients, managed the capital and operational budgets, ensured staff competence and appropriate skill mix. Assistant Nurse Managers were defined as assistants to the NM who focused on day to day operations, staffing levels, scheduling, payroll, and patient and staff rounding. The inclusion criteria for the project consisted of all associates who were in a

budgeted NM or ANM role. An informed consent was obtained from all participants. (See Appendix A)

The project institution was a large, 540-bed tertiary, not-for-profit medical center in the southeastern section of the United States. The medical center is part of a corporate healthcare system consisting of three acute care hospitals, two skilled nursing facilities, an inpatient hospice home, and a home health care division. The main medical center serves a five county catchment area and includes a Level 1 Trauma Center, Level III Neonatal Intensive Care Unit, Oncology, Women's and Children's, and Cardiac service lines and nationally accredited Chest Pain Center, Stroke Center, and Bariatric Center.

The hospital system is the largest employer in the area with over 6,300 associates and 500 employed and community based physicians. Approximately 1,100 registered nurses are employed in the medical center and over 980 hold direct clinical care roles. There are five adult critical care units, four cardiac-vascular telemetry units, four medical-surgical telemetry units, one oncology-palliative care unit, four medical-surgical units, one labor and delivery and one post-partum unit, one pediatric unit, one pediatric intensive care unit, and one neonatal intensive care unit. In addition to inpatient nursing units, there are seven outpatient nursing departments within the medical center.

Sample

A voluntary convenience sample of 21 individuals who held a budgeted position titled of either Nurse Manager or Assistant Nurse Manager were recruited as potential participants in the project.

Outcome Measurements

Before implementing the educational sessions scheduled on February 22, 2017 and March 2, 2017, potential participants for the study were invited to an informational session to inform potential participants about the purpose of the project. Baseline leadership assessment data was collected using the Multifactor Leadership Questionnaire 5-X (MLQ-5X) Leadership

Characteristic Assessment tool. The MLQ-5X is a 45-question questionnaire developed by Bass and Avolio (Bass & Avolio, 2004) utilizing a five point Likert scale (0=Not at all to 4= Frequently, if not always). Over the last two decades, the MLQ-5X has become the standard instrument for assessing the range of transformational, transactional and passive-avoidant leadership behaviors. The MLQ-5X questionnaire can be found in Appendix B, along with permission to use the tool from Mind Garden Inc. in Appendix C. The MLQ-5X is both reliable and valid with a consistently strong Cronbach's alpha of >0.90 for the purposes of measuring leadership characteristics (Bass & Avolio, 2004). All submissions of the MLQ-5X were anonymous and collected by the co-investigator in a sealed envelope. All data were analyzed by the statistician. After each of the February 22, 2017 sessions and the March 2, 2017 sessions, an evaluation form was completed by the educational session participants, results compiled, and written comments documented. Written comments from the February 22, 2017 educational sessions can be found in Appendix D and the written comments from the March 2, 2017 educational sessions can be found in Appendix E.

Timeline

Data collection began after approval by the Spartanburg Regional Healthcare System IRB and the University IRB. Data was collected between November 2016 and December 2016. Descriptive data analysis was completed by the statistician when data collection ended. Educational offerings were provided to nurse leaders on February 22, 2017 and March 2, 2017. The project was presented to the faculty of the School of Nursing at the University on April 26, 2017, and later in the calendar year for the Nursing Research Council within the medical center where the project was conducted.

Data Collection

A meeting planner was sent to all individuals within the study organization who held a budgeted NM or ANM position inviting them to an informational session intended to inform them of the proposed study. During the initial meeting, the project investigator described the purpose of the study, read the informed consent aloud (see Appendix A) to the potential study participants and invited group and individual questions. To maintain the strictest level of confidentiality, the project investigator left the room and the project co-investigator collected the informed consents in one sealed envelope and the MLQ-5X leadership characteristic assessment questionnaire (see Appendix B) in a separate sealed envelope. The study participants who indicated they wanted to know the results of their individual assessments were assigned a random number by the co-investigator in order to cross reference the assessment to the participant. The primary investigator had no access to the informed consents, the assessment results, or the identification of the study participants.

Ethics and Protection of Project Participants

Risk to Subjects

There was minimal risks to the subjects participating in the project. There was a slight risk of loss of anonymity. Participants had the right to decline participation in the project and were instructed to place blank copies of the informed consent and MLQ-5X in the envelopes provided and then in the locked box. Because the project investigator was unaware of which NMs or ANMs agreed to participate, no incentives were provided, and there were no penalties for not participating. Subjects were informed that all information would remain confidential, and in the possession of the co-investigator, with only the co-investigator aware of individual results based on participant self-selection for receiving individual results. If the participant declined to receive their individual results, neither the co-investigator nor the investigator were able to cross-reference assessment scores to participants. Completed informed consent forms were placed in a sealed envelope and completed MLQ-5X survey tools were placed in a separate sealed envelope by the survey participant and then into a locked file box for security. The informed consent forms and the survey tool were kept in the co-investigator's locked office located separate from the main campus, where the project was conducted. The educational offering based on the MLQ-5X results was offered to all NMs, ANMs, and nursing directors within the healthcare system whether educational participants participated in the MLQ-5X survey or not. The educational offering based on transformational leadership behaviors to retain RN talent was also offered to all system NMs, ANMs, and nursing directors within the healthcare system.

Project Implementation Procedures

Initial group administration of the MLQ-5X took place on November 28, 2016 and subsequently by individual appointments arranged between NMs and ANMs and the co-investigator between November and December 2016. Data collection was closed on January 1, 2017 and data analysis was performed. Based on the results of the group MLQ-5X scores, the project investigator developed a presentation designed to review the group results with the study participants and all NMs and ANMs. All associates within the healthcare system who held the role of NM, ANM or nursing director were invited to the results presentation.

Prior to the group presentation, participants who indicated they wanted to receive their individual assessment results were sent a copy of their results by the co-investigator. Participants were instructed to keep their individual results private in order to ensure the results remained confidential. On February 22, 2017, two educational sessions were conducted to present the 'group results' based on the MLQ-5X characteristic assessment results. The group MLQ-5X presentation was intended to show the 'group results' based on the overall average MLQ-5X score by characteristic group. In addition, participant individual results by characteristic group were presented and can be found in Appendix F. The MLQ-5X Results presentation is shown in Appendix G. During the 0900 presentation, Seven NMs attended, one ANM attended six directors of nursing attended, and one Vice President attended. During the 1030 presentation, 13 NMs attended and one non-nurse manager attended. The total number of nurse managers was 20. The total assistant nurse managers who attended was one and the total other attendees was eight.

The project was implemented as planned, however, an incorrect survey tool was initially administered by the project investigator. The survey tool provided by and downloaded from Mind Garden was the "Actual/Ought" survey tool, not the MLQ-5X. An Amendment to the initial IRB was submitted to the organizational IRB on November 29, 2016 and approved on December 1, 2016 (see Appendix H) All participants who completed an informed consent and took the "Actual/Ought" survey as identified by the co-investigator were contacted to attend a separate session to complete the MLQ-5X assessment form. All participants were consented a second time and administered the MLQ-5X. The consent form was placed in a sealed envelope by the participant. The MLQ-5X was completed and placed in a sealed envelope by the participant and both envelopes were given to the co-investigator. The investigator had no access to the consent forms or the MLQ-5X assessment forms. The "Actual/Ought" forms were kept separate from the MLQ-5X assessment forms to eliminate the possibility of scoring contamination.

SECTION V

Evaluation Plan

To evaluate the effectiveness of the project, a baseline MLQ-5X leadership characteristic assessment was administered to a voluntary convenience sample of Nurse Managers and Assistant Nurse Managers (n=21) in the organization of interest. Results were compiled by the co-investigator and statistician, then subsequently shared with an invited group of nurse managers, assistant nurse managers, nursing directors and other leaders throughout the hospital system. The results were shared with all associates who attended the educational session on February 22, 2017. (See Appendix I)

Based on the initial MLQ-5X leadership characteristic assessment results and information gathered during literature review, an additional educational presentation was developed by the principle investigator titled, "Transformational Leadership Behaviors to Retain Talented RN Staff" and was presented on March 2, 2017. This presentation was also shared with an invited group of nurse managers, assistant nurse managers, nursing directors and other leaders throughout the hospital system. (See Appendix J)

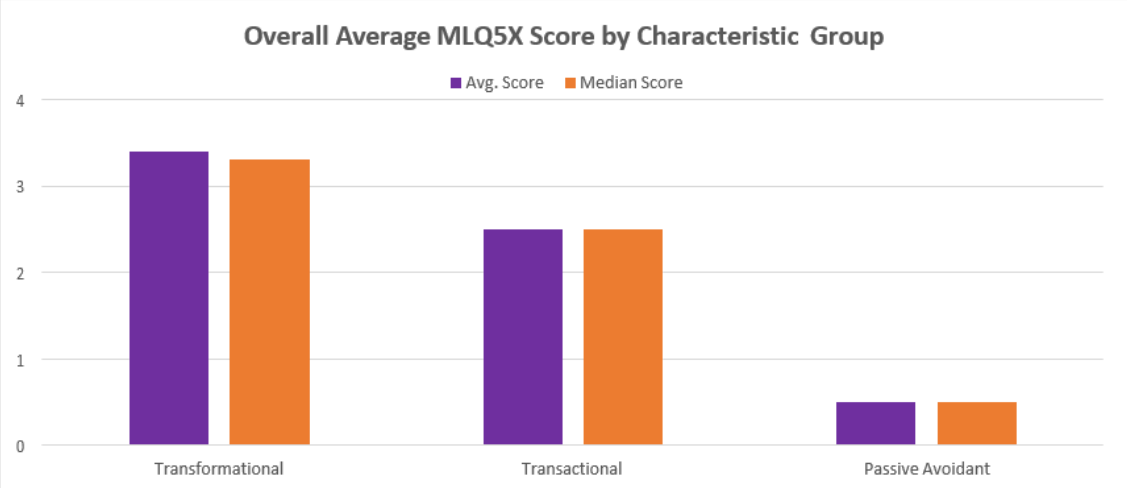
SECTION VI

Results

The data obtained from the 21 respondent participants is depicted in the figures below. An explanation of each figure (6 – 11) is provided.

Overall Average MLQ5X Score by Characteristic Group

Total MLQ5X Survey Participants: **21**



Characteristic Group	Avg. Score	Median Score	Std. Dev
Transformational	3.40	3.30	0.40
Transactional	2.50	2.50	0.99
Passive Avoidant	0.50	0.50	0.62

Figure 6. Of the 21 participants who took the MLQ-5X Assessment, the average score for TL Charasteristics was 3.40; the median score was 3.30, with a standard deviation of 0.40. The average score for TA Characteristics was 2.50; the median score was 2.50, with a standard deviation was 0.99. The average score for PA Characteristics was 0.50; the median score was 0.50 with a standard deviation of 0.62. The MLQ-5X is scored on a zero to four (0-4) Likert Scale.

Participant MLQ-5X Scores by Characteristic Group

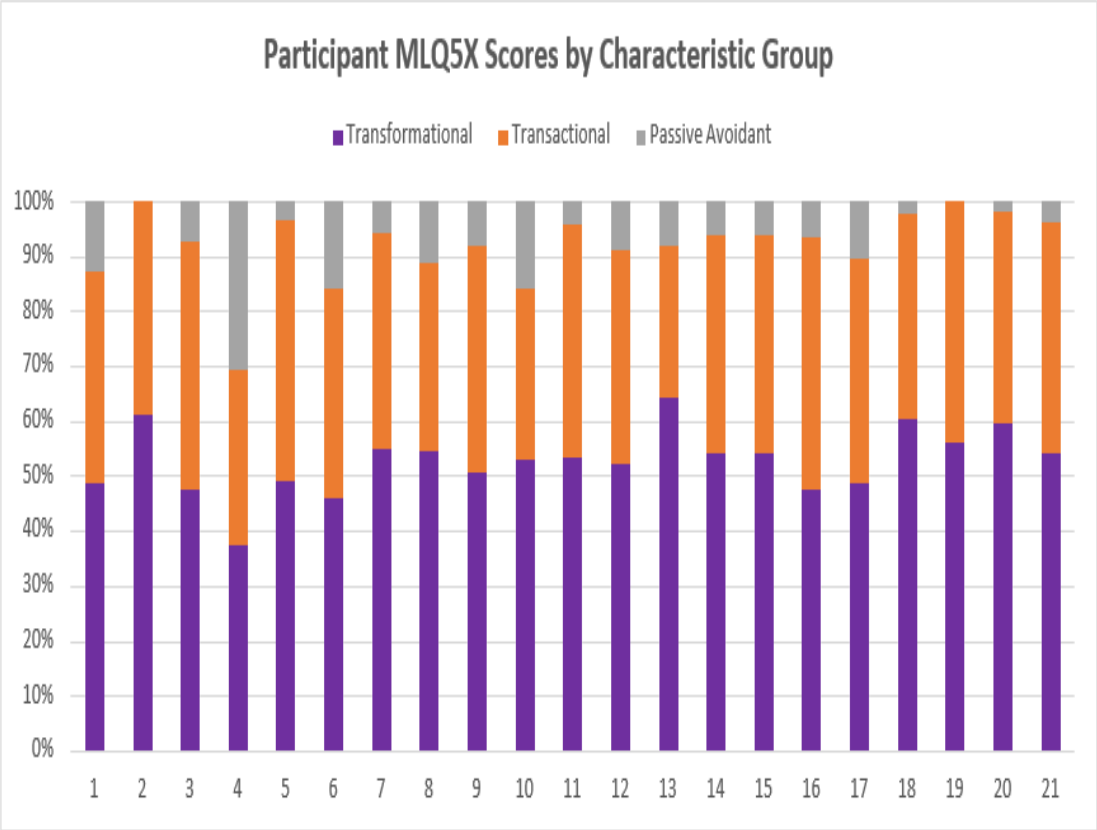


Figure 7. Participant MLQ-5X Scores by Characteristic Group

Each of the 21 participants are represented in the Figure above. The purple shade represents the percentage of transformational leadership used per participant, the orange shade represents the percentage of transactional leadership used per participant, and the gray shade represents the percentage of Passive Avoidant used per participant. Participant four is the only participant who demonstrate use of all three characteristic styles evenly and has the least amount of transformational leadership characteristics and the greatest amount of passive avoidant characteristics of the group. Participant 13 shows

the highest degree of transformational leadership characteristics among the group. Participant two and 19 show no passive avoidant characteristics among the participants.

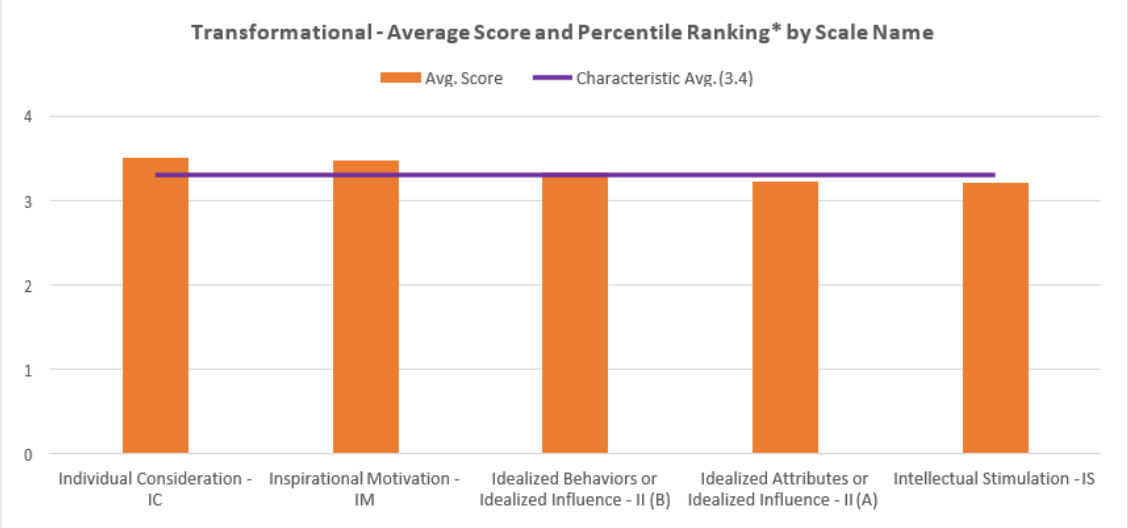
Participant #	Transformational	Transactional	Passive Avoidant	% Transformational	% Transactional	% Passive Avoidant
1	3.4	2.6	0.9	49%	38%	13%
2	3.2	2.0	0.0	61%	39%	0%
3	3.2	3.0	0.5	48%	45%	7%
4	3.1	2.6	2.5	38%	32%	30%
5	3.8	3.6	0.3	49%	48%	3%
6	3.7	3.0	1.3	46%	38%	16%
7	3.5	2.5	0.4	55%	39%	6%
8	3.6	2.3	0.8	55%	34%	11%
9	3.2	2.6	0.5	51%	42%	8%
10	3.4	2.0	1.0	53%	31%	16%
11	3.2	2.5	0.3	54%	42%	4%
12	3.7	2.8	0.6	52%	39%	9%
13	3.0	1.3	0.4	64%	27%	8%
14	3.3	2.4	0.4	54%	40%	6%
15	3.4	2.5	0.4	54%	40%	6%
16	2.8	2.6	0.4	48%	46%	7%
17	3.0	2.5	0.6	49%	41%	10%
18	3.7	2.3	0.1	61%	37%	2%
19	3.4	2.6	0.0	56%	44%	0%
20	3.9	2.5	0.1	60%	38%	2%
21	3.4	2.6	0.3	54%	42%	4%

Figure 8. Participant Scores by Characteristic Group. Each of the 21 participant scores by characteristic is displayed in the graph above. The Participant Scores by Characteristic Group Data Table represents the distribution of scores by characteristic group by participant. The Darker green shading represents a higher percentage of total in the characteristic group and the lighter green represents a lower percentage of total in the characteristic group.

Participant two uses only transformational and transactional leadership characteristics, scoring a 3.2 out of 4.0 and 2.0 out of 4.0, respectively. However, participant two uses the transformational leadership style 61 percent of the time and the transactional leadership style 39 percent of the time. Participant 19 is the other participant who does not use a passive avoidant style of leadership. The participant scored 3.4 out of 4.0 for transformational leadership characteristics (higher than

participant two) but uses the transformational leadership style 56 percent of the time (lower than participant two).

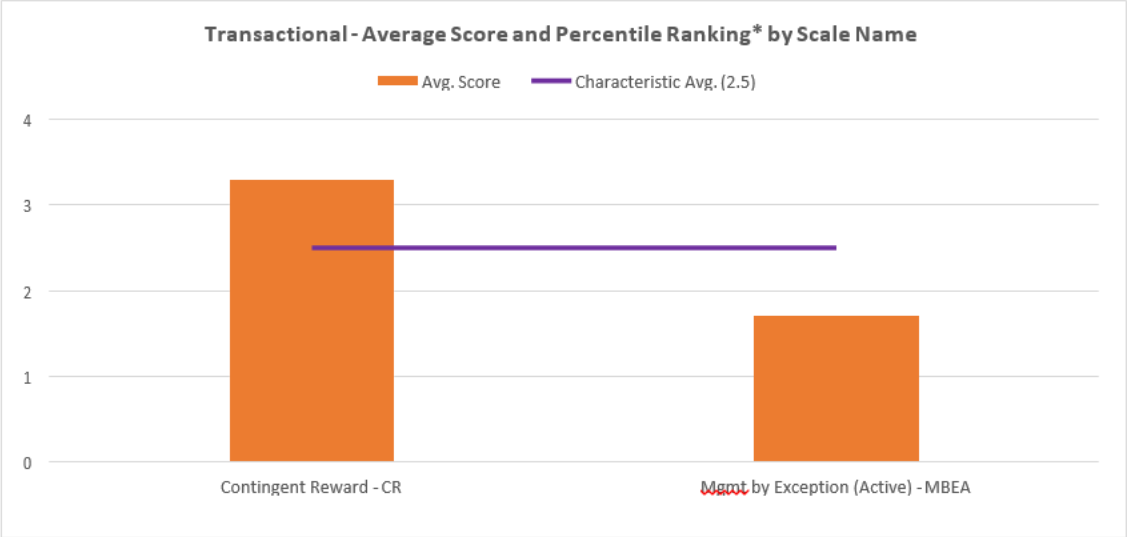
Transformational-Average Score and Percentile Ranking* by Scale Name.



Transformational Scale Name	Avg. Score	Percentile Ranking*
Individual Consideration - IC	3.5	80th
Inspirational Motivation - IM	3.5	80th
Idealized Behaviors or Idealized Influence - II (B)	3.3	60th
Idealized Attributes or Idealized Influence - II (A)	3.2	50th
Intellectual Stimulation - IS	3.2	60th

Figure 9. Transformational Leadership Average Score and Percentile Ranking* by Scale Name. The characteristic average of the 21 participants was 3.4. Note: * Percentiles for Individual Scores Based on Self Ratings (US) – MLQ Third Edition Manual and Sample Set, 2004, p. 108).

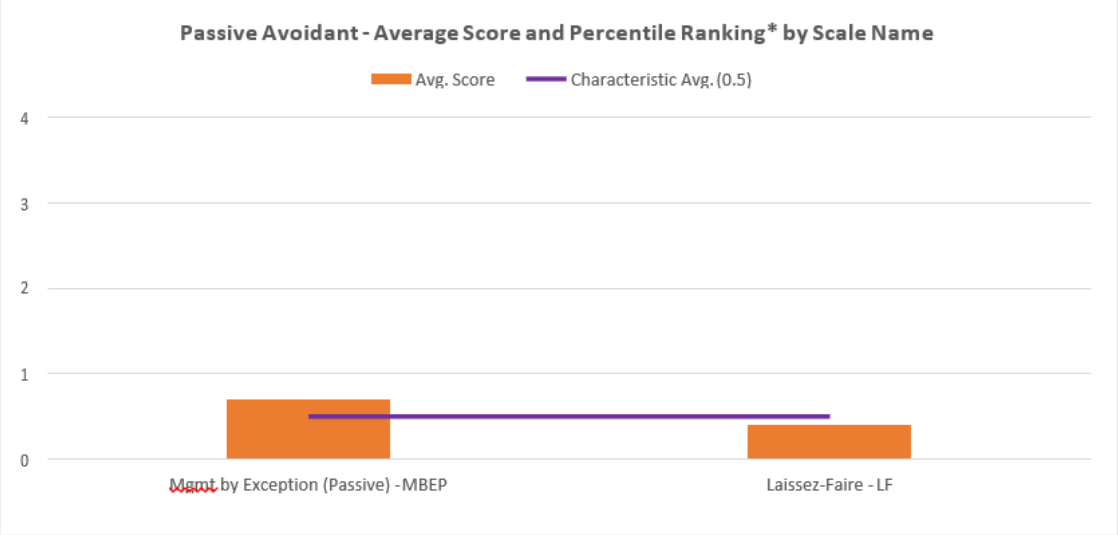
Transactional-Average Score and Percentile Ranking* by Scale Name



Transactional Scale Name	Avg. Score	Percentile Ranking*
Contingent Reward - CR	3.3	70th
Mgmt by Exception (Active) - MBEA	1.7	50th

Figure 10. Transactional Leadership Average Score and Percentile Ranking* by Scale Name. The characteristic average of the 21 participants was 2.5. Note: * Percentiles for Individual Scores Based on Self Ratings (US) – MLQ Third Edition Manual and Sample Set, 2004, p. 109).

Passive Avoidant-Average Score and Percentile Ranking* by Scale Name



Passive Avoidant Scale Name	Avg. Score	Percentile Ranking*
Mgmt by Exception (Passive) - MBEP	0.7	20th
Laissez-Faire - LF	0.4	30th

Figure 11. Passive Avoidant Leadership Average Score and Percentile Ranking* by Scale Name. The characteristic average of the 21 participants was 0.5. Note: * Percentiles for Individual Scores Based on Self Ratings (US) – MLQ Third Edition Manual and Sample Set, 2004, p. 109).

SECTION VII

Project Evaluation

Interpretation of Outcomes

On February 22, 2017, a presentation of the MLQ-5X results was presented during two educational sessions held at the organization where the project took place. The presentation is shown in Appendix J. An evaluation form (see Appendix I) was provided and a total of 20 evaluations were received. Written comments on the evaluation form were compiled and can be found in Appendix D. Participants who attended the educational session on February 22, 2017 who were not NM or ANM were not given an evaluation form because the project was intended to measure NM and AMN behaviors, and their evaluation of the presentation. Figures 12-17 represent the evaluation results.

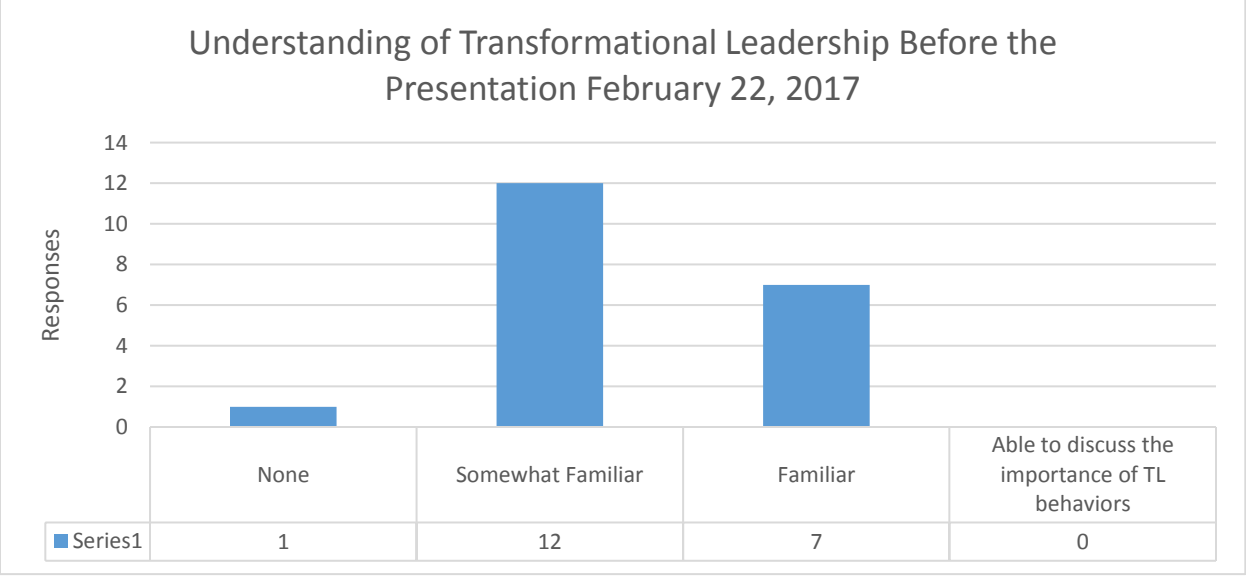


Figure 12. Understanding of Transformational Leadership (Before) the Presentation. The participant evaluation indicated none of the 20 attendees were able to discuss the importance of TL behaviors; seven were familiar, 12 were somewhat familiar and one had no understanding of TL behaviors prior to the presentation.

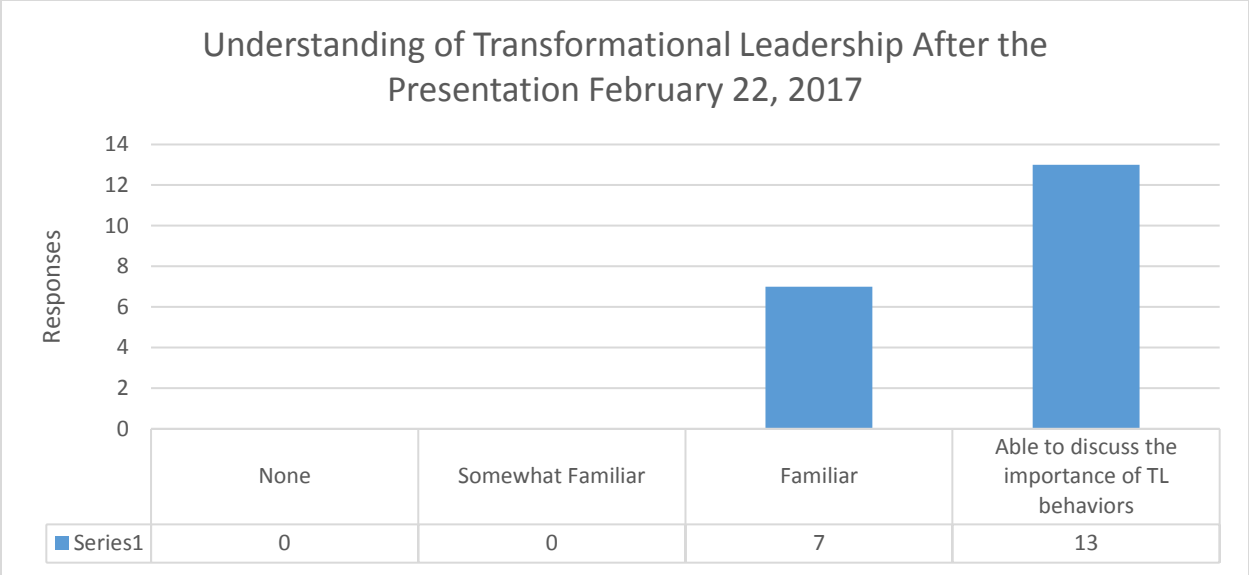


Figure 13. Understanding of Transformational Leadership (After) the Presentation.The participant evaluation indicated 13 of the 20 attendees were able to discuss the importance of TL behaviors; seven (7) were familiar, zero were somewhat familiar and zero had no understanding of TL behaviors after to the presentation.

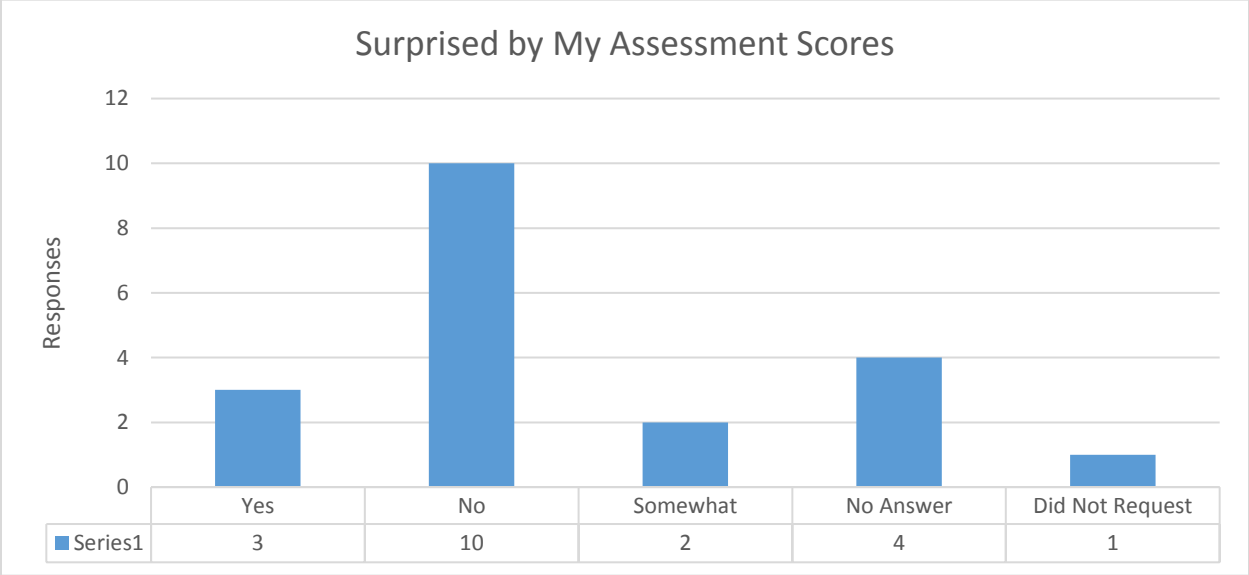


Figure 14. Participants Surprised by Their Assessment Scores. The participant evaluation indicated three participants were surprised by their individual results; 10 were not surprised; two were somewhat surprised, four did not answer the question on the evaluation form, and one participant did not request the results of their individual assessment.

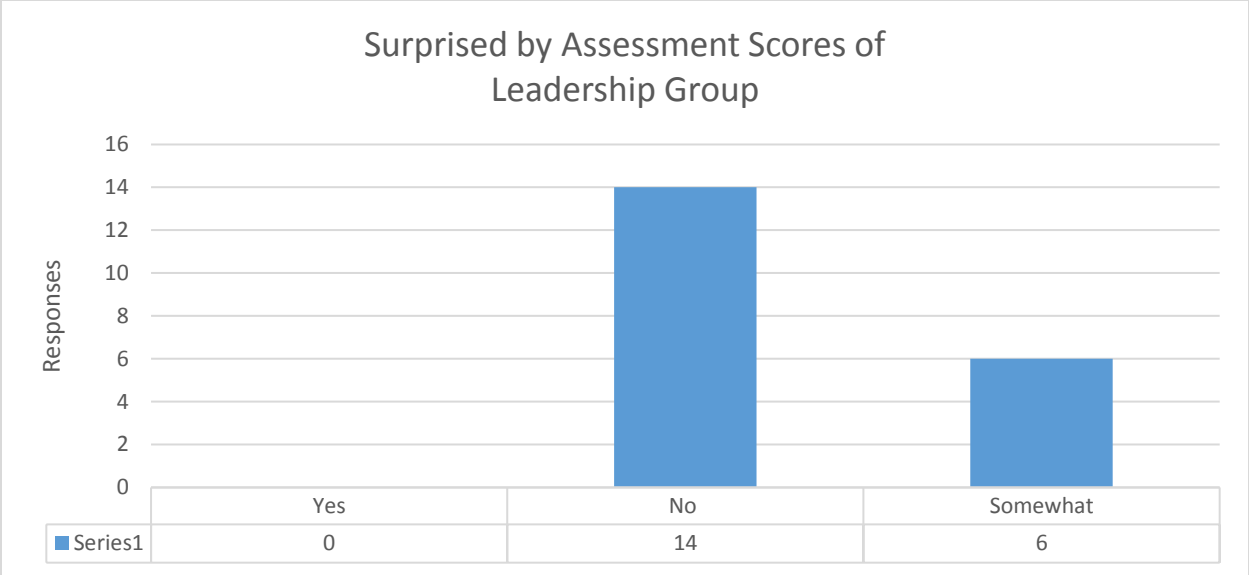


Figure 15. Participants Surprised by the Assessment Scores of the Leadership Group. The participant evaluations indicated no participants were surprised by the assessment scores of the leadership group; 14 were not surprised; and six were somewhat surprised by the results.

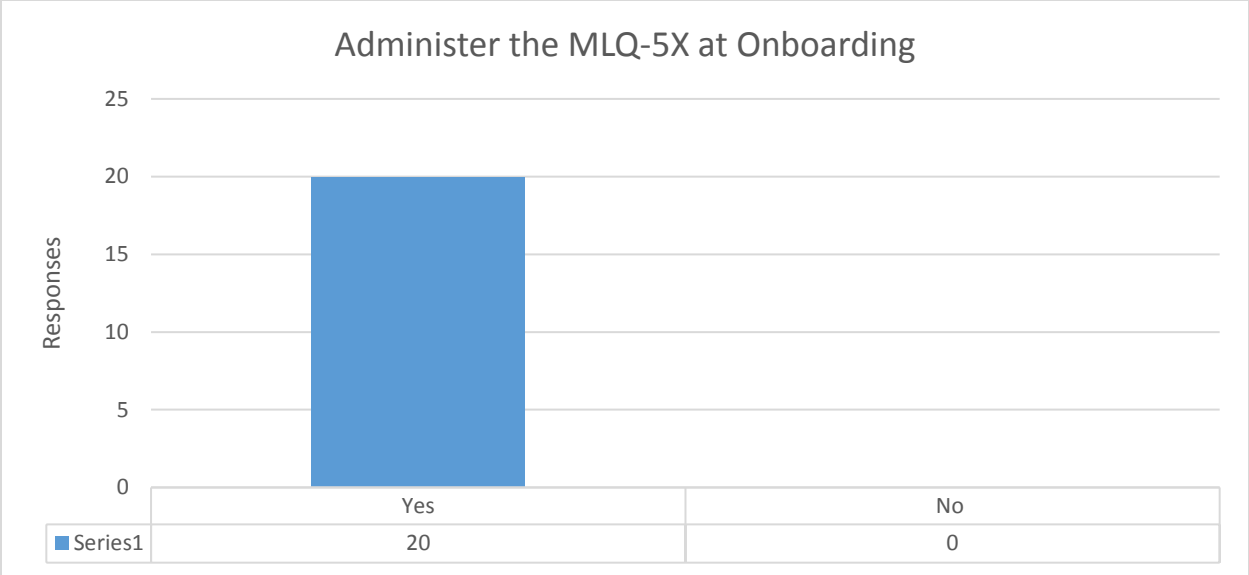


Figure 16. The MLQ-5X Leadership Assessment 'Should' or 'Should Not Be' Administered at Onboarding of New Nurse Mangers and Assistant Nurse Managers. The participant evaluation indicated all 20 presentation attendees felt the MLQ-5X Leadership Characteristic Assessment should be administered to Nurse Managers and Assistant Nurse Managers during their onboarding orientation phase.

On March 2, 2017, a presentation titled, "Transformational Leadership Behaviors to Retain Talented RN Staff" was presented during two educational sessions held at the organization where the project took place. The presentation is shown in Appendix J. An evaluation form (see Appendix K) was provided and a total of 28 completed evaluations were received. Participants who attended the educational session on March 22, 2017 who were not NM or ANM were not given an evaluation form because the project was intended to measure NM and AMN behaviors, and their evaluation of the presentation. Written comments from the evaluation form were compiled and can be found in Appendix E. Figure 17 represents the evaluation results.

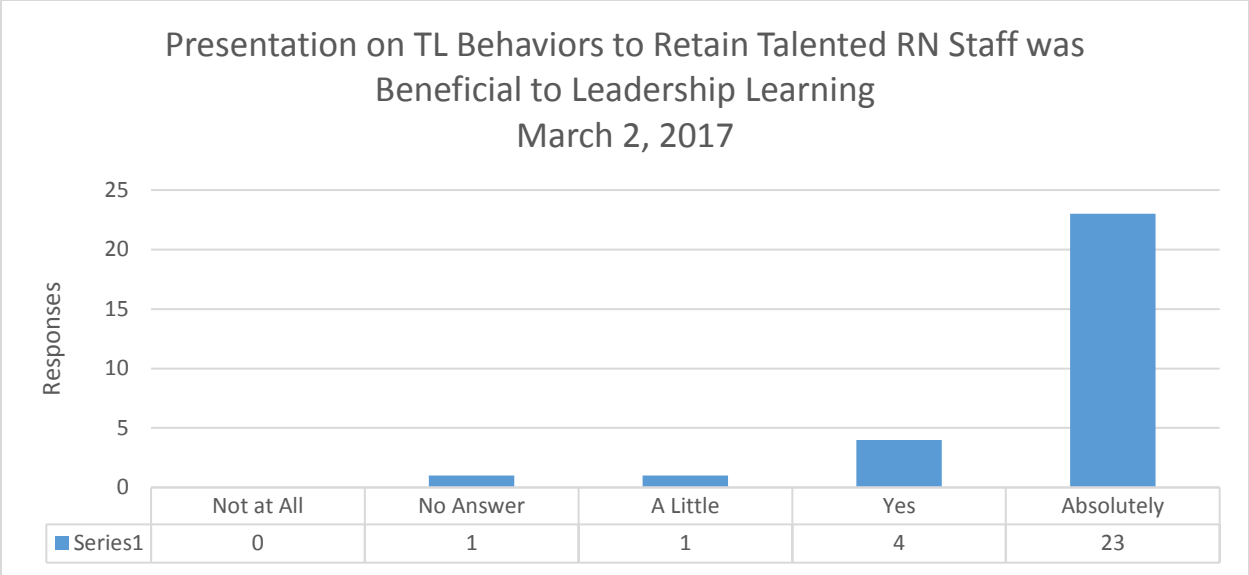


Figure 17. Presentation on Transformational Leadership Behaviors to Retain Talented RN Staff was Beneficial to Leadership Learning. The participant evaluation of the presentation titled, "Transformational Leadership Behaviors to Retain Talented RN Staff" represented 23 participants indicated the presentation "absolutely" was beneficial to learning; four indicated "yes" the presentation was beneficial to learning; one participant indicated the presentation was "a little" beneficial to learning and one participant did not answer the question. Ninety-Three percent of the participants indicated the education presentation was beneficial for their leadership education.

SECTION VIII

Discussion and Interpretation of Findings and the Literature

Between January 2015 and March 2017, the organization of interest had 14 nurse managers leave their position, indicating a nurse manager turnover rate of 51.8%. While expert clinical nurses don't always develop into expert nurse managers, according to Westphal (2012), 61% of NM are promoted internally from frontline clinical positions. All 14 NM positions were filled internally with RNs who lacked managerial experience. Nurse Managers who have been in their role less than five years have turnover rates as high as 50% (Kallas, 2014). The units where the 14 nurse managers left have a 25-40 percent RN vacancy rate compared to the units without turnover during the same 27 month period. Of the 14 nurse managers who left their position, 10 of them (71%) were in their management position less than four years. Only five of the managers (36%) left for promotional roles, for example, director of nursing positions or Nurse Practitioner roles.

The primary reason NMs are not prepared to be successful in the current demanding healthcare environment is the lack of formal leadership training (McKinney, et al., 2016). According to Titzer et al. (2013) it is estimated that six months or more is needed for the onboarding of new nurse managers suggesting proactive methods must be utilized to identify and develop nurse leaders. While the organization of interest has formal leadership training for financial and human resources competencies, there is no formal training or educational programs for nurse managers or assistant nurse managers to ensure they have a successful transition from bedside nursing expert to competent

nurse manager. The ability to proactively assess leadership characteristics and develop an onboarding action plan is one way to ensure a successful transition. Developing a program to proactively assess leadership characteristics by administering the MLQ-5X is one way the investigator plans to identify and develop nurse managers and assistant nurse managers into transformational nurse leaders. The ANA (2013) states, "Professional development is central to enhancing the ability to function and contribute in a rapidly changing health care environment. A continued commitment to the nursing profession requires a nurse to remain involved in continuous learning" (p. 4). The investigator's aim was to incorporate ongoing learning into the onboarding of new nurse managers and assistant nurse managers, as well as share the presentation on staff retention to all managers throughout the hospital system.

Kleinman (2003) states nurse managers are typically unprepared to manage the business activities of leadership. While the nursing profession has traditionally been unable to agree on entry level educational preparation, nursing executives seem to be aligned with requiring nurse managers to have baccalaureate level or higher education. The minimum educational level for nurse managers and assistant nurse managers is the baccalaureate level within the organization where the study was performed. In addition, for candidates interested in advancing to a nursing director position, a master's degree in nursing, health administration or business is required.

Based on the literature, unstable nursing leadership leads to nursing associate turnover, lack of engagement, increased burnout, and a higher incidence of hospital acquired conditions (Bormann & Abrahamson, 2014). The investigator was not able to measure RN associate engagement or burnout, however units where there was manager

turnover, experienced a higher rate of falls without injury than did units without manager turnover.

Hutchinson and Jackson (2013) stated leadership characteristic assessment and transformational leadership education were necessary competencies for nurse managers because transformational leadership characteristics are beneficial to improve staff nurse satisfaction and positive patient outcomes. The evaluation scores and written comments shared by the educational presentation attendees indicated the participants learned from the educational presentation and the individual scoring results. Spinelli (2006) recommended senior leaders must commit to identifying, recruiting, and developing transformational candidates to become effective leaders. The investigator, who is a senior leader within the organization of interest, will present the outcome of this study to the system Nursing Research Council and the system executive leader council to request and facilitate the ability to secure funding to purchase the MLQ-5X Leadership Characteristic Assessment tool. If the organization is not able to fund this purchase, the investigator will attempt funding from grant sources or local and regional foundations.

SECTION IX

Recommendations and Limitations

Recommendations and Dissemination of Findings

Recommendations presented to the organization of interest Department of Corporate Education and Nursing Education included the proactive administration of the MLQ-5X Leadership Characteristic Assessment to all newly hired nurse managers and assistant nurse managers within the first two weeks of their onboarding orientation period. Based on participant feedback, a further recommendation was to re-administer the tool at six and 12 month intervals to allow the managers to see progression in their leadership education and skills. A second recommendation was presented to the organization of interest's Director of Organizational Development and separately to the Director of Corporate Development was to share the presentation titled, "Transformational Leadership Behaviors to Retain Talented RN Staff" to all leaders in the organization.

The investigator offered to refine the presentation to include, "Behaviors to Retain Talented Staff" so the presentation could be shared with interdisciplinary and multidisciplinary leaders within the organization. The final recommendation was to present this educational offering during one of the quarterly system wide Leadership Development Institutes so approximately 350 leaders from across all facilities could receive the training.

Sustainability

The goal of the project was to develop an educational presentation to enhance the leadership training and education of nurse managers and assistant nurse managers. In

order to sustain the momentum achieved by this project, the principle investigator will share the results of the project with the senior leadership team of the hospital system to gain understanding and support to fund the MLG-5X Leadership Characteristic Assessment Tool for all leaders onboarding with the organization, not just nursing leaders. The tool is relatively inexpensive with regards to leadership assessment and would be a baseline assessment used to develop orientation action plans designed increase transformational leadership behaviors. If organizational senior leaders are not able to provide funding for the MLQ-5X assessment tool, the principle investigator will apply for grant funding to ensure sustainability for the project.

In addition to administering the MLQ-5X during all leadership onboarding, the presentation could be added to the "L. E. A. D." program; Leading our Journey to Excellence—How to **L**ead **E**ffectively in **A D**emanding Healthcare Environment. This program was developed by the organization's Director of Organizational Development to increase new leader competence and confidence in leading others, provide support from peers who are also new leaders, develop new leadership skills in a fun, non-threatening way and provide quick and easy access to a variety of tools to help the new leader find balance in the work day. Providing the investigator's presentation on behaviors to retain staff is a natural fit into this already established curriculum. The next scheduled L.E.A.D. series begins on June 1, 2017 and meets weekly during the month of June. The final series of 2017 meets in from the middle of September to the middle of October.

An additional way to sustain this program, even if the funding for the MLQ-5X is not secured, would be for the investigator to provide the educational session on a yearly basis to all nursing leaders and prospective nursing leaders within the succession

planning structure of Shared Governance. The organization has a Shared Governance and a Clinical Excellence Model that allows frontline associates the opportunity to learn leadership skills and techniques and shadow their own leaders in meetings and during committee meetings.

Limitations and Barriers

Limitations of this project include the small number of participants who consented to take the MLQ-5X leadership assessment. Only 21 of the 35 nurse managers and assistant nurse managers agreed to participate in the study revealing a 60% respondent rate. Self-reporting bias could be a limitation of this study because the participant's self-perception of their individual leadership style may have been influenced by underlying motives of not wanting to appear lacking in a particular skill. Another limitation identified by the participants was the desire to talk about their characteristic assessment results with the investigator immediately after the February 22, 2017 presentation. Due to the need to keep the results anonymous, the investigator informed the participants the mentoring activities would begin after the capstone presentation on April 26, 2017.

Barriers encountered during the implementation of the project centered on the incorrect MLQ assessment form assigned by the vendor and downloaded by the investigator. The participants were required to be re-consented and take the correct MLQ-5X leadership characteristic assessment. Additional barriers included the timing of the presentations being limited to twice on February 22, 2017 and twice on March 2, 2017. Implementing the sustainability plan is vital to continued leadership development among NMs and ANMs within the organization of interest.

SECTION X

Implications for Practice

Based on the literature, the nursing profession will face a tsunami of nurse manager and tenured nurse leader resignations or retirement in the next several years. The use of a structured leadership assessment program utilizing the MLQ-5X and subsequent proactive action plan to ensure leadership onboarding success is essential to keep nurse managers and assistant nurse managers in their role. The possibility of using an evidenced based nurse mentoring framework with established tools to assess leadership skill development would also be a consideration. The investigator also has the possibility to implement the American Organization of Nurse Executives or American Nurses Association nurse leadership development programs as tools to augment a continuous educational program that establishes a culture of continuous learning, however funding would have to be secured. As an additional implication for practice, assessing leadership characteristics and developing an educational program for nurse managers and assistant nurse managers would serve to implement the Institute of Medicine, *The Future of Nursing Recommendations*, specifically Recommendation 3: Implement Nurse Residency Programs for entry level nurses transitioning to practice and nurses aspiring to leadership positions, Recommendation 6: Ensure that nurses engage in lifelong learning, and Recommendation 7: Prepare and enable nurses to lead change to advance health.

Contribution of Project in Achieving DNP Essentials

The scientific underpinning of this project for practice in an acute care hospital setting was selected after a thorough evidence-based literature review. Establishing an

evidence-based foundation for the development of an educational program intended to increase leadership competencies and confidence among nurse managers and assistant nurse managers provides evidence of ongoing quality improvement within the organization of interest. The use of a highly reliable and valid assessment tool (MLQ-5X) promoted the use of technology to assess leadership skills with the intent to transform the leadership culture within the acute care setting.

The literature review supported a research link between transformational leadership qualities and successful nurse managers. Successful in terms of higher patient satisfaction, higher associate engagement, and decreased associate burnout, hospital acquired conditions and RN turnover. Conversely, managers who have higher transactional and passive avoidant leadership characteristics have lower patient satisfaction, lower associate engagement, and associate higher burnout, hospital acquired conditions and RN turnover.

Transformational leaders are shown to have a positive impact on those they interact with and supervise. They inspire and motivate others to achieve more than they individually feel is possible. Adding competence and confidence to nurse managers and nurse leaders will allow them to advance the nursing profession in ways that will strengthen the interdisciplinary team, improve nursing empowerment to practice at the highest level of their nursing license, ensure safe transitions across the continuum of care, and improve the health of the community.

Transformational leaders who remain in their roles are able to mentor and encourage front line nursing staff to practice effectively as professional nurses. Effective, nurturing relationships are key components for establishing a culture of safety, a culture

of caring, and a culture of empowerment and retention. Competent bedside staff are vital to the provision of safe, quality care for all patients and retaining staff at the bedside is essential.

Summary

Transformational leaders are leaders who encourage others to both develop and perform above and beyond the standard expectation and beyond what they feel they are capable of. Associates see their leader as willing to sacrifice their own personal needs to ensure the needs of the team are secured and met. Transformational leaders have a strong alignment with organizational mission and vision and are highly engaged in supporting team goals. The transformational leadership process builds trust, respect, accountability, engagement, and loyalty to self, leadership, unit, and organizational goals.

The purpose of this study was to establish a baseline assessment of leadership characteristics among current nurse managers and assistant nurse managers within the organization of interest. Based on that assessment and a thorough review of the literature, the investigator developed an educational program to share group results and an educational program to teach transformational leadership behaviors intended to retain registered nurse talent within the organization. Based on the evaluations from both presentations, the participants indicated total support for implementing the MLQ-5X Leadership Characteristic Assessment as part of the onboarding and orientation of newly hired nurse managers and assistant nurse managers. In addition, written comments documented on the evaluation forms indicated actions the participants intended to implement to become more transformational with their team members on their individual units.

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Appendix A

SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT, INC.

RESEARCH SUBJECT
INFORMED CONSENT FORM

Protocol Title: *Transformational Leadership Assessment of Nurse Managers and Assistant Nurse Managers*

Project Investigator: *Susan Duggar, MSN, RN, NEA-BC*
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A. PURPOSE AND BACKGROUND

This project is intended to assess baseline leadership traits of nurse leaders within the organization of interest. The results of the leadership assessment will be used to develop onboarding curriculum for nurse leaders based on Transformational Leadership behaviors.

You are being asked to participate in a project to assess leadership traits among nurse leaders. Those traits will be used to develop onboarding curriculum for nurse leaders based on Transformational Leadership behaviors.

You are being asked to volunteer since you meet the requirements for enrollment in the project. Enrollment is voluntary which means you can choose whether or not you want to participate. If you choose not to participate, there are no consequences to your status with the institution.

B. PROCEDURES

Sample

The project consists of a voluntary convenience sample of approximately 31 associates who hold nurse leader or assistant nurse leader positions in the healthcare organization. The inclusion criteria for the project will be all associates who are in a budgeted nurse leader or assistant nurse leader role.

Instruments

The instrument used for this project to assess nurse leader leadership styles is the Multifactor Leadership Questionnaire (MLQ-5X). Developed by Bruce Avolio and Bernard Bass the tool is widely accepted and highly validated in the field of leadership assessment. The MLQ-5X can be found in Appendix B, along with permission to use the tool from Mind Garden Inc.

Methods

Nurse leaders participating in the project will be asked to complete the MLQ-5X. Participants will be asked to complete the MLQ-5X tool and place the completed tool in a sealed envelope that will be provided by the investigator. Participants will be informed that there will be no incentives offered for completion of the survey. In addition, participants will be informed that results of the project will be used to develop onboarding curriculum for nurse leaders based on Transformational Leadership behaviors. A separate informal survey will be conducted via Survey Planet to determine current nurse leader knowledge and skill. An educational offering will be conducted to share the results of the MLQ-5X and provide didactic content to nurse leaders regarding Transformational Leadership behaviors. Questions for the informal pre and post educational survey can be found in Appendix II. All nurse leaders will be invited to the educational offering whether they choose to participate or not.

C. DURATION

The 45- question MLQ-5X will be administered during the month of November, 2016. The anticipated time to complete the assessment is between 30-60 minutes.

The number of participants in the study is approximately 31 Nurse Managers/ Assistant Nurse Managers within the study institution.

The study will be completed on or before March 15, 2016

D. RISKS AND DISCOMFORT

There are minimal risks to the subjects participating in the project. No incentives are provided, and there are no penalties for not participating. Subjects will be informed that all information will remain confidential, with only the project investigator, statistician, and nurse leader aware of individual results. Demographic forms and completed MLQ-5X survey tools will be placed in a sealed envelope by the survey participant. The nurse leader educational offering based on Transformational Behaviors will be offered to all nurse leaders whether they participated in the MLQ-5X survey or not.

E. NEW INFORMATION.

Any new information regarding the survey obtained by the Principle Investigator will be shared with the participants.

F. BENEFITS

Potential benefits of the project could greatly impact the future of nursing leadership within the healthcare organization. Based on the results of the project, the PI could propose additional budgeted funding to cover the cost of the MLQ-5X for all nurse leaders in the system and all newly hired nurse leaders to determine baseline leadership behaviors.

G. COSTS

The project sponsor, Susan Duggar, will pay for the project questionnaire. Participants will incur no costs.

H. PAYMENT FOR PARTICIPATION

You will not be paid for taking part in this project.

I. ALTERNATIVE TREATMENT

This is not a treatment study. PI using a survey tool.

J. COMPENSATION FOR INJURY:
No injury is anticipated for participants.

K. VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this study is voluntary. You may decide not to participate or you may decide not to finish answering the questions on the MLQ-5X after beginning the questionnaire.

There will be no repercussions should you choose not to participate.

L. CONFIDENTIALITY OF STUDY RECORDS
Information collected for this study is confidential. Your privacy is very important to the project investigator and every effort will be made to protect study participant confidentiality. The MLQ-5X will not collect your name or any other identifying characteristics. Study participants will place the completed MLQ-5X in a sealed envelope and place the document in a locked box.

There are organizations that may inspect your records. Some of these organizations are: The study sponsor, Susan Duggar and its affiliates.

- The Office for Human Research Protections (OHRP)
- The Institutional Review Board, IRB, is a group of people who review the research with the goal of protecting the people who take part in the study.
- The IRB of Gardner-Webb University
- Spartanburg Regional Health Services District, Inc.,

M. QUESTIONS
Contact the project investigator listed on page one (1) of this form for any of the following reasons:

- If you have any questions about your participating in this study,

- If you have questions, concerns, or complaints about the research

If you have questions regarding your rights as a project participant, do not hesitate to contact the Project Investigator, Susan Duggar, at (864) 560-1880/ (864) 606-9790, or the Co-Investigator, Bobby Steed, at (864) 560-6995.

If you have questions regarding your rights as a project participant, do not hesitate to contact the Spartanburg Regional Healthcare System Institutional Review Board (SRHS IRB) at (864) 560-6892.

The SRHS IRB is a group of people who independently review research. The SRHS IRB will not able to answer some study-specific questions, such as questions about appointment times. However, you can contact the SRHS IRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff.

Do not sign this consent form unless you have had a chance to ask question and have gotten satisfactory answers.

If you agree to be in this study, you will receive a signed and dated copy of this consent form for your records.

N. CONSENT

Subject Statement of Participation
I have read the above consent form, and my project investigator has explained the nature and purpose of this project to me. I have been given the opportunity to ask questions about the project, and my questions have been answered to my satisfaction. Having had the time and place to review all this information, I choose to participate in this study.

I also understand that I do not give up any of my legal rights by signing this consent form and that I may quit the study at any time without harming future medical care or losing any benefits to which I might otherwise be entitled.

After I sign this consent form, I understand I will receive a copy of it for my own records. I do not give up any of my legal rights by signing his consent form.

_____	_____	_____	_____
Printed Name of Subject	Signature of Subject	Date	Time

For Use with Authorized Representative Signature
For subjects unable to give authorization, the authorization is given by the following authorized subject representative:

_____	_____	_____	_____
Printed Name of Authorized Subject Representative	Signature of Authorized Subject Representative	Date	Time

_____
Provide a brief description of above person's authority to serve as the subject's authorized representative.

Investigator or Designee Statement
I have carefully explained to the subject the nature and purpose of this study as well as the risks, benefits and alternatives to study participation. The subject signing this consent form has (1) been given the time and place to read and review this consent for; (2) been given an opportunity to ask questions regarding all aspects of this research study; and (3) appears to understand the nature and purpose of the study and the demands required of participation. The subject has signed this consent form prior to having any study-related procedures performed.

_____	_____	_____	_____
Printed Name of Investigator or Designee	Signature of Investigator or Designee	Date	Time

Appendix B

Multifactor Leadership Questionnaire™

Instrument (Leader and Rater Form)

and Scoring Guide (Form 5X-Short)

by Bruce Avolio and Bernard Bass

Published by Mind Garden, Inc.

info@mindgarden.com
www.mindgarden.com

MLQ Multifactor Leadership Questionnaire™
Leader Form (5x-Short)

My Name: _____ Date: _____

Organization ID #: _____ Leader ID #: _____

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

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

Use the following rating scale:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

1.	I provide others with assistance in exchange for their efforts	0	1	2	3	4
6.	I talk about my most important values and beliefs	0	1	2	3	4
16.	I make clear what one can expect to receive when performance goals are achieved	0	1	2	3	4
21.	I act in ways that build others' respect for me	0	1	2	3	4
32.	I suggest new ways of looking at how to complete assignments	0	1	2	3	4

MLQ Multifactor Leadership Questionnaire
Scoring Key (5x) Short

My Name: _____ Date: _____

Organization ID #: _____ Leader ID #: _____

Scoring: The MLQ scale scores are average scores for the items on the scale. The score can be derived by summing the items and dividing by the number of items that make up the scale. All of the leadership style scales have four items, Extra Effort has three items, Effectiveness has four items, and Satisfaction has two items.

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

Idealized Influence (Attributed) total/4 = **Management-by-Exception (Active) total/4 =**

Idealized Influence (Behavior) total/4 = **Management-by-Exception (Passive) total/4 =**

Inspirational Motivation total/4 = **Laissez-faire Leadership total/4 =**

Intellectual Stimulation total/4 = **Extra Effort total/3 =**

Individualized Consideration total/4 = **Effectiveness total/4 =**

Contingent Reward total/4 = **Satisfaction total/2 =**

1.	**Contingent Reward**	0	1	2	3	4
2.	**Intellectual Stimulation**	0	1	2	3	4
3.	**Management-by-Exception (Passive)**	0	1	2	3	4
4.	**Management-by-Exception (Active)**	0	1	2	3	4
5.	**Laissez-faire**	0	1	2	3	4
6.	**Idealized Influence (Behavior)**	0	1	2	3	4
7.	**Laissez-faire**	0	1	2	3	4
8.	**Intellectual Stimulation**	0	1	2	3	4
9.	**Inspirational Motivation**	0	1	2	3	4
10.	**Idealized Influence (Attributed**	0	1	2	3	4
11.	**Contingent Reward**	0	1	2	3	4
12.	**Management-by-Exception (Passive)**	0	1	2	3	4
13.	**Inspirational Motivation**	0	1	2	3	4
14.	**Idealized Influence (Behavior)**	0	1	2	3	4
15.	**Individualized Consideration**	0	1	2	3	4

Continued =>

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

16.	**Contingent Reward**	0	1	2	3	4	
17.	**Management-by-Exception (Passive)**	0	1	2	3	4	
18.	**Idealized Influence (Attributed)**	0	1	2	3	4	
19.	**Individualized Consideration**	0	1	2	3	4	
20.	**Management-by-Exception (Passive)**	0	1	2	3	4	
21.	**Idealized Influence (Attributed)**	0	1	2	3	4	
22.	**Management-by-Exception (Active)**	0	1	2	3	4	
23.	**Idealized Influence (Behavior)**	0	1	2	3	4	
24.	**Management-by-Exception (Active)**	0	1	2	3	4	
25.	**Idealized Influence (Attributed)**	0	1	2	3	4	
26.	**Inspirational Motivation**	0	1	2	3	4	
27.	**Management-by-Exception (Active)**	0	1	2	3	4	
28.	**Laissez-faire**	0	1	2	3	4	
29.	**Individualized Consideration**	0	1	2	3	4	
30.	**Intellectual Stimulation**	0	1	2	3	4	
31.	**Individualized Consideration**	0	1	2	3	4	
32.	**Intellectual Stimulation**	0	1	2	3	4	
33.	**Laissez-faire**	0	1	2	3	4	
34.	**Idealized Influence (Behavior)**	0	1	2	3	4	
35.	**Contingent Reward**	0	1	2		4	
36.	**Inspirational Motivation**	0	1	2	3	4	
37.	**Effectiveness**	0	1	2	3	4	
38.	**Satisfaction**	0	1	2	3	4	
39.	**Extra Effort**	0	1	2	3	4	
40.	**Effectiveness**	0	1	2	3	4	
41.	**Satisfaction**	0	1	2	3	4	
42.	**Extra Effort**	0	1	2	3	4	
43.	**Effectiveness**	0	1	2	3	4	

44.	**Extra Effort**	0	1	2	3	4
45.	**Effectiveness**	0	1	2	3	4

The MLQ -- *I've finished my data collection... Now what?*

Step 1: Acquire the Manual for the MLQ
If you need to order the manual, you may go online and with a credit card order a PDF/electronic copy to be delivered same day. http://www.mindgarden.com/multifactor-leadership-questionnaire/238-mlq-manual.html

Step 2: Group the MLQ Items
Use the MLQ Scoring Key to group items by scale (See below for classification of items and scales).

Step 3: Calculation of Averages
Calculate an average by scale. (Example: the items which are included in the Idealized Influence (Attributed) are Items 10,18,21,25. Add the scores for all responses to these items and divide by the total number of responses for that item. Blank answers should not be included in the calculation). NOTE: you may find a spreadsheet tool such as MS Excel to be helpful in recording, organizing and calculating averages.

Step 4: Analysis
The MLQ is not designed to encourage the labeling of a leader as Transformational or Transactional. Rather, it is more appropriate to identify a leader or group of leaders as (for example) "more transformational than the norm" or "less transactional than the norm".

One option for analysis is to compare the average for each scale to the norm tables in Appendix B of the MLQ
Manual. (EXAMPLE: by looking at Appendix B Percentiles for Individual Scores table in the back of the Manual, you will see that a score of 2.75 for Idealized Attributes (also known as Idealized Influence (Attributed)) is at the 40th percentile, meaning 40% of the normed population scored lower, and 60% scored higher than 2.75.) *See next page*

Characteristic	Scale Name	Scale Abbrev	Items
Transformational	Idealized Attributes or Idealized Influence (Attributes)	IA or II(A)	10,18,21,25
Transformational	Idealized Behaviors or Idealized Influence (Behaviors)	IB or II(B)	6,14,23,34
Transformational	Inspirational Motivation	IM	9,13,26,36
Transformational	Intellectual Stimulation	IS	2,8,30,32
Transformational	Individual Consideration	IC	15,19,29,31
Transactional	Contingent Reward	CR	1,11,16,35
Transactional	Mgmt by Exception (Active)	MBEA	4,22,24,27
Passive Avoidant	Mgmt by Exception (Passive)	MBEP	3,12,17,20
Passive Avoidant	Laissez-Faire	LF	5,7,28,33

Characteristic	Scale Name	Scale Abbrev	Items
*****Outcomes of Leadership	Extra Effort	EE	39,42,44
Outcomes of Leadership	Effectiveness	EFF	37,40,43,45
Outcomes of Leadership	Satisfaction	SAT	38,41

*****As the term connotes, the Outcomes of Leadership are not Leadership styles, rather they are outcomes or results of leadership behavior.

For Dissertation and Thesis Appendices:

You cannot include an entire instrument in your thesis or dissertation, however you can use up to five sample items. Academic committees understand the requirements of copyright and are satisfied with sample items for appendices and tables. For customers needing permission to reproduce five sample items in a proposal, thesis, or dissertation

the following page includes the permission form and reference information needed to satisfy the requirements of an academic committee.

Putting Mind Garden Instruments on the Web:

If your research uses a Web form, you will need to meet Mind Garden's requirements by following the procedure described at http://www.mindgarden.com/how.htm#instrumentweb.

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For any other special purposes requiring permissions for reproduction of this instrument, please contact info@mindgarden.com.

Appendix C

Permission for Susan Duggar to reproduce 60 copies within one year of June 6, 2016

www.mindgarden.com

To whom it may concern,

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

Instrument: ***Multifactor Leadership Questionnaire***

Authors: ***Bruce Avolio and Bernard Bass***

Copyright: ***1995 by Bruce Avolio and Bernard Bass***

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

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

Sincerely,

Robert Most
Mind Garden, Inc. www.mindgarden.com

Appendix D

Written Comments from February 22, 2017 Sessions

Name one transformational leadership behavior you will begin using today:

- Optimize goals
- Build a strong transformational team understanding the importance of transactional behaviors as well
- Be Proactive
- Intent need to influence so goals are reached and help them be reached
- Ensure all associates are aware of the organizational goals
- Seek different perspectives with dealing with situations
- Motivation
- Make a point to get direct feedback for changes made by the staff
- Immediately clarifying goals etc and relate to Mission and Vision
- Will improve and master all that I am doing
- IM portion (Intrinsic Motivation)
- Work to be fluid in all areas
- Be more proactive
- Include staff in educational opportunities and presenting in-services
- Goal setting of my employees
- Idealized Attributes
- Increase recognition of the team

Please state further comments:

- Making sure leadership team have values and beliefs of organization-proactive
- I do think #6 (administering the MLQ-5x during onboarding) is important so you know prior to selecting the right person for leadership positions Maybe also taking them later so reminding leaders what style they have and what is important.
- I would like to decrease my transactional leadership
- Would be interested to see the change in leadership style over a period of time
- Looking forward to getting more into this.
- Very interesting and important to our staff
- I appreciate the opportunity to improve my leadership style
- Very informative
- Would be very beneficial for ALL leaders at SMC and complete the survey and results shared.
- Would love continuous “monitoring”—can we retake the survey in 6 months, 12 months!!
- Great presentations
- Can we use to track patient outcomes and nurse retention?
- Great tool for monitoring new leaders and helping them to grow as well as current leaders

Appendix E

Written Comments from March 2, 2017 Sessions

What is ONE thing you learned today that you will use in your current leadership role?

- Let staff make decisions
- To be more fluid
- I will learn to be all aspects of a leader not just focusing on one
- Being more transformational and not focusing on lists and rules
- Using more shared governance
- Continue to read, learn and grow
- Be very aware of what I am doing, say/ action etc. when I am around or even not around staff
- Take care of self in order to take care of others
- Continue to read and develop leadership style
- To make an inspirational motivational goals to share at each staff meeting
- Find "one thing" and do it now
- Implement suggested tactics to retain staff
- That I need to take care of myself
- Seek employee opinions more in order to provide empowerment
- Do what I say and do in a timely manner—sometimes "timely" is difficult –this needs to be a priority
- My leadership style and how to combine other styles to improve on it
- Work on improving shared decisions making with my team members
- Doing a better job of praising in public and not just sending thank you cards
- Leadership is lonely. Have learned this and have been trying to do—but focus on associates and involve them when possible
- Address the behavior and not the person. Praise individually and in public. Model the behaviors that I want to see in my staff.
- How to adapt and merge all benefits and qualities from passive avoidant, transactional and transformational leadership styles
- Must find a balance and have a life outside of work
- This confirmed what I have recently began doing. Staff input and decision making to help employee engagement and patient satisfaction.
- Involve staff more in decision making and get their feedback
- Empowerment of the associates
- It's appropriate and okay to be passive/avoidant at appropriate times only!
- Continue to incorporate shared governance for my unit
- Find quick "wins" for my new role to establish trust and strengthen relationships with leaders in my area
- To continue to lead by example and convince staff to exceed expectations
- Seek employee input on decisions

What is the ONE thing that you learned today that you will STOP doing in your current leadership role?

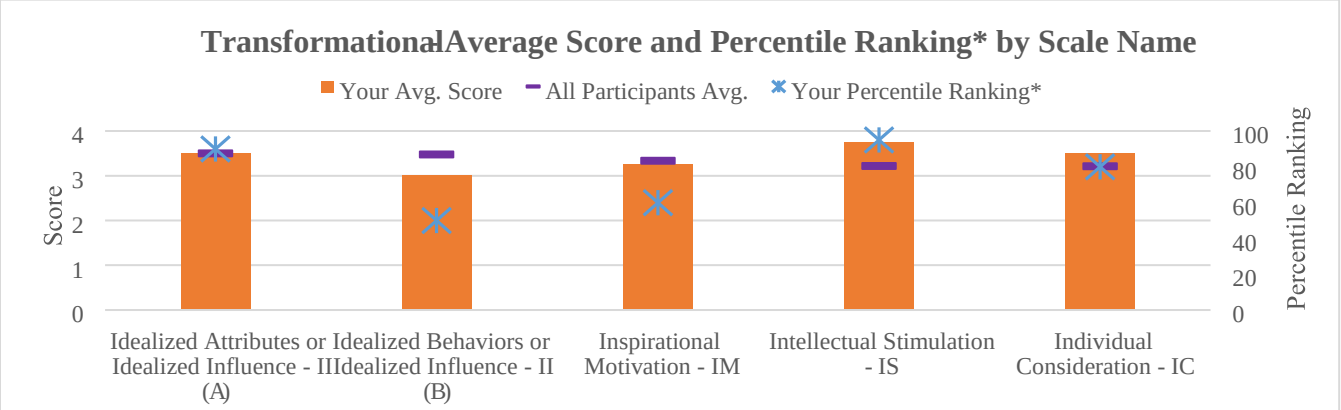
- Stop hanging out with the staff after work
- Trying to be friends with my staff
- Being "friends" with staff
- Remember I am constantly being watched, (can't read the following comment)
- Same as above…Stop things I shouldn't do or say in front of staff
- Feeling bad when I say no to outside social activities that I know will not go as it should.
- To share more with the staff on decisions
- Trying to be friends
- Developing friendships outside of work
- Not taking time to grow in my leadership skills, reading, learning
- Parenting younger employees
- Being the parent—this can be difficult
- Depending only on myself—I will find a good mentor/ role model
- Not taking personal time
- I am not sure how to stop not being lonely. I have great work relationships however don't feel lonely.
- Relying on myself—ask help from others—don't do alone if I don't need to
- Still learning every minute of the day s I am not exactly sure yet, maybe something in regards to outside of work relationships.
- Not taking time to take care of myself in order to take better care of the staff and organization
- Remember to always be a leader and not a parent
- Working 24/7 (I feel like)!
- Will let ours decide on solutions to issues and come to me with their ideas
- Recognize when you need to step away and care for yourself
- ?
- Ignoring my needs
- Parenting employees—coach and encourage but don't parent
- I want to stop being "black and white" with certain issues. Be more understanding but firm with decisions.
- I have to stop thinking of the staff as "young" –less of the parent role and more of the dealing with young professionals

Appendix F

Participant Individual Results

Transactional Scale Name	Your Avg. Score	Your Percentile Ranking*	All Participants Avg.
Contingent Reward - CR	3.00	50	3.30
Mgmt by Exception (Active) - MBEA	2.25	80	1.70

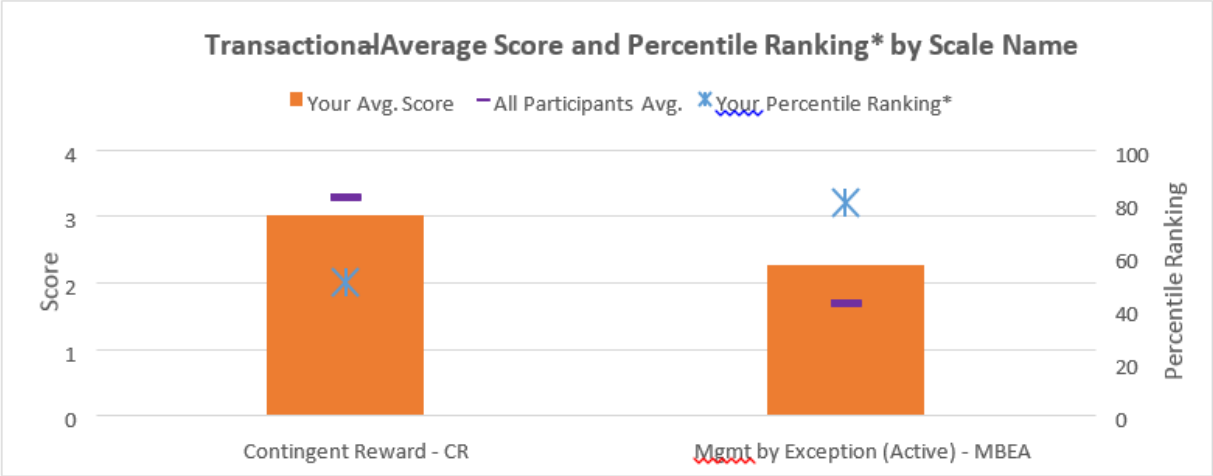
Characteristic Group	Your Avg. Score	All Participants Avg.
Transformational	3.40	3.40
Transactional	2.63	2.50
Passive Avoidant	0.25	0.50



Data Table

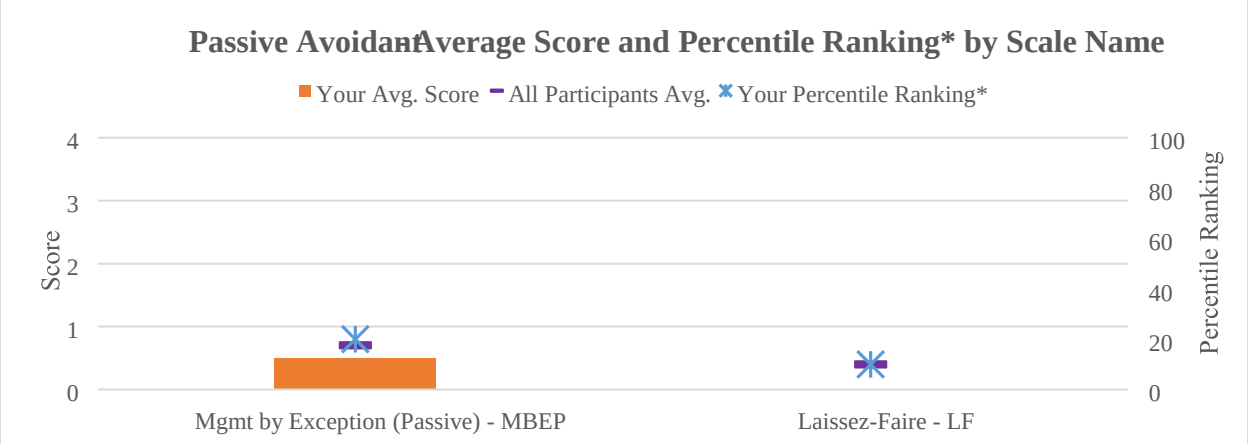
Transformational Scale Name	Your Avg. Score	Your Percentile Ranking*	All Participants Avg.
Idealized Attributes or Idealized Influence - II (A)	3.50	90	3.50
Idealized Behaviors or Idealized Influence - II (B)	3.00	50	3.48
Inspirational Motivation - IM	3.25	60	3.34

Intellectual Stimulation - IS	3.75	95	3.22
Individual Consideration - IC	3.50	80	3.21



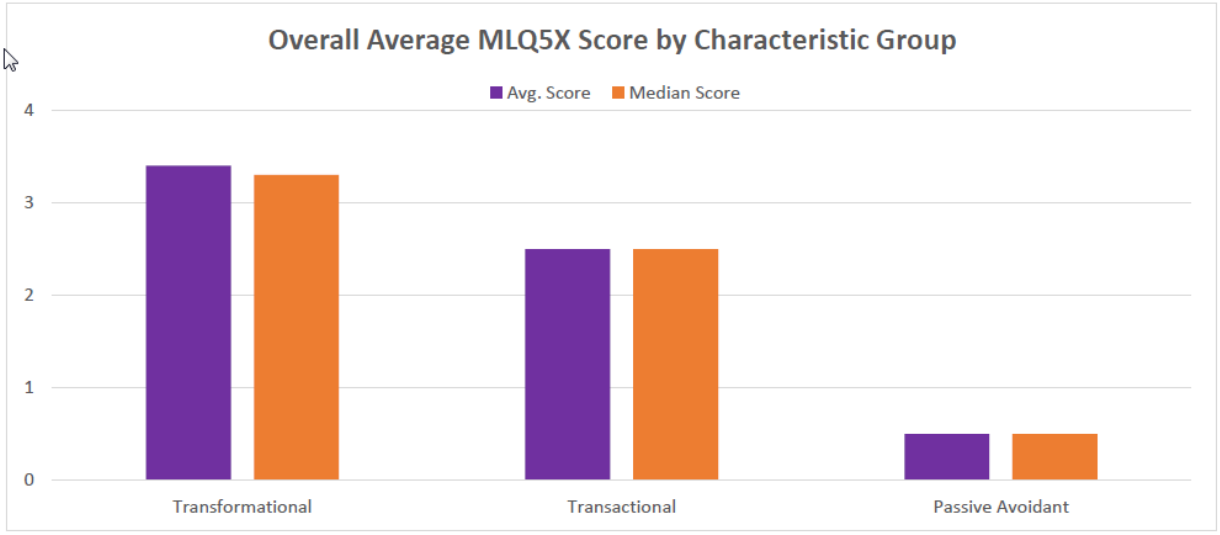
Data Table

Transactional Scale Name	Your Avg. Score	Your Percentile Ranking*	All Participants Avg.
Contingent Reward - CR	3.00	50	3.30
Mgmt by Exception (Active) - MBEA	2.25	80	1.70

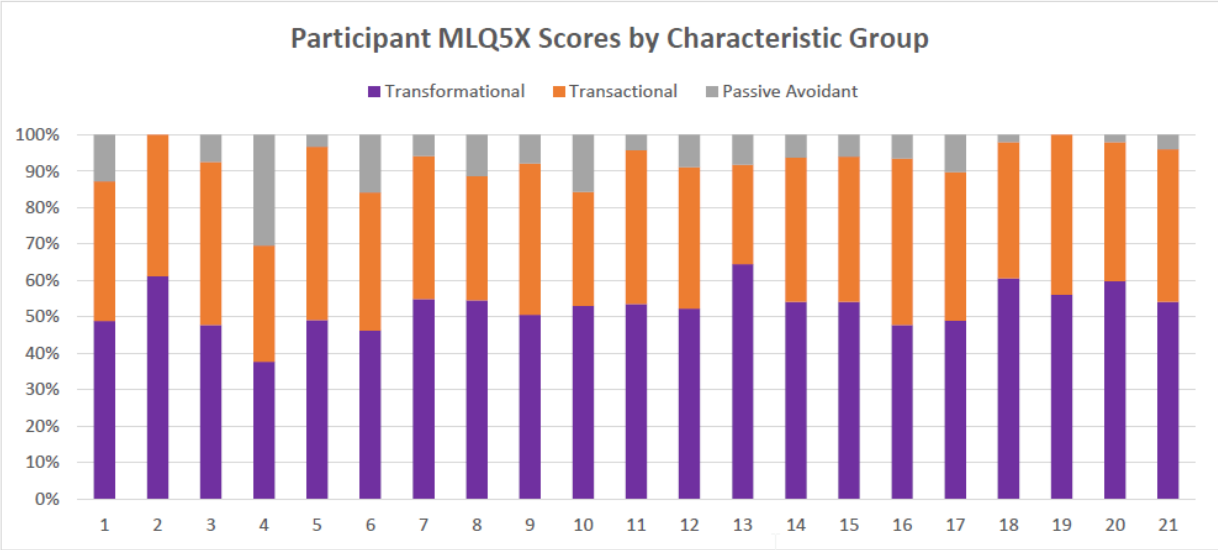


Data Table

Passive Avoidant Scale Name	Your Avg. Score	Your Percentile Ranking*	All Participants Avg.
Mgmt by Exception (Passive) - MBEP	0.50	20	0.7
Laissez-Faire - LF	0.00	10	0.4



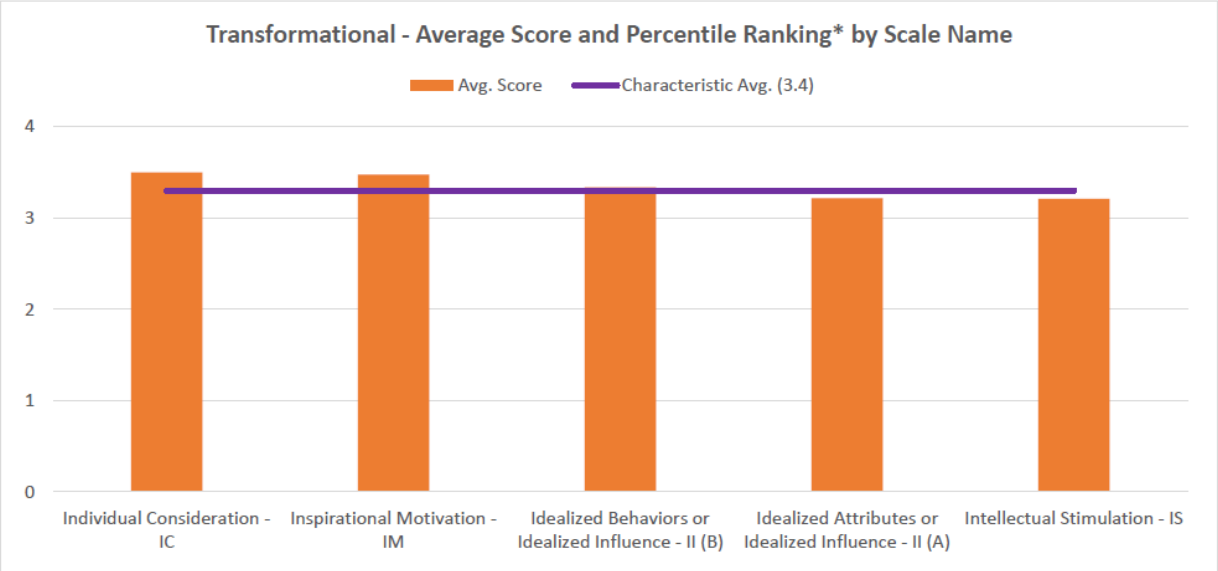
Characteristic Group	Avg. Score	Median Score	Std. Dev
Transformational	3.40	3.30	0.40
Transactional	2.50	2.50	0.99
Passive Avoidant	0.50	0.50	0.62



Participant Scores by Characteristic Group Data Table

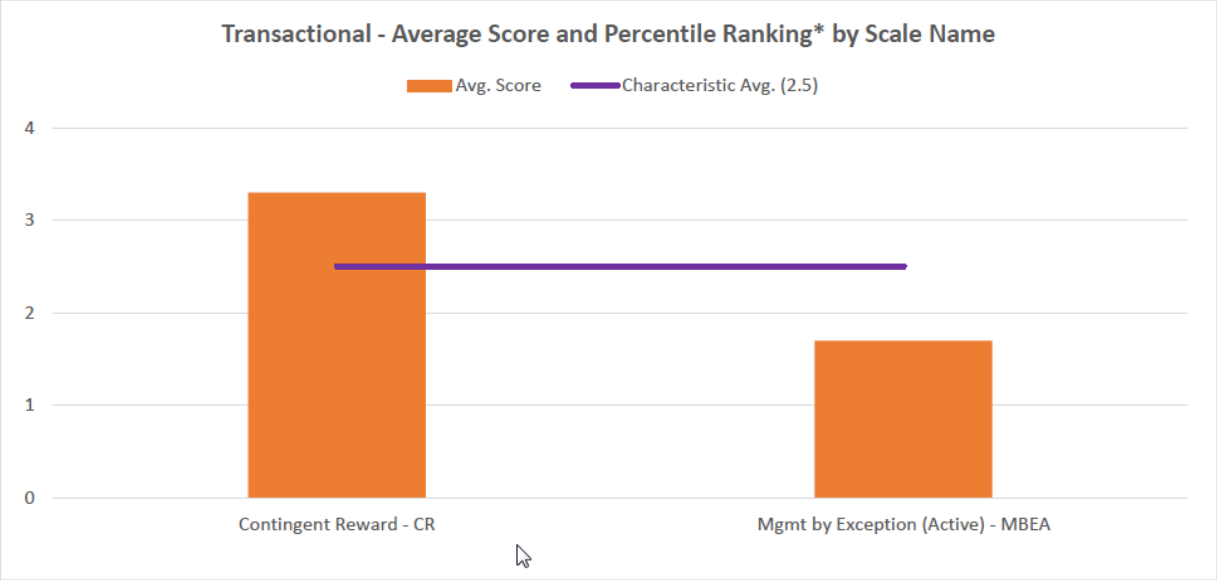
Note: Green shading represents distribution of scores by characteristic group by participant. Darker green represents a higher percentage of total in the characteristic group and lighter green represents a lower percentage of total in the characteristic group.

Participant #	Transformational	Transactional	Passive Avoidant	% Transformational	% Transactional	% Passive Avoidant
1	3.4	2.6	0.9	49%	38%	13%
2	3.2	2.0	0.0	61%	39%	0%
3	3.2	3.0	0.5	48%	45%	7%
4	3.1	2.6	2.5	38%	32%	30%
5	3.8	3.6	0.3	49%	48%	3%
6	3.7	3.0	1.3	46%	38%	16%
7	3.5	2.5	0.4	55%	39%	6%
8	3.6	2.3	0.8	55%	34%	11%
9	3.2	2.6	0.5	51%	42%	8%
10	3.4	2.0	1.0	53%	31%	16%
11	3.2	2.5	0.3	54%	42%	4%
12	3.7	2.8	0.6	52%	39%	9%
13	3.0	1.3	0.4	64%	27%	8%
14	3.3	2.4	0.4	54%	40%	6%
15	3.4	2.5	0.4	54%	40%	6%
16	2.8	2.6	0.4	48%	46%	7%
17	3.0	2.5	0.6	49%	41%	10%
18	3.7	2.3	0.1	61%	37%	2%
19	3.4	2.6	0.0	56%	44%	0%
20	3.9	2.5	0.1	60%	38%	2%
21	3.4	2.6	0.3	54%	42%	4%



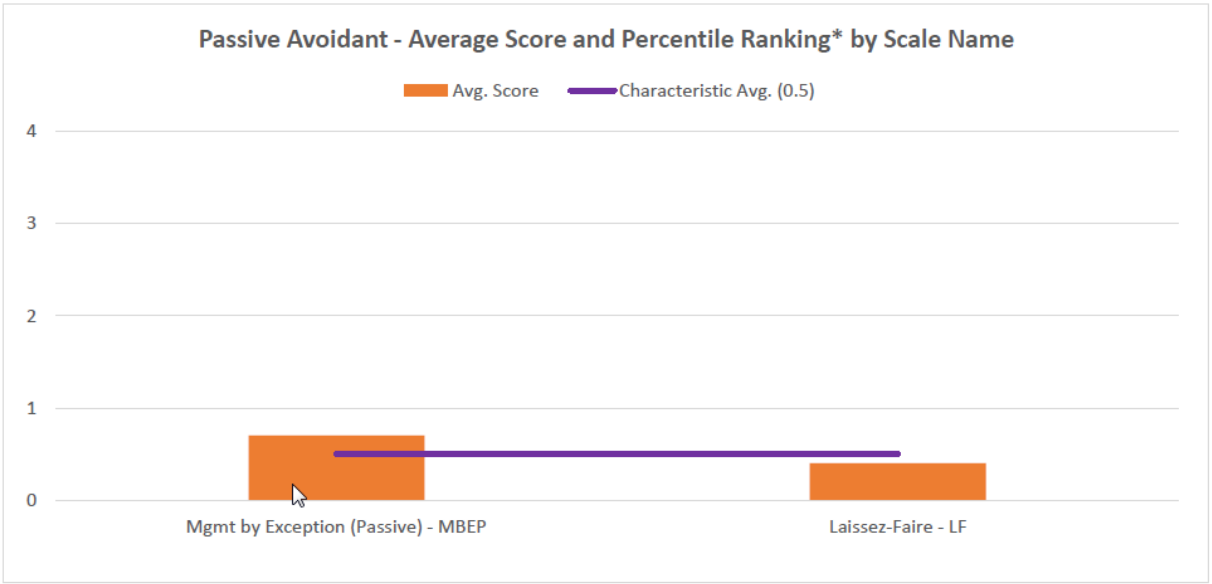
Transformational Scale Name	Avg. Score	Percentile Ranking*
Individual Consideration - IC	3.5	80th
Inspirational Motivation - IM	3.5	80th
Idealized Behaviors or Idealized Influence - II (B)	3.3	60th
Idealized Attributes or Idealized Influence - II (A)	3.2	50th
Intellectual Stimulation - IS	3.2	60th

* Percentiles for Individual Scores Based on Self Ratings (US) - MLQ Third Edition Manual and Sample Set, 2004



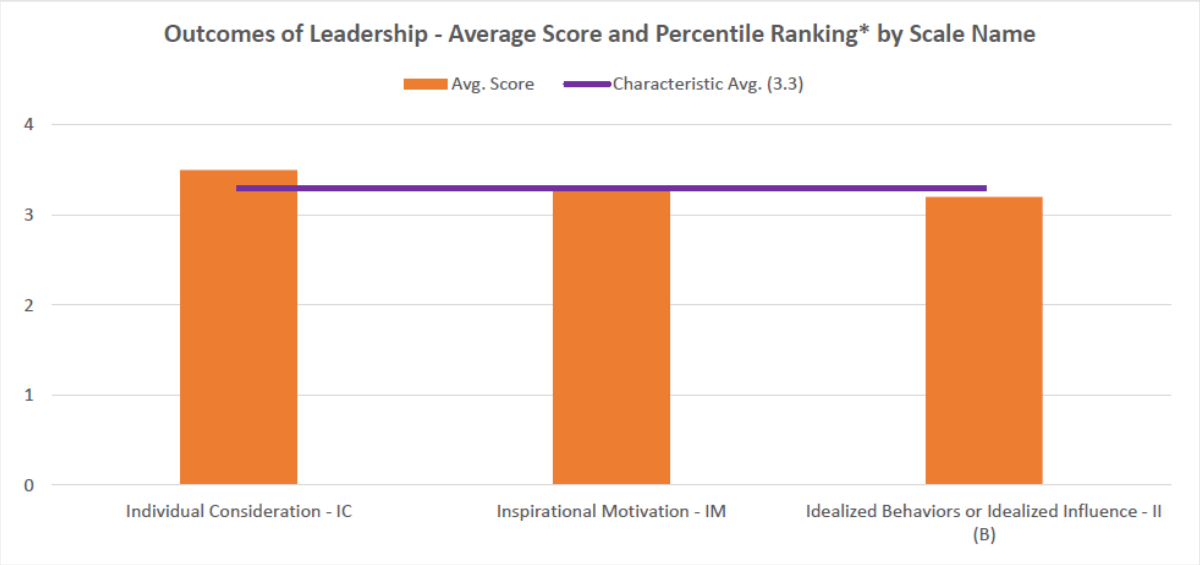
Transactional Scale Name	Avg. Score	Percentile Ranking*
Contingent Reward - CR	3.3	70th
Mgmt by Exception (Active) - MBEA	1.7	50th

* Percentiles for Individual Scores Based on Self Ratings (US) - MLQ Third Edition Manual and Sample Set, 2004



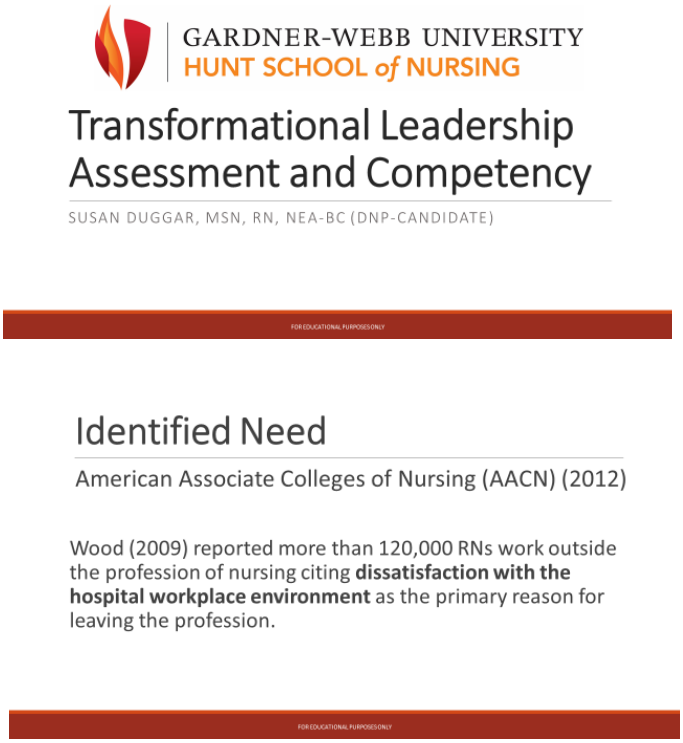
Passive Avoidant Scale Name	Avg. Score	Percentile Ranking*
Mgmt by Exception (Passive) - MBEP	0.7	20th
Laissez-Faire - LF	0.4	30th

* Percentiles for Individual Scores Based on Self Ratings (US) - MLQ Third Edition Manual and Sample Set, 2004



Appendix G

February 22, 2017 Presentation



Problem Statement

Nurse Leaders who lack the transformational leadership traits necessary to build cohesive teams or maintain a healthy Registered Nurse environment experience a higher rate of Registered Nurse team member turnover.

Purpose and Aim of the Project

The ***Purpose*** of the project was to increase the Transformational Leadership skills of nurse managers and assistant nurse managers.

The ***Aim*** of the project was to teach Transformational Leadership skills to nurse leaders and incorporate leadership assessment and training into onboarding new nurse managers.

Identified Population

The research will be conducted at a 540-bed tertiary medical center located in the southeastern section of the United States.

- Assistant Nurse Managers
- Nurse Managers
- Nursing Directors*

Sample and Demographics

All nurse leaders within organization

- Inpatient Nursing Units
- Emergency Center
- Perioperative Services

Scope of the Problem

The 2016 National Healthcare Retention Survey (NSI, INC, 2016) report (N=138 facilities)(Data from 2015)

- **474,545 healthcare workers /120,630 RNs**
- **Hospital Turnover leveled off at 17.1% in 2015, up from 16.4% in 2014**
- **RN Turnover steady increase from16.4% 2014 to 17.2% in 2015**
- **RN vacancy Rate in 2015 was 8.5% (1.3% increase)**
- **Recruitment Difficulty Index in 2015 was 82 days**

FOR EDUCATIONAL PURPOSES ONLY

Scope of the Problem

The 2015 National Healthcare Retention Survey (NSI, INC, 2015) report (N=141 facilities) (Data from 2014)

- **468,706 healthcare workers /113,622 RNs**
- **Hospital Turnover steady increase from 13.5% in 2011 to 17.2% in 2014**
- **RN Turnover steady increase from 11.2 in 2011 to 16.4% in 2014**
- **RN vacancy Rate in 2014 was 7.2%**
- **Recruitment Difficulty Index in 2014 was 85 days**

FOR EDUCATIONAL PURPOSES ONLY

Scope of the Problem

The 2015 data for study medical center data…

- **468,706 healthcare workers /113,622 RNs**
- **Hospital Turnover steady increase from 13.5% in 2011 to 17.2% in 2015**
- **RN Turnover steady increase from 11.2 in 2011 to 16.4% in 2015**
- **RN vacancy Rate in 2015 was 7.2%**
- **Recruitment Difficulty Index in 2015 was 85 days**

FOR EDUCATIONAL PURPOSES ONLY

Measureable Objectives

SPECIFIC:

Assistant Nurse Managers and Nurse Managers will take the **MLQ-5X** to determine which leadership style they are most likely to use.

Assistant Nurse Managers and Nurse Managers will **gain insight, knowledge and skills** to address personal growth opportunities designed to promote a healthier work environment –leading to retention of nursing staff. (pre-post test measure)

FOR EDUCATIONAL PURPOSES ONLY

Theoretical Underpinning

Full Range Leadership Model

- Leaders have a primary style of leadership
- Can be Transformational
- Can be Transactional
- Can be Passive-Avoidant

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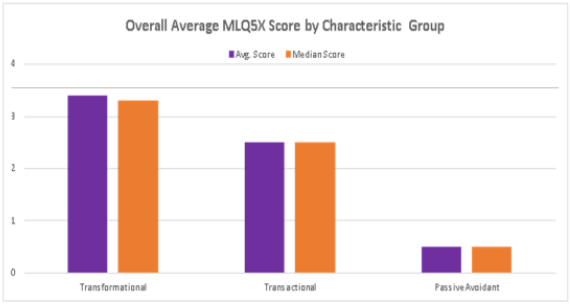
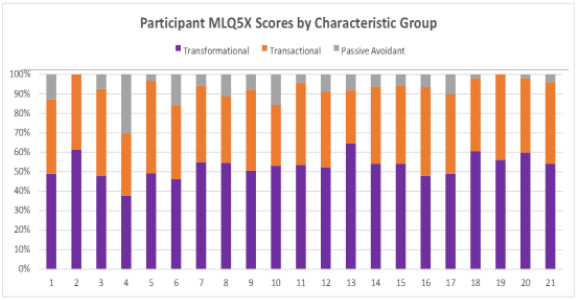


Total MLQ-5X Survey Participants: 21

DATA PROVIDED BY BOBBY STEED, QUALITY SRHS



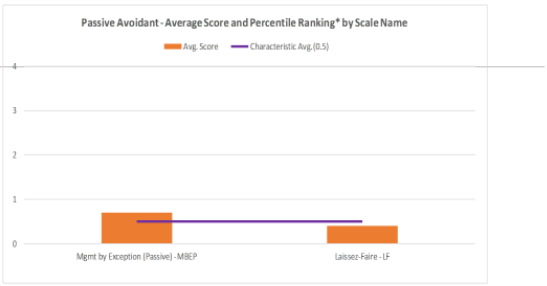
DATA PROVIDED BY BOBBY STEED, QUALITY, SRHS

Participant Scores by Characteristic Group Data Table

Participant #	Transformational	Transactional	Passive-Avoidant	% Transformational	% Transactional	% Passive Avoidant
1	3.4	2.6	0.9	49%	38%	13%
2	3.2	2.0	0.0	61%	39%	0%
3	3.2	3.0	0.5	48%	45%	7%
4	3.1	2.6	2.5	38%	32%	30%
5	3.8	3.6	0.3	49%	48%	3%
6	3.7	3.0	1.3	46%	38%	16%
7	3.5	2.5	0.4	55%	39%	6%
8	3.6	2.3	0.8	55%	34%	11%
9	3.2	2.8	0.5	51%	42%	8%
10	3.4	2.0	1.0	53%	31%	16%
11	3.2	2.5	0.3	54%	42%	4%
12	3.7	2.8	0.6	52%	39%	9%
13	3.0	1.3	0.4	64%	27%	8%
14	3.3	2.4	0.4	54%	40%	6%
15	3.4	2.5	0.4	54%	40%	6%
16	2.8	2.6	0.4	48%	46%	7%
17	3.0	2.5	0.6	49%	41%	10%
18	3.7	2.3	0.1	61%	37%	2%
19	3.4	2.6	0.0	56%	44%	0%
20	3.9	2.5	0.1	60%	38%	2%
21	3.4	2.6	0.3	54%	42%	4%

Note: Green shading represents distribution of scores by characteristic group by participant. Darker green represents a higher percentage of total in the characteristic group and lighter green represents a lower percentage of total in the characteristic group.

DATA PROVIDED BY BOBBY STEED, QUALITY, SRHS



DATA PROVIDED BY BOBBY STEED, QUALITY, SRHS

Passive Avoidant Scale Name	Average Score	Percentile Ranking*
Mgmt by Exception-Passive (MBEP)	0.7	20th
Laissez-Faire - LF	0.4	30th

* Percentiles for Individual Scores Based on Self Ratings (US) - MLQ Third Edition Manual and Sample Set, 2004

DATA PROVIDED BY BOBBY STEED, QUALITY, SRHS

Passive Avoidant Leadership

- Passive and/or Reactive
- Does not respond to situations or problems systematically
- Avoids clarifying expectations/ providing goals/specifying agreements

FOR EDUCATIONAL PURPOSES ONLY

Mgmt By Exception: Passive (MBEP)

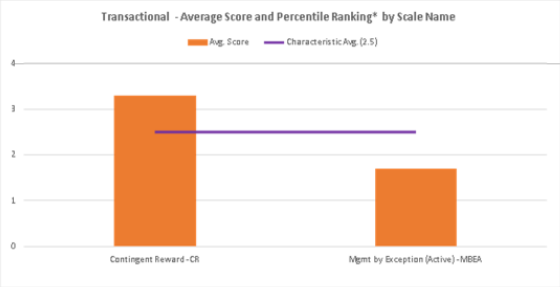
- Fails to interfere until problems become serious
- Waits for things to go wrong before taking action
- Shows a firm belief in “If it ain’t broke, don’t fix it”
- Demonstrates that problems must become chronic before action is taken

FOR EDUCATIONAL PURPOSES ONLY

Laissez-Faire- LF

- Avoids getting involved when important issues arise
- Is absent when needed
- Avoids making decisions
- Delays responding to urgent questions

FOR EDUCATIONAL PURPOSES ONLY



DATA PROVIDED BY BOBBY STEED, QUALITY, SRHS

Transactional Scale Name	Average Score	Percentile Rank*
Contingent Reward – CR	3.3	70th
Mgmt by Exception Active (MBEA)	1.7	50th

* Percentile for Individual Scores Based on Self Ratings (UO – MLQ Third Edition Manual and Sample Set, 2004

DATA PROVIDED BY BOBBY STEED, QUALITY, SRHS

Transactional Leadership

- Display behaviors associate with constructive and corrective actions
- Defines expectations
- Promotes performance to achieve goals
- "CORE" behaviors of *MANAGEMENT* functions in organizations

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Contingent Reward - CR

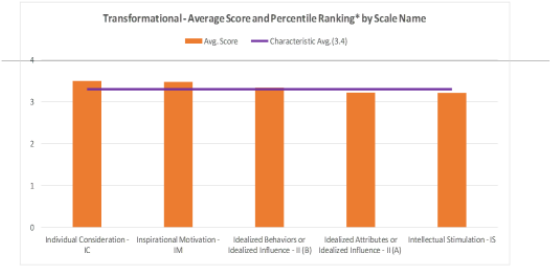
- Clarifies goals and objectives and provides recognition once goals are achieved
- Gives individual and group rewards for achievements
- Provides others with assistance in exchange for their efforts
- Makes clear what one can expect to receive when goals are achieved
- Specific as to WHO is responsible for achieving performance targets

FOR EDUCATIONAL PURPOSES ONLY

Mgmt By Exception: Active (MBEA)

- Focus attention on irregularities, mistakes, exceptions, and deviations from standard
- Concentrates full attention on dealing with mistakes, complaints, and failures
- Keeps track of all mistakes
- Directs their attention towards failure to meet standard

FOR EDUCATIONAL PURPOSES ONLY



DATA PROVIDED BY BOBBY STEED, QUALITY, SRHS

Transformational Scale Name	Avg. Score	Percentile Ranking*
Individual Consideration - IC	3.5	80th
Inspirational Motivation – IM	3.5	80th
Idealized Behaviors or Idealized Influence - II (B)	3.3	60th
Idealized Attributes or Idealized Influence - II (A)	3.2	50th
Intellectual Stimulation - IS	3.2	60th

* Percentiles for Individual Scores Based on Self Ratings (US) - MLQ Third Edition Manual and Sample Set, 2004

DATA PROVIDED BY BOBBY STEED, QUALITY, SRHS

Transformational Leadership

- Process of *INFLUENCING* other leaders to change associates awareness of what is important
- PROACTIVE
- Seek to optimize individual and group goals
- Seek to optimize organizational goals
- Not just achieve "expected" results, but to exceed.
- Convince associates to strive for higher levels of potential

Transformational Leadership

- Idealized Influence (Attributes and Behaviors)
- Inspirational Motivation
- Intellectual Stimulation
- Individual Consideration

Idealized Influence (Attributes and Behaviors)

- These leaders are admired, respected and trusted
- Followers identify with and want to emulate these leaders
- Considers followers' needs above his or her own needs
- Consistent in conduct with respect to ethics, principles and values

Idealized Attributes - IA

- Instill pride in others
- Goes beyond self-interest for the good of the group
- Acts in ways that build others' respect
- Displays a sense of power and confidence

Idealized Behaviors - IB

- Talks about the most important values and beliefs
- Specifies the importance of having a strong sense of purpose
- Considers the moral and ethical consequences of decisions
- Emphasizes the importance of having a collective sense of mission

Intellectual Stimulation - IS

- Re-examines critical assumptions to question whether they are important
- Seeks differing perspectives when solving problems
- Gets others to look at problems from many different angles
- Suggests new ways of looking at how to complete assignments

Inspirational Motivation - IM

- Talks optimistically about the future
- Talks enthusiastically about what needs to be accomplished
- Articulates a compelling vision of the future
- Expresses confidence that goals will be achieved

Individual Consideration - IC

- Spend time teaching and coaching
- Treats others as individuals rather than just a member of the group
- Considers each individual as having different needs, abilities and aspirations from others
- Helps others to develop their strengths

Thoughts…

- Can you be an effective leader if you have behaviors that are transformational, transactional and passive-avoidant?
- When is a time when transactional leadership style is most effective/ beneficial?
- Is passive-avoidant leadership effective—and if so, how/ when?

Self-Reflection

- Are you surprised by your assessment results?
- What can you begin doing that will increase your transformational leadership behaviors?
- What one thing can you start today?

Questions…

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Appendix H

IRB Notice of Amendment Approval

Office of Research Compliance (ORC)
INSTITUTIONAL REVIEW BOARD (IRB)
101 EAST WOOD STREET
SPARTANBURG, SC 29303
OFFICE: 864-560-6892 | FAX: 864-560-1950
WWW.SPARTANBURGREGIONAL.COM

NOTICE OF ACKNOWLEDGEMENT

TO:	Susan Duggar MSN, RN, NEA-BC Principal Investigator	
FROM:	Ronald Januchowski DO Chairperson IRB Committee A - Spartanburg Regional Healthcare System	
DATE:	December 1, 2016	
RE:	eIRB ID #	Pro00060699 (Adv00032481)
	Protocol Title:	**Transformational Leadership:** Transformational Leadership Assessment of Nurse Managers and
STUDY STATUS:	Approved for Accrual	
REVIEW TYPE:	Expedited	
ACKNOWLEDGEMENT DATE:	12/01/2016	
ACKNOWLEDGEMENT INCLUDES:	• Survey Revision • eIRB Reportable Event application	

ALL SRHS APPROVED INVESTIGATORS MUST COMPLY WITH THE FOLLOWING:

- **Federal regulations require that all research be reviewed at least annually. It is the Principal Investigator's responsibility to obtain review and continued approval before the expiration date. You may NOT continue any research activity beyond the expiration date without IRB approval.**
- The research must be conducted according to the proposal/protocol that was approved by the IRB.
- Changes to the procedures, recruitment materials, or consent document must be approved by the IRB prior to implementation.
- If applicable, each subject should receive a copy of the approved dated consent document
- It is the responsibility of the principal investigator to report promptly to the IRB:
  - Unanticipated problems and/or unexpected risks to subjects
  - Adverse events affecting the rights or welfare of any human subject participating in the project
- Research records, including signed consent documents, must be retained for at least three years after the termination of the last IRB approval.

- No subjects may be involved in any study procedure prior to the IRB approval date, or after the expiration date.
- For continuing research, an update of the study is required prior to the expiration date. The PI is responsible for initiating the Continuing Review process. At the time a study is terminated (closed), a final report should be submitted to the IRB.
    - If the study is closed to accrual, the informed consent document has not been revised or re-stamped for use as cal subject enrollment has ended.

Office of Research Compliance (ORC)
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101 EAST WOOD STREET
SPARTANBURG, SC 29303
OFFICE: 864-560-6892 | FAX: 864-560-1950
WWW.SPARTANBURGREGIONAL.COM

NOTICE OF FINAL APPROVAL

TO:	Susan Duggar, MSN, RN, NEA-BC Principal Investigator	
FROM:	Ronald Januchowski, DO Chairperson IRB Committee A - Spartanburg Regional Healthcare System	
DATE:	October 18, 2016	
RE:	eIRB ID #	Pro00060699
	Protocol Title:	**Transformational Leadership:** Transformational Leadership Assessment of Nurse Managers and Assistant Nurse Managers
STUDY STATUS:	Approved for accrual	
REVIEW TYPE:	Expedited	
APPROVAL DATE:	10/18/2016	
EXPIRATION DATE:	10/17/2017	
APPROVAL INCLUDES:	• Transformational Leadership Protocol (Version 1, 10/13/2016) • eIRB New Study application • MLQ-5X Survey • Transformational Leadership informed consent form	

ALL SRHS APPROVED INVESTIGATORS MUST COMPLY WITH THE FOLLOWING:

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Appendix I

Multifactor Leadership Questionnaire 5X

Assessment Results

Evaluation of Presentation

February 22, 2017

1. **Before** the presentation, my understanding of Transformational Leadership behaviors was:
    a. None
    b. Somewhat Familiar
    c. Familiar
    d. Able to discuss the importance of Transformational Leadership behaviors
2. **After** the presentation, my understanding of Transformation Leadership behaviors is:
    a. None
    b. Somewhat Familiar
    c. Familiar
    d. Able to discuss the importance of Transformational Leadership behaviors
3. Name ONE Transformational Leadership behavior you will begin using today:

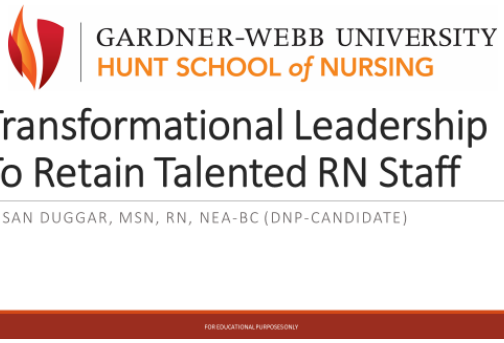
---

4. I was surprised by my assessment scores:
    a. Yes
    b. No
    c. Somewhat
5. I was surprised by the assessment scores of our nursing leadership group:
    a. Yes
    b. No
    c. Somewhat
6. The MLQ-5X Leadership Assessment should be administered to all new Assistant Nurse Managers and Nurse Managers as port of their Onboarding Orientation:
    a. Yes
    b. No
7. Please state any further comments:

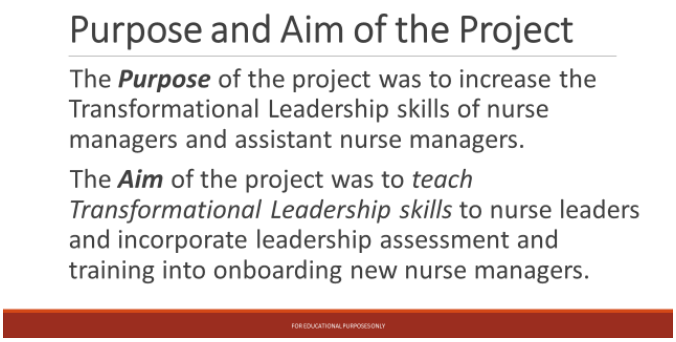
_____
_____
_____

Please do not your name

Appendix J


GARDNER-WEBB UNIVERSITY
HUNT SCHOOL of NURSING
Transformational Leadership To Retain Talented RN Staff
SUSAN DUGGAR, MSN, RN, NEA-BC (DNP-CANDIDATE)
FOR EDUCATIONAL PURPOSES ONLY


Problem Statement
Nurse Leaders who lack the transformational leadership traits necessary to build cohesive teams or maintain a healthy Registered Nurse environment experience a higher rate of Registered Nurse team member turnover.
FOR EDUCATIONAL PURPOSES ONLY


Purpose and Aim of the Project
The Purpose of the project was to increase the Transformational Leadership skills of nurse managers and assistant nurse managers.
The Aim of the project was to teach Transformational Leadership skills to nurse leaders and incorporate leadership assessment and training into onboarding new nurse managers.
FOR EDUCATIONAL PURPOSES ONLY

Scope of the Problem-National

The 2016 National Healthcare Retention Survey (NSI, INC, 2016) report (N=138 facilities)(Data from 2015)

- **474,545 healthcare workers /120,630 RNs**
- **Hospital Turnover leveled off at 17.1% in 2015, up from 16.4% in 2014**
- **RN Turnover steady increase from16.4% 2014 to 17.2% in 2015**
- **RN vacancy Rate in 2015 was 8.5% (1.3% increase)**
- **Recruitment Difficulty Index in 2015 was 82 days**

FOR EDUCATIONAL PURPOSES ONLY

Scope of the Problem-Study

The 2015 data for study medical center data…

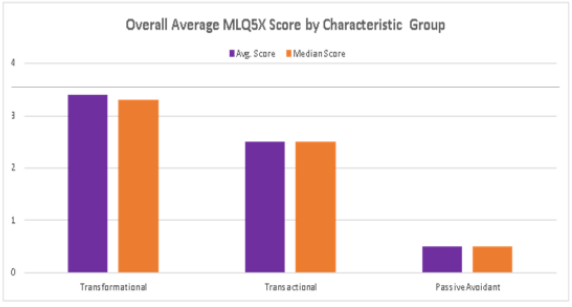
- **Hospital Turnover unable to be determined**
- **RN Turnover has been flat/ 22.0% in December 2015 and 21.8% in December 2016**
- **RN vacancy Rate is unable to be determined**
- **Recruitment Difficulty Index in 2016 was 48.4 days (national benchmark is 52 days per Advisory Board National Median)**

FOR EDUCATIONAL PURPOSES ONLY/ DATA PROVIDED BY RECRUITMENT

Scope of the Problem-Study

- Lowest inpatient unit turnover was 4%
- Highest inpatient unit turnover was 46%
- Highest inpatient unit turnover "point" for the year was 52% in August of 2016

FOR EDUCATIONAL PURPOSES ONLY/ DATA PROVIDED BY RECRUITMENT



Total MLQ-5X Survey Participants: 21

DATA PROVIDED BY BOBBY STEED, QUALITY SRHS

Passive Avoidant Leadership

- Passive and/or Reactive
- Does not respond to situations or problems systematically
- Avoids clarifying expectations/ providing goals/specifying agreements
- "Ain't Broke, Don't Fix It"

Transactional Leadership

- Display behaviors associate with constructive and corrective actions
- Defines expectations
- Promotes performance to achieve goals
- "CORE" behaviors of *MANAGEMENT* functions in organizations

Transactional Leadership

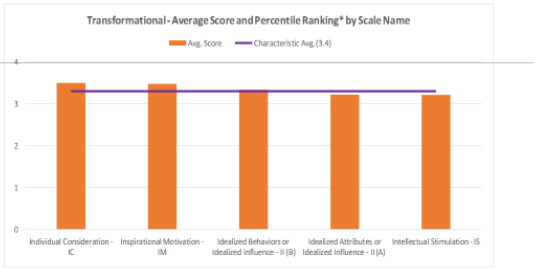
- Focus is on the RESULTS
- System of Rewards and Punishments
- Formal Authority— Heirarchy
- Maintain the Routine
- Manage Individual Performance

Transactional Leadership -Downside

- Staff creativity is limited
- Low levels of staff satisfaction
- Focus is on the short-term, immediate outcomes
- Rewards to worker with money or perks
- No reward for personal initiative

Transactional Leadership - Benefits

- Simple for the staff to learn
- Easy to understand the rules
- Easily applied across all jobs



Transformational Leadership

- Process of *INFLUENCING* other leaders to change associates awareness of what is important
- PROACTIVE
- Seek to optimize individual and group goals
- Seek to optimize organizational goals
- Not just achieve "expected" results, but to exceed.
- Convince associates to strive for higher levels of potential

Transformational Leadership Benefits

- Associate retention
- Customer loyalty/ satisfaction
- Motivational
- Growth Potential

- Positive correlation between job satisfaction, job performance, organizational commitment and survivability
- Transformational leaders are viewed more positively and are more successful in their careers
- Have better relationships with their own leaders
- Make a stronger contribution to the organization than do those who are purely transactional
- Leaders rated highly as transformational leaders are associated with higher levels of purpose, adaptability, involvement, and consistency

Transactional vs Transformational Leadership

Categories	Transactional	Transformational
Leader's Source of Power	Rank and Positional	Character, Competence
Follower Reaction	Compliance	Commitment
Time Frame	Short Term	Long Term
Rewards	Pay, Promotion, Perk	Pride, Self Esteem
Supervision	Important	Less Important
Counseling Focus	Evaluation	Development
Where Change Occurs	Follower Behavior	Follower Attitude, Values
Where "leadership" is found	Leader's Behavior	Follower's Heart, Servant

True Leader…

A true leaders has the **confidence** to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He/She does not set out to be a leader but becomes one by the quality of his/her **actions** and the integrity of his/her **intent**. In the end, leaders are much like eagles…they don't flock, you find them one at a time. ---Anonymous*

So…How Do We Retain Staff?

- You must, must, must know your leadership behavioral style
  - Embrace it and learn from it
  - Seek knowledge to become the leader you 'want' to be
- Recognize when YOU need to step away to take care of yourself
  - You cannot take care of others if you cannot take care of yourself
- In truth, leadership is lonely.
  - You must be willing to confront, challenge, and engage others in ways that do not develop or maintain friendship relationships
  - Your job is not to be "liked"---Your job is to be "fair and consistent."

Know Yourself

- Are you continually growing?
  - Development is fundamental to your role
  - Development is fundamental to your team
- Do you recognize that leadership is a progressive skill?
  - The leadership journey never ends.
  - If you ever think "I have arrived."---you are one step from failure.

Know Your Role

- You are in your role to achieve the organizational goals.
- That's right. The organizational goals.
- You will be recognized by how you advance the interests of the organization and to create a high level of success..
  - Patient satisfaction
  - Associate satisfaction/ engagement
  - Zero Harm Measures
- You then extend the same commitment to the members of your team and their daily work.

Manage Your Ego

- Do you have an accurate sense of Self?
- Do you have a good mentor or role model?
- Do you follow-up on personal conflicts quickly?
- Do you focus on 'behavior' and not the 'person'?
- Do you separate your public and private life?
- Do you have a LIFE outside of work?

Watch Out for Others' Egos

- Don't let yourself be easily manipulated.
- Find a mentor who truly cares about you.
- Are your personal goals aligned with the organizational goals?
- Do you fully participate in shared decision making?
- Watch out for those who take full credit for the team win.
- Choose who you align with.

Basic Rules for the Leader

- The buck stops with you
- Yes, you are usually alone
- Accountability begins with you
- It's about respect
- You are leader, not parent
- Others are watching you, *not* listening to you.

What Does the Literature Say?

Cowden, Cummings, & Profetto-McGrath (2011). Leadership Practices & Staff Nurses' Intent to Stay: A Systematic Review. JONM, 19(4) 461-477

- **Eight common leadership attributes identified**: *leadership style, manager characteristics, power, influence, supervisor support, decision making style, trust, and use of praise and recognition.*
- Intent to stay was HIGHER when managers sought employee opinions and involved them in decision making. = ***Empowerment***

Germain & Cummings (2010). The Influence of Nursing Leadership on Nurse Performance: A Systematic Literature Review. (JONM), 18, 425-439.

- Leadership has an indirect influence on motivation to perform. Leaders who prioritize their staff above all in their role are rewarded with strong nurse performance and positive patient outcomes.
- **Inform, Encourage, Support**
- Nurses reported 25 different factors that affected their motivation or performance: ***Autonomy, relationship building, shared governance, leadership practices***

O'Brien-Pallas, Duffield, & Hayes (2006). Do we really understand how to retain nurses? (JONM), 14, 262-270.

- Highest cited reason for leaving the profession was the Professional Practice Environment.
  - Lack of Influence regarding quality of care
  - Lack of Involvement in policy development
  - Lack of Autonomy
  - Lack of Decision-Making
  - Emotional Exhaustion

Roche, Duffield, Dimitrelis, & Frew. (2015). Leadership skills for nursing unit managers to decrease intention to leave. (Nursing Research and Reviews). 5, 57-64.

- Nurses valued "human" skills more highly than other leadership characteristics, including participation in decision making and encouragement.
- Human skills being: *leader is sensitive to different needs of unit members, effective problem-solving style to change, encourages nurses to take initiative, does not make decisions without input from unit nurses, nurses are clear what is expected and where they stand with unit management, and nursing leadership is in touch with nurse perceptions and concerns.*

Sherman & Pross. (2010). Growing future nurse leaders to build and sustain healthy work environments at the unit level. (OJIN). 15(1), 1.

- Leaders must build Healthy Work Environments
- Leaders are in the Business of Caring
- Leaders must Communicate
- Leaders must Manage Conflict
- Leaders must Develop their Associates
- Leaders must Establish a Culture of Accountability
- Leaders must Establish a Collaborative Practice Culture

Idealized Influence

- You MUST gain the **TRUST** of your associates
- You MUST gain the **CONFIDENCE** of your associates
- Find the ONE thing that is easiest to accomplish within your unit and DO IT.
- Be Visible
- Be Available
- Be Reachable
- **DO what you SAY you will DO—every time**.

Inspirational Motivation

- Articulate the future desired state
  - Set Goals
  - Encourage others
- Set up a **Shared Vision, Shared Values, Shared Goals**
  - This takes time and commitment from YOU
  - This takes an ability to actively listen to your team
  - This takes writing the Vision, Values and Goals down and posting them where everyone can see

Shared Governance

- PERFECT way to encourage involvement on the unit
- Shared Governance provides a vehicle to transfer the ownership of the work **From YOU—*TO THE NURSES***.
- Gives your team the tools and resources they need.
- Allows the staff to Advocate for themselves
- Allows the staff to GIVE and ELICIT Feedback in a collaborative environment

What Has Been Successful For YOU?

Questions…

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Appendix K

Leadership Behaviors to Retain Staff

Evaluation of Presentation

March 2, 2017

What is the ONE thing you learned today that you will use in your current leadership role?

_____
_____
_____
_____

What is the ONE thing that you learned today that you will STOP doing in your current leadership role?

_____
_____
_____
_____

Was the presentation beneficial to your leadership learning?

1 = Not at All

2 = A Little

3 = Yes

4 = Absolutely!

Please do not sign your name.