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by

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ABSTRACT

The Relationship Between Leadership Styles of Nurse Managers

and Staff Nurse Job Satisfaction in Hospital Settings

Jan Warner Ramey

The purpose of this study was to examine the relationship between leadership styles of nurse managers and job satisfaction of registered staff nurses in hospital settings in an Appalachian state. Names and addresses of 7,190 registered staff nurses were obtained from the state Board of Examiners for Registered Professional Nurses and 200 subjects were selected using simple random sampling. The Multifactor Leadership Questionnaire was used to measure leadership style of nurse managers as perceived by staff nurses. The Work Quality Index was used to measure job satisfaction of registered staff nurses.

A positive, moderate correlation was found between job satisfaction of registered staff nurses and transformational leadership of nurse managers ($r = .38, p = .001$). An inverse, weak relationship was found between job satisfaction of registered staff nurses and transactional leadership of nurse managers ($r = -.25, p = .03$). The findings supported a positive relationship between transformational leadership styles and registered staff nurse job satisfaction.

JAN WARNER RAMEY

The author graduated from Virginia Commonwealth University in 1992 with a Bachelor of Science Degree in Nursing. She later went on and completed her Bachelor of Science Degree in Nursing at Marshall University. A Master's of Science Degree in Nursing was completed in August of 2002 from Marshall University. Her expertise is in the area of critical care and trauma nursing. She is currently the Administrative Director of the Skilled Nursing Unit at Thomas Memorial Hospital.

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Chapter One

Introduction

This chapter contains the purpose of this study, background information, research questions, hypotheses statements, operational definitions, and significance of the study.

High technology, cost-containment, uncertainty, unpredictability, and a constantly changing health care environment are a few factors affecting nursing practice today. Hospitals face the problem of how to strategize to achieve their goals while staying fiscally afloat in this competitive and chaotic environment of health care. This often means constant organizational change to meet new health care challenges. Nurses feel the affect of organizational change. Pressures to provide quality care while cost reduction measures are frequently implemented cause high levels of stress for nurses in the workplace. The shortage of nursing staff within the hospital arena makes minimum standards of health care delivery difficult. These combined factors contribute to the lack of satisfaction nurses experience with their jobs in the hospital setting. Grossman and Valiga (2000) stated "such worlds desperately call for new leaders" (p. 4), leaders who inspire others with the vision of what can be accomplished. The tumultuous health care environment places pressure on the relationship of nursing leader behavior and staff nurse job satisfaction. Staff nurses lack satisfaction with autocratic leadership in hospital settings. In order to move forward and survive in the health care chaos, staff nurses and management must establish positive, mutually beneficial relationships that favor increased efficiency, productivity, and job satisfaction.

Purpose of the Study

The purpose of this study was to examine the relationship between perceived leadership styles of nurse managers and job satisfaction of registered staff nurses in hospital settings located in an Appalachian state. The problem of focus in this study was staff nurses' lack of satisfaction with autocratic leadership within hospitals. The researcher analyzed transformational (TF) and

transactional (TA) leadership styles of nurse managers as perceived by registered staff nurses to determine if a relationship with job satisfaction among registered staff nurses was present. The dependent variable was registered staff nurse job satisfaction and the independent variables were TF and TA leadership styles of nurse managers as perceived by registered staff nurses working in hospital environments.

Background

In the 1950's, nursing began to shift out of the community setting and into hospitals as a result of third party payments and advancements in health care. By 1965, the National Commission on Nursing and Nursing Education began researching issues regarding the supply and demand of nurses (Perry & Potter, 1993). The 1980's brought about the first documented nursing shortage. This was remedied, however, because metropolitan areas had an over-abundance of nurses, and bed capacity within hospitals began to decrease. In 2000, the Bureau of Health Professions reported hospitals being the largest employer of registered nurses (61 percent), however; turnover rates were at an all time high at 15 percent (The Hay Group, Inc., 1998).

In a time of serious nursing shortage within hospitals, much attention is being given to recruitment of nurses. As care becomes more technological and complex, stability and maturity become invaluable within the hospital system and development of strategies to retain nurses rather than replace them becomes crucial (Garrett, 1991). Increasing staff satisfaction is one key in meeting challenges of quality outcomes, patient satisfaction, and retention of staff nurses in hospitals (Moss & Rowles, 1997). In 1982, the American Nurses' Association (ANA) sponsored
a study to determine hospitals successful in retaining professional nursing staff and having reputations as being good places to work and giving good nursing care (Kramer, 1990). From that study, forty-one hospitals across the United States were designated by the ANA as "magnet" hospitals. Research has shown that the success of magnet hospitals has been, in part, due to the

focus on nursing leadership characteristics as a means to promote job satisfaction and retention of hospital nurses.

Research studies of leadership began around the twentieth century (Marriner-Tomey, 1993). Since that time period, many ideas have originated regarding the concept of leadership. Early theorists described leadership in terms of either the individual or the environment making no connection between the two. The focus was on theory development rather than relationships of influence. It was not until later that the behavioral scientists explored what abilities, traits, sources of power, and situations determined leadership abilities and how groups were influenced to accomplish goals and objectives (Marriner-Tomey, 1993). In 1982, Hershey and Blanchard made the first distinction between management and leadership stating that leadership was a broader concept and could occur any time the behavior of followers was influenced. Management was associated with managers of organizations who were working with others to accomplish goals (Hershey & Blanchard, 1982).

More recently, investigators have viewed leadership as a part of role differentiation and have focused their studies on particular populations. For example, research has been performed in hospital settings to identify factors contributing to job satisfaction. Campbell (1986) found that 75 percent of staff interviewed cited management style as a major factor in staff nurse satisfaction. Medley and LaRochelle (1995) found that transformational leadership styles were preferred over transactional leadership styles and that those managers exhibiting TF characteristics reported more satisfied staff nurses. The TF leadership style includes the characteristics of (a) Idealized Influence (attributed), (b) idealized Influence (behavior), (c) Inspirational Motivation, (d) Intellectual Stimulation, and; (e) Individual Consideration. Magnet hospitals adopting the TF leadership style first described by Burns (1978) have reported decreased turnover rates and increased satisfaction among nursing staff (Kramer & Schmalenberg, 1991).

The position of nurse managers toward staff nurses in the hospital setting has significant

effects on productivity, efficiency, and reflects positively or negatively on patient outcomes (Nakata & Saylor, 1994). Staff nurses need positive relationships with their nurse managers in order to function effectively in the demanding environment of hospitals. Nurse managers must create hospital environments that support and motivate staff nurses. Staff nurses' lack of satisfaction with autocratic leadership in the hospital environment is the basis for this study. By studying effective leadership styles of nurse managers and implementing styles conducive to productivity, efficiency, and job satisfaction, enhancement of the nursing profession can occur, as well as, enhanced patient care quality within the hospital system.

Research Questions

The research questions guiding this study were:

1. Do registered staff nurses differentiate between TF and TA leadership styles?

2. Is there a relationship between perceived nurse manager's leadership style and satisfaction levels of registered staff nurses?

Hypotheses Statements

The hypothesis statements guiding this study were:

1. Registered staff nurses differentiate between TF and TA leadership styles.

This hypothesis was analyzed using the Multifactor Leadership Questionnaire (MLQ) subscales of TF and TA. A Principal Component Analysis was used to determine if the factors of TF and TA leadership styles could be extracted from the intercorrelations of the data, thus indicating that registered staff nurses could differentiate between TF and TA leadership styles.

2. There is a relationship between perceived leadership styles of nurse managers and job satisfaction levels of registered staff nurses.

This hypothesis was analyzed using Pearson product-moment correlation coefficient on the MLQ subscale of TF and TA and the Work Quality Index (WQI) total scores.

Operational Definitions

Transformational Leadership. The process in which "leaders and followers raise one

another to higher levels of motivation and morality" (Burns, 1978, p. 20). Transformational leadership, an independent variable, includes the dimensions of idealized influence (attributed), idealized influence (behavior), inspirational motivation, individual consideration, and intellectual stimulation. Transformational leadership was measured using the Multifactor Leadership Questionnaire (MLQ).

Transactional Leadership. The process which "pursues a cost-benefit, economic exchange to meet subordinates' current material and psychic needs in return for contracted services" (Bass, 1985, p. 14). Transactional leadership, an independent variable, includes the dimensions of contingent reward, management-by-exception (active), management-by-exception (passive), and laissez-faire. Transactional leadership was measured using the Multifactor Leadership Questionnaire (MLQ).

Job Satisfaction. The extent to which nurses like their jobs (Whitley & Putzier, 1994). Registered staff nurse job satisfaction is a dependent variable with components of professional work environment, autonomy, work worth, relationships, role enactment, and benefits. Job satisfaction was measured using the Work Quality Index (WQI).

<div align="center">Significance of the Problem</div>

Research is the best way to find solutions for nursing problems and to set standards for nursing practice. The problem of staff nurses' lack of satisfaction with autocratic leadership in hospitals settings must be resolved if enhancement of the nursing profession is to occur. Managed care has created hostile working conditions for registered staff nurses where practicing with less is no longer expected but is a reality. For registered staff nurses, job satisfaction and positive relationships with nurse mangers becomes imperative in order to meet the demanding, multi-dimensional job requirements found in hospitals. The relationship between nurse managers' leadership style and staff nurse job satisfaction in hospitals has been widely studied in

metropolitan areas. However, there has been no such study performed in this Appalachian state.

This study will examine the relationship between leadership styles of nurse managers and job satisfaction of registered staff nurses in Appalachia and will relay information specific to registered nurses in the hospital setting. Also, this study will be the first of its kind to provide information regarding perceived leadership styles of nurse managers and job satisfaction of registered nurses on a state-wide level in Appalachia. Replication of this type of study will allow for future comparisons of leadership styles of nurses managers and job satisfaction of registered staff nurse between hospitals in Appalachia and those in larger, metropolitan areas. This study will also determine how Appalachia compares in regards to job satisfaction nation-wide.

For nursing administrators, the results of this study has numerous implications for management practice. Administrators can utilize the data from this study to educate nurse managers on effective leadership styles and how these styles affect job satisfaction of staff nurses. By implementing preferred leadership styles, nurse job satisfaction will increase, creating lower turnover rates in hospitals and an overall decrease in dollars spent for hiring and orienting new employees. Staff nurse satisfaction will be seen by the patient in the form of increased patient care quality. This, in turn, will create increased patient satisfaction and will reflect a positive view of the hospital by the community. The hospital will also benefit from the satisfaction of registered staff nurses as seen by an increase in productivity, efficiency, and retention.

The results of this study have implications for both nursing practice and education. Job satisfaction will increase as effective leadership styles are implemented. Nurses will begin to think positively and display positivism in their hospital environment. Patient care quality will improve and nurses will begin to feel better about their career. These feelings will eventually extend to realms outside of the hospital setting resulting in overall enhancement of the nursing profession. Institutions of learning will see the effects of nursing satisfaction through increased enrollments and interest in the nursing profession. Nursing schools will be able to incorporate the results of this study into leadership curriculums.

In summary, nursing dissatisfaction is at an all-time high (Mercer, 1999). Nurses' lack of satisfaction has led to increased turnover rates and a shortage of nursing staff within hospitals. Understanding factors that influence job satisfaction is key to enhancing morale within the profession and creating a secure future to support the demands of the aging population. Nurse managers are in an outstanding position to influence job satisfaction of nurses. By examining the relationship of perceived leadership styles of nurse managers and job satisfaction of registered staff nurses, the nursing profession can begin to establish positive, mutually beneficial relationships leading to efficiency, productivity, and job satisfaction for all nurses.

Chapter Two

Introduction

This chapter provides research literature that supports the purpose of this study followed by a description of the theoretical framework used to guide this study

Literature Review

In a non-experimental, descriptive and correlational study performed by Severinsson and Kamaker (1999), 158 staff nurses employed by a public hospital in Sweden participated in a study to examine staff nurse job satisfaction and the relationship to nurse management style. The Moral Sensitivity Questionnaire ([MSQ], 1993) consisted of 65 questions and was used to measure job satisfaction. The Work Environment Questionnaire (WEQ) consisted of 38 items and was used to measure aspects of the nurse's job atmosphere, organizational structure, and nurse manager leadership style. The 38-item WEQ were answered on a six-point Likert rating scale (1 = strongly agree; 6= strongly disagree).

Descriptive statistical analysis was used to determine mean, median, mode, and standard deviation of the demographic data. Differences in staff nurse responses were tested using the Mann-Whitney U-test. Internal consistency using Cronbach's coefficient alpha and Spearman's rank-order correlation (Spearman's rho) revealed correlation coefficients in the ranges of .23 and .89 for the factors of nurse's job atmosphere, organizational structure, and nurse manager leadership style. The MSQ demonstrated an overall Cronbach's coefficient alpha of .81. The authors concluded that management style was directly related to staff nurse job satisfaction ($p <$ .003). Limitations of the study included a small sample size and no control for extraneous variables. This study supports the study under investigation by demonstrating the effects of nursing supervision on satisfaction of staff nurses.

Moss and Rowles (1997) investigated the relationship between staff nurse satisfaction

and management styles of head nurses through a non-experimental, descriptive research study. The conceptual framework of Likert's management theory was used to group management styles into four categories. These included exploitive/authoritative, benevolent/authoritative, consultative, and participative. The study was performed in three acute care Midwestern hospitals in May of 1995. A convenience sample of two hundred and fifty registered nurses participated in the study answering the 26-item questionnaire developed by Likert in 1976. This questionnaire measured the four management styles mentioned previously. The dependent variable of job satisfaction was measured using Price and Mueller's Job Satisfaction Subscale which was developed in 1981. The tool consisted of eight questions on a Likert rating scale of 1 to 5.

The overall staff nurse job satisfaction mean was 2.2. This indicated that the nursing staff was somewhat satisfied with their jobs. Job satisfaction increased as perceived head nurse management styles approached the participative style and was the highest when management style was perceived as participative ($M = 1.97$). Analysis of variance showed significant changes in job satisfaction in relation to head nurse management style ($p < .01$). The authors pointed out that as staff nurse roles change with managed care trends, head nurses must be aware of leadership style and actively engage in participative management to create a balance between individual needs and organizational goals. The limitations of this study included non-random sampling and the authors' lack of evidence to support constancy of conditions. This study supports the study under investigation by establishing a relationship between management styles and satisfaction of staff nurses.

Morrison, Jones, and Fuller (1997) completed a non-experimental, descriptive study examining the effects of leadership style and empowerment on nurse job satisfaction. Four hundred and forty-two nursing department staff of a regional medical center was invited to participate in the study. The subjects included staff nurses, nurse executives, nurse managers, nursing assistants, licensed practical nurses, and other administrative staff. Sixty-four percent of the employees participated in the study and 275 questionnaires were returned and used in the

study. The investigators were interested in determining how staff nurses perceived management styles, what management styles were preferred by the staff, and if a relationship existed between the perceived management style of the nurse manager and job satisfaction of the staff nurses. The Multifactor Leadership Questionnaire ([MLQ], 1995) was used to determine leadership style as either TF or TA. Perceived and desired management styles were measured using the Profile of Organizational Characteristics developed in 1978 by Rensis Likert Associates. Job satisfaction was measured using the Scales for Measurement of Work Attitudes and Aspects of Psychological Well-Being developed in 1979. The dimensions measured included leadership, motivation, communication, decision-making, goals, and control. The subscales of job satisfaction included extrinsic satisfaction, interpersonal satisfaction, involvement needs, and intrinsic task satisfaction. Spreitzer's Psychological Empowerment Instrument ([SPEI], 1995) was used to measure empowerment related to meaning, competence, self-determination, and impact.

The results of the Analysis of Variance indicated that there was a statistically significant difference in empowerment among different job classifications within the organization ($F = 4.31$, $p < .05$). Regression Analysis was performed to assess the different predictors of empowerment and leadership style for job satisfaction of licensed and unlicensed personnel. The results revealed TA leadership accounted for 10 percent of the total variance in job satisfaction and TF leadership accounted for 30 percent of the total job satisfaction. Empowerment accounted for more variance with job satisfaction for licensed personnel than for unlicensed personnel and also differed by type of satisfaction. Furthermore, TF and TA leadership styles were both found to be positively related to job satisfaction, with correlations of 0.64 and 0.35, respectively. However, only TF leadership styles were positively related to empowerment ($r = .26$, $p < .05$) and empowerment was positively correlated to job satisfaction ($r = .41$, $p < .05$). These results indicated the importance of empowerment to staff nurse job satisfaction and that the relative contribution of empowerment and leadership to job satisfaction varies by the type of personnel. Limitations of this study included a convenience sample and non-random sampling methods.

This study supports the study under investigation by presenting the relationship of leadership styles on job satisfaction of nursing personnel.

"Transformational Leadership and Job Satisfaction" by Medley and LaRochelle (1995) investigated the relationship of head nurses' leadership style and staff nurse job satisfaction using the conceptual framework developed by Burns in 1978, refined by Bass in 1985. Leadership components of charisma, individual consideration, intellectual stimulation, contingent reward, and management-by-exception were compared to six job satisfaction components. These included professional status, interaction, organizational policy, autonomy, pay, and task requirements. This non-experimental study was performed in four hospitals in north central Florida. The subjects were selected by convenience sampling and included all staff nurses who met the criteria for inclusion. The criteria included (a) assignment to a staff nurse position on a clinical unit, and; (b) working under the direction of a head nurse. Questionnaires with cover letters were distributed by the investigator. A total of 122 nurses between the ages of 31 and 45 years of age completed and returned questionnaires. Nursing experience ranged from 1 to 45 years. Leadership styles were measured by the 70-item MLQ and classified as either TF or TA leadership styles. The Index of Work Satisfaction (IWS) was used to measure nurse job satisfaction.

A Principal Component Analysis was performed on the five subscale scores of the MLQ. Two factors emerged that indicated staff perceived head nurses as either TF or TA leaders. Job satisfaction scores of staff nurses were correlated with the TA and TF factor scores to determine the strength of this relationship. Staff nurse satisfaction correlated positively with TF leadership style ($r = .40$, $p < .001$) but not with TA leadership style ($r = .047$, $p < .001$). Significant positive correlations were found between TF scores of interaction ($r = .31$, $p < .001$), organizational policy ($r = .42$, $p < .001$), and autonomy ($r = .48$, $p < .001$) while no TA factors showed statistical significance. It was also suggested that staff nurses viewed behaviors associated with TA leadership unfavorably in relation to their job satisfaction. According to the

authors, this study indicated that a TF leadership style prevents turnover and promotes retention which is economically important for hospital organizations. Limitations of this study included no control for extraneous variables, stress levels of employees, or conditions at the time of test administration, and convenience sampling. This study supports the study under investigation by demonstrating a significant positive correlation between TF leadership styles and job satisfaction of staff nurses.

Nakata and Saylor (1994) used the conceptual framework of Likert's management theory to investigate the relationship between management styles and job satisfaction. The investigators were interested in determining the management styles perceived by staff nurses, what management styles were preferred, and if a relationship existed between the perceived management style of the nurse manager and job satisfaction of the staff nurses. Perceived and desired management styles were measured using the Profile of Organizational Characteristics (1978) developed by Rensis Likert Associates. Job satisfaction was measured using the Nursing Satisfaction Instrument developed by Meuson-Heda in 1974. The instrument subscales measured leadership, motivation, communication, decision-making, goals, and control. The subscales for job satisfaction included extrinsic satisfaction, interpersonal satisfaction, involvement needs, and intrinsic task satisfaction.

The study used a non-experimental, cross-sectional survey design to collect data from 239 staff nurses. A not-for-profit Catholic hospital in northern California was the setting for the study. The convenience sample included registered nurses and licensed vocational nurses providing direct care to patients. Data were obtained from 102 subjects via questionnaires dispersed during work hours and analyzed using means, standard deviations (*SD*) and a Pearson product-moment correlation. The data indicated a perceived management style of benevolent-authoritative as represented by a mean overall score of 4.34 on a linear scale of 1 to 8. The desired management style was found to be participative as shown with a mean overall score of 6.85.The overall job satisfaction score was 4.7 on a scale of 1 to 7. The Pearson product-

moment correlation examined the overall perceived management style of first-line managers with job satisfaction of hospital staff nurses and found that a significant positive correlation existed   ($r = .48$, $p < .0001$). The closer the perceived first-line manager style was to participative, the higher the level of job satisfaction. Responses also indicated that staff nurses felt control was high in the hospitals but desired the control to be more widely shared among nursing staff. This study supports the study under investigation by determining a relationship between management style and job satisfaction of nurses.

"Outcomes of Nurses' Job Satisfaction" (Goodell & Coeling, 1994) was a study that examined nurses' job satisfaction, quality of care, patient satisfaction, and elements of job satisfaction of greatest importance to nursing staff. A pilot study was conducted at a teaching hospital to determine the relationship of quality care and nurses' job satisfaction for nine inpatient nursing units. The two highest quality units (Group 1) and the two lowest quality units (Group 2) went on to participate in the final study. The Index of Work Satisfaction (IWS) was administered randomly to 130 registered nurses and licensed practical nurses on the four units. Thirty-seven nurses from Group 1 and thirty nurses from Group 2 returned the completed IWS yielding a 52 percent response rate. A t-test revealed no significant difference in overall job satisfaction of the two groups ($t = -1.35$, $p = 1.8$).

Patient satisfaction with nursing care and nurses' job satisfaction was also examined. The Patient Satisfaction Instrument ([PSI], 1975) was used to measure patient satisfaction with nurses' technical, educational, and interpersonal skills. A random sample of 33 nurses who had previously completed the IWS was chosen as direct care providers for patients completing the PSI. The product-moment correlation (Pearson's r) was used to examine the relationship between patient satisfaction of nursing care and nurses' satisfaction. No significant correlations were obtained. The study did not support patient satisfaction as a function of nurses' satisfaction. The investigators examined what elements of job satisfaction were of greatest importance to the nursing staff. The subjects ($N = 150$) ranked pay as the most important component of job

satisfaction. The authors pointed out that turnover may be lessened by increasing staff nurses' satisfaction but other benefits of satisfying nurses are unclear. This study supports the study under investigation by examining the factors related to job satisfaction.

Theoretical Framework

The theoretical framework guiding this research study was the Transformational Leadership Theory first developed by Burns in 1978. Bass (1985) later expanded this theory to provide a useful model for effective nursing leadership in modern health care settings. This theory encompassed the idea that there are two different styles of leadership, TF and TA. The differences of TF and TA leaders can be explained as a developmental process (Kuhnert & Lewis, 1987). Transactional leaders, in the early stages of development, organize their world based on personal goals and agendas. The TA leader attempts to get personal needs met without consideration for the needs of the followers. As leaders develop, they become aware of the interests of others and organize their world based on mutual obligations. Interactions take place by "exchanging" needs. Transformational leaders are believed to be at the final stage of the leadership development process. These leaders organize their world based on personal values and motivate followers by integrating these values into the group (Bass, 1985).

Transformational leadership is a process in which "leaders and followers raise one another to higher levels of motivation and morality" (Burns, 1978, p. 20). This motivation energizes people to perform beyond expectations by creating a sense of ownership in reaching the vision (Grossman & Valiga, 2000). Through motivation, a "transformational" process occurs and followers become inspired and willing to achieve organizational goals and objectives. Being proactive and innovative in thinking are TF characteristics which are imparted to followers during the transforming process. The goals and values of followers are shaped and altered, as well, so that a collective purpose that benefits societies, organizations, or groups can be achieved. According to Bass (1985), the outcome of TF leadership is enhanced productivity and increased job satisfaction within organizations. Those under the TF leader often view their work as not

only a job but a career. Transformational leadership in this study will be operationalized in this study using the following attributes (a) Idealized Influence (attributed), (b) Idealized Influence (behavior), (c) Inspirational Motivation, (d) Intellectual Stimulation, and; (e) individual Consideration. The TF attributes will be measured using the Multifactor Leadership Questionnaire.

In contrast, TA leadership is a process that "pursues a cost-benefit, economic exchange to meet subordinates' current material and psychic needs in return for contracted services" (Bass, 1958, p. 14). The leader gets the job completed or the goal achieved, and the followers get promotions, money, or other benefits. The focus of this type of leadership style is task completion with TA leaders being described as manipulative, detached, or inscrutable. There may be a "connection" between leaders and followers but it is usually something other than a shared vision or common purpose (Grossman & Valiga, 2000). Maintaining status quo, negative feedback, and flexible use of punishment versus reward are typical behaviors of TA leaders. Transactional leadership will be operationalized in this study using the following attributes (a) Contingent Reward, (b) Management-by-Exception (active), (c) Management-by-Exception (passive), and; (d) Laissez-Faire. The TA attributes will be measured using the Multifactor Leadership Questionnaire.

The key to the Transformational Leadership Theory is the ability of the leader to motivate followers to accomplish change (Marriner-Tomey, 1993). Followers become motivated when confidence is increased and the value of work-related outcomes is elevated. Transformational leadership behaviors contributes to follower satisfaction, increased performance and productivity, and achievement beyond expectations. Dissatisfaction and decreased productivity occurs when followers have transcended the developmental level of the leader and are searching for a leader with the ability to integrate values and provide an objective view of interpersonal commitments (Marriner-Tomey, 1993).

In the hospital setting, it is believed that head nurse leadership style can influence job

satisfaction either positively or negatively. Nursing research has established the significance of the relationship between leadership style and staff nurses' job satisfaction (Lucas, 1991). This study builds upon Burns' Transformational Leadership Theory to explore the relationship between leadership styles of nurse managers and job satisfaction of registered staff nurses in the hospital setting. The Transformational Leadership Theory will be used as the conceptual framework for this study because it supports the researcher's belief that effective leadership styles promote enhanced work environments and increased job satisfaction within hospitals. Job Satisfaction of registered staff nurses examined in this study were (a) Professional Work Environment, (b) Autonomy, (c) Work Worth, (d) Professional Relationships, (e) Role Enactment, and; (f) Benefits and will be measured using the Work Quality Index. A conceptual model of the Transformational Leadership Theory was developed and included in Appendix A.

In summary, the research articles reviewed supported the idea that management and leadership styles of nurse managers influence job satisfaction of staff nurses. When management style is participative, staff nurses experience greater levels of satisfaction (Moss & Rowles, 1997). Medley and LaRochelle (1995) found that leadership styles can be perceived by staff nurses and that staff nurses report higher levels of job satisfaction when their leader is transformational. Empowerment, which results from transformational leadership, was shown to be positively correlated with job satisfaction (Morrison, Jones, & Fuller, 1997). These results indicated areas of focus for hospitals trying to combat the nursing shortage.

Chapter Three

Introduction

The research methodology will be described in this section and will include the design, sample of the population, setting of the population, instruments used to collect the data, procedures for conducting the research, analysis of data, limitations of the study, and a time line for completion of the project.

Methodology

Design. This study was a non-experimental, correlational design. The dependent variable was job satisfaction of registered staff nurses who worked in hospitals and the independent variables were TF and TA leadership styles of nurse managers as perceived by staff nurses. This study assessed (a) whether or not registered staff nurses in hospitals could distinguish between TA and TF leadership behaviors of nurse managers, and; (b) if a relationship existed between perceived leadership styles of nurse managers and job satisfaction of registered staff nurses in a hospital setting. The Multifactor Leadership Questionnaire (MLQ) was used to measure perceived leadership behaviors of nurse managers by staff nurses and the Work Quality Index was used to measure registered staff nurse job satisfaction.

Sample. A list of 7,190 registered nurses meeting the inclusion criteria for the study was obtained from the Board of Examiners for Registered Professional Nurses in one Appalachian state. A simple random sample was obtained by numbering the subjects from 1 to 7,190 and using a table of random numbers to obtain 200 subjects. Inclusion criteria for the sample of registered nurses included (a) a resident of the Appalachian state, (b) holding a registered nursing license and practicing as a registered nurse in the Appalachian state, (c) a graduate of a diploma, associate, baccalaureate, or masters prepared program, (d) assignment to a non-supervisory, staff nurse position in a hospital setting, and; (e) working under the direct supervision of a nurse manager in a hospital setting. Exclusion criteria included all management, administrative, and

non-clinical nursing personnel, those registered nurses living in the Appalachian state but practicing nursing in another state, and those registered nurses living in another state but practicing nursing in the Appalachian state. The researcher included all subjects who met the inclusion criteria and completed and returned the questionnaires within the time frame allotted for the study.

Setting. The setting for this study was an Appalachian state located in the southeastern region of the United States. Questionnaires were sent by the researcher to the subject's mailing address obtained from the Board of Examiners. A packet containing a self-addressed, stamped envelope, a cover letter, a demographics sheet, the instruments, and a pen were provided to the subjects. The subjects were asked to complete the questionnaires in their home environment and return the questionnaire via self-addressed, envelope within five days of receipt.

Instruments. The WQI was used to measure the dependent variable of job satisfaction of staff nurses (Appendix B). The WQI was developed in an acute-care setting to measure nurses' satisfaction with their work quality and work environment (Whitley & Putzier, 1994). The WQI contains six subscales that measured nurses' satisfaction with their work environment (a) Professional Work Environment, (b) Autonomy, (c) Work Worth, (d) Professional Relationships, (e) Role Enactment, and; (f) Benefits. Using a 7-point Likert scale (1 = very dissatisfied, 2 = dissatisfied, 3 = somewhat dissatisfied, 4 = neutral, 5 = somewhat satisfied, 6 = satisfied, and 7 = very satisfied), the subjects responded to six subscales or 38 job-correlated questions. According to Whitley and Putzier (1994), a Cronbach's coefficient alpha estimating reliability yielded .94 for the total scale. The format of this instrument was modified to allow for easier reading by the subjects but the questions remained unchanged. Permission to use the WQI was implied because it is published in public domain (Whitley & Putzier, 1994).

The second instrument used for data collection was the Multifactor Leadership Questionnaire ([MLQ], Appendix C). This questionnaire was used to distinguish between perceived leadership styles of TF and TA among nurse managers in a hospital setting. The MLQ

was first developed by Bass in 1985 and was revised several times through subsequent research.The TF subscales measured in this study included (a) Idealized Influence (attributed), (b) Idealized Influence (behavior) (c) Inspirational Motivation, (d) Intellectual Stimulation, and; (e)Individual Consideration. The TA subscales measured in this study included (a) Contingent Reward, (b) Management-by-Exception (passive), (c) Management-by-Exception (active), and; Laissez-Faire. The MLQ consisted of 45 questions using a Likert rating scale from 0 to 4 (0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often, and 4 = frequently, if not always). Cronbach's coefficient alpha's ranged from .74 to .94 (Bass & Avolio, 2000). Confirmatory Factor Analysis (CFA) was used to test convergent and discriminant validity for each MLQ subscale. The Goodness Fit Index (GFI) and the Root Mean Squared Residual (RMSR) were found to be .91 and .04, respectively, indicating that the MLQ adequately measured the dimensions of TF and TA leadership styles (Bass & Avolio, 2000). The format of this instrument was also modified to allow for easier reading by the subjects. The questions remained unchanged, as well. Permission to use the MLQ was granted after purchasing the MLQ set (Appendix D).

Procedures. The researcher requested a list of registered nurses meeting the inclusioncriteria from the Board of Examiners for Registered Professional Nurses in the Appalachian state. Seven thousand one hundred and ninety registered nurses' names and addresses were obtained in alphabetical order from the Board of Examiners for Registered Professional Nurses. The researcher numbered the names of the registered nurses consecutively from 1 to 7,190. A 5-digit table of random numbers (The Rand Corporation, 1955) was used to obtain a simple, random sample of 200 registered nurses. The researcher began with the first column, going from top to bottom, and selected the first 4 numbers of each row. In the same fashion, the researcher selected numbers in consecutive columns until 200 subjects were obtained. A cover letter (Appendix F), a demographics sheet (Appendix G), two questionnaires, a pen, and a self-addressed, stamped envelope were sent to the subject's mailing address. The cover letter requested that the subjects return the demographics sheet and questionnaires to the

researcher via the self-addressed, stamped envelope within five days of receiving the information. The researcher included in the study all completed questionnaires that were returned in the time allotted. Informed consent was implied by returning and completing the questionnaires. Confidentiality and anonymity of the participants were maintained by using only a code number on the respondent's surveys and destroying the information after the results were analyzed. A pen was sent to the subjects as an added incentive to complete and return the questionnaires to the researcher.

Timeline for Completion. The researcher gained approval from the IRB on March 15, 2001. The researcher sent the cover letter, demographics sheet, the two questionnaires, a pen, and a self-addressed stamped envelope to the 200 subjects on March 16, 2002. The researcher used all completed questionnaires and demographics information returned by March 31, 2002. Data analysis began on April 1, 2002. The results of the study were analyzed using descriptive statistics such as means and frequency distributions, and inferential statistics such as PrincipalComponent Analysis, Pearson product-moment correlation coefficient (Pearson's *r*), and Cronbach's coefficient alpha. The descriptive statistics components of mean, median, mode, and standard deviation were used by the researcher to summarize demographic data reported by the subjects. Nurse manager leadership styles identified by staff nurses were analyzed using Cronbach's coefficient alpha. Pearson's *r* was used for correlations between leadership styles measured by the MLQ and job satisfaction measured by the WQI. Pearson's *r* was chosen because the interval level data obtained by the researcher must be analyzed to determine a relationship between the two variables of leadership styles and job satisfaction. Data analysis was completed by May 15, 2002 and the researcher began correlating data on May 16, 2002. Chapter four was completed on July 1, 2001 and the electronic version submitted on July 2, 2002.

In summary, nursing research involves a systematic approach and validation of knowledge regarding issues important to the nursing profession (Polit & Hunglar, 1999). The methodology chosen by the researcher was done so in anticipation of presenting a sound research

thesis which would strengthen the profession of nursing's knowledge base and provide reliable information to nursing leaders across the country. The researcher expects that the findings of the study will support the study's two hypotheses that include (a) registered staff nurses differentiate between TF and TA leadership styles, and; (b) there is a relationship between leadership styles of nurse managers and job satisfaction levels of registered staff nurses.

GANTT Chart

This chart was used to establish deadlines and transition periods as the investigation progressed.

ACTIVITIES	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Request RN sample from nursing board	**X**							
Meet with committee	**X**							
Re-write thesis	**X**							
Meet with M. Cunningham to review tools			**X**					
Second meeting with committee, Chp 1-3 complete		**X**						
Send thesis to IRB for approval		**X**						
Approval from IRB			**X**					
Draw sample size via random sampling		**X**						
Send out questionnaires and info packet to subjects			**X**					
Review data				**X**				
Begin statistical analysis				**X**				
Complete statistical analysis						**X**		
Begin writing statistical info in paper form						**X**		
Thesis complete							**X**	

Chapter Four

Introduction

The purpose of this chapter was to provide a summary of the analyzed data of the study. Discussed in this chapter are the data analysis, results, discussion of the findings, limitations of the study, implications for the nursing profession, recommendations for future research, and conclusion.   Data Analysis

The purpose of this study was to examine the relationship between perceived leadership styles of nurse managers and job satisfaction of registered staff nurses in hospital settings in an Appalachian state. A Principal Component Analysis was used to determine if registered nurses could distinguish between TF and TA leadership styles. A Pearson product-moment correlation coefficient was used to examine the relationship between perceived leadership styles of nurse managers and job satisfaction of registered staff nurses. Cronbach's coefficient alpha, estimating reliability, was used for the total scales of the WQI and the MLQ. The researcher coded the data and used the 2001 version of the Statistical Package for the Social Sciences (Cronk, 1999) for analyzation.   Results

The demographic data were analyzed using descriptive statistics (N=73). Ninety-six percent of the subjects were females and four percent were males. The age range of the subjects were 21 to 66 years, with the highest percentage (40 %) falling between the ages of 41 and 50 years of age. Fifteen percent of the subjects held an associate degree, 45 percent held a diploma in nursing, 34 percent held a bachelor of science degree in nursing, and 6 percent held a masters degree in nursing. Total years of experience as a nurse ranged from one year to 42 years. Fifty-seven percent of the subjects had been in their current position for five years or less.The majority of the subjects (19%) worked in an emergency department. Thirty percent of the sample worked in hospitals with 50 to 200 beds and 30 percent worked in hospitals with 201 to 300 beds (Table 1).

Hypothesis Testing. Principal Component Analysis was used to examine the researchquestion "Do registered staff nurses differentiate between TF and TA leadership styles?" The nine items of the MLQ were subjected to a Principal Component Analysis (PCA) using the Statistical Package for the Social Sciences to determine if the subjects could distinguish between the TF and TA leadership styles. Prior to performing PCA, the suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of six components yielding a coefficient of 0.3 or above. The Kaiser-Meyer-Oklin value was .87, exceeding the recommended value of .70 (Kaiser, 1974), and the Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance, supporting the factorability of the correlation matrix.

Principal Component Analysis revealed the presence of two eigenvalues exceeding one, representing 65 percent and 12 percent of the total variance. An inspection of the scree plot revealed a clear break after the first component. Using Catell's (1966) scree test, it was decided to retain the two high variance components for further investigation. To aid in the interpretation of these two components, Varimax rotation was performed. The two factor solution explained a total variance of 77 percent, with Component 1 representing 64 percent of the total variance and Component 2 representing 13 percent of the total variance. The rotated solution (Table 2) displayed all TF leadership characteristics loading on component one. The TA leadership characteristic of Contingent Reward also loaded on component one, indicating that the registered nurses in this study considered Contingent Reward as a TF leadership characteristic.

In this study, the leadership components included in the TF leadership factor were Idealized Influence (attributed), Idealized Influence (behavior), Individual Consideration, Inspirational Motivation, Intellectual Stimulation, and Contingent Reward. Three factors in this study were associated with TA leadership style: Management-by Exception (active), Management-by-Exception (passive), and Laissez-Faire. The results of this analysis supported the hypothesis that nurses were able to distinguish between TF and TA leadership styles, but

considered Contingent Reward a TF leadership characteristic.

"Is there a relationship between perceived nurse manager's leadership style and satisfaction levels of registered staff nurses?" was the second research question in this study.The relationship of perceived leadership styles of nurse managers, measured by the MLQ, and job satisfaction of registered staff nurses, measured by the WQI, was examined using the Pearson product-moment correlation coefficient. Total job satisfaction scores ranged from 110 to 257 (M = 172, SD = 35). There was a positive, moderate correlation between TF leadership style and job satisfaction of registered staff nurses ($r = .38,\ p = .001$), indicating nurse leaders with TF leadership style had satisfied registered staff nurses. There was an inverse, weak relationship between TA leadership style and job satisfaction ($r = -.25,\ p = .03$), indicating that nurse leaders with TA leadership style had less satisfied registered staff nurses. Significant, positive correlations were found between total job satisfaction scores and total TF subscales. Significant, negative correlations were found between total job satisfaction scores and TA subscales. A moderate, positive correlation occurred between the total TF leadership scores and the Work Quality Index subscale of Professional Work Environment ($r = .613,\ p = .00$), indicating that nurse leaders who enhance the professional work environment have satisfied registered staff nurses. The study's hypothesis was supported by the Pearson's r results that demonstrated the magnitude and nature of the relationship between the variables of TF and TA leadership styles and job satisfaction.

Reliability of Study Instruments. The reliability of a scale indicates how free it is from random error (Pallant, 2001). The Cronbach's coefficient alpha estimating reliability for the job satisfaction subscales of the WQI was .84, indicating good internal reliability (Table 3). Theinitial Cronbach's coefficient alpha estimating reliability for the leadership style subscales of the MLQ was .58. According to Pallant (2001), low values in the "Corrected Item-Total Correlation" indicate that the item is measuring something different to the scale as a whole (p. 87). Pallant (2001) suggests removing the items with low item-total correlations. The subscales

of Management-by-Exception (active), Management-by-Exception (passive), and Laissez-Faire displayed low-item correlations and were removed. Reanalysis of the Cronbach's coefficient alpha yielded .95 (Table 4).

Discussion

Previous research indicates nurses can distinguish between transformational and transactional leadership styles and prefer transformational leadership styles over transactional leadership styles (Medley & LaRochelle, 1995). Also, literature has supported nurses whose leader exercises transformational leadership reported higher levels of job satisfaction (Medley and LaRochelle, 1995). Several important findings emerged from the results of this study. First, the results of the study supported the research hypothesis that registered staff nurses in hospitals in an Appalachian state distinguished between transformational and transactional leadership styles. The characteristic of transformational leadership style most preferred by registered staff nurses working in hospital settings in Appalachia was Individual Consideration. This characteristic involved leaders listening to concerns, providing useful advise for development, spending time teaching and coaching, focusing on developing strengths of followers, treating followers as individuals, giving personal attention to followers who seem neglected, and promoting self-development (Bass & Avolio, 2000). Another point of interest was nurses considered Contingent Reward as a transformational leadership characteristic. A study by Medley and LaRochelle (1995) also showed that nurses viewed Contingent Reward as a transformational characteristic. Studies performed by Bass (1985) on industrial leaders revealed ContingentReward as a transactional characteristic. Contingent Reward involves leaders who give followers what they want in exchange for their support and makes clear what followers can receive if performance meets designated standards (Bass & Avolio, 2000). Continued nursing research is needed in the profession of nursing regarding how staff nurses view this leadership characteristic.

A second finding that emerged supported the second research hypothesis. A significant

relationship was found between perceived transformational and transactional leadership styles of nurse managers and job satisfaction of registered staff nurses. The perceived transformational leadership style positively influenced job satisfaction of registered staff nurses working in hospitals and perceived transactional leadership style negatively influenced job satisfaction of registered staff nurses working in hospitals. In other words, the findings supported registered staff nurses working in hospitals in this Appalachian state significantly preferred the transformational leadership style over the transactional leadership style.

Strengths of this study included (a) probability sampling, (b) research design, and; (c) tool reliability. Simple random sampling, the selection process used in this study, strengthened the probability that staff nurses had an equal chance of being selected (Polit & Hunglar, 1999).This form of probability sampling allowed for equal representation of nurses in the study sample. Randomization was also used as an effective method for controlling extraneous variables. A non-experimental, correlational design was used in this study because it is the most common method of describing a relationship between two measures (Polit & Hunglar, 1999). Correlational research allowed for the degree and direction of the relationship to be identified. It is more informative and efficient to express the direction and magnitude of a linear relationship by computing a correlation coefficient (Polit & Hunglar, 1999). Both tools used in this study were highly reliable, indicating good internal consistency of the measurements.

<div align="center">Limitations of the Study</div>

One limitation of the study was the fact that self-report questionnaires run the risk of response bias due to the respondents reporting what they think the researcher is looking for rather than what they think. A second limitation was the extraneous variables such personal stressors could have caused the subject's answers to be skewed. The environment has been found to exert a powerful influence on emotions and behavior (Polit & Hunglar, 1999). The researcher was not able to control the environmental context of the study due to the manner in which the data were collected, however, randomization partially controlled for this limitation. A third limitation of the

study was using two lengthy questionnaires totaling of 83 questions. The lengthy questionnaires (response burden) could have caused nurses answers to vary due to time constraints, or the unwillingness of nurses to read each question before they responded. In studying perceived leadership styles of nurse managers and registered staff nurses' job satisfaction in hospital settings in Appalachia, the results of this study were delimited to leadership styles of nurse managers and job satisfaction of registered staff nurses in hospital settings in Appalachia.

<div style="text-align:center">Implications for the Nursing Profession</div>

The results of this study indicated staff nurses working in hospital settings preferred managers who were transformational leaders. The findings suggests nurse managers who want to increase job satisfaction should practice Individual Consideration because this is the preferred TF leadership characteristic of registered staff nurses working in hospital settings. This study, as well as Medley and LaRochelle's (1995), link TF leadership to job satisfaction. This finding indicates the TF leadership style promotes retention and decreases turnover of registered staff nurses working in hospitals, a finding noteworthy of workplace and economic importance for hospitals. As staff nurse turnover decreases, hospitals can decrease overall spending for hiring and orienting new nurses, thus directing financial expenditures to staff, patient, and hospital resources. Assumptions have been made that patient care quality increases as nurse satisfaction increases reflecting a positive view of the hospital by the community. This assumption, however, has not been supported through research. Hospitals benefit from high levels of nurse job satisfaction because findings suggest that nurses job performance increased proportionally with increased job satisfaction (McClosky & McCain, 1988). Productivity and efficiency are high priorities for hospitals cutting back resources. By 2005, it is estimated that 1.2 million nurses will be needed, with only 650,000 available (Egger, 2000). The increase in the population as the baby boomers reach older adulthood will cause an even greater demand for nursing personnel in a supply that is already limited. Nurse administrators must find innovative ways to retain staff, enhance the workplace environment, and begin promoting the nursing profession. Nurse

managers can enhance job satisfaction through transformational leadership styles, thus positively affecting the current nursing shortage.

Recommendations

The primary purpose of this study was to examine the relationship between perceived leadership styles of nurse managers and job satisfaction levels of registered staff nurses in hospital settings in Appalachia. The relationship of leadership styles and job satisfaction of staff nurses in hospital settings in Appalachia are consistent with studies performed in larger, metropolitan areas. Future research should focus on experimental aspects involving implemented TF leadership programs and the program's effect on job satisfaction in relation to retention and turnover rates. These findings would determine how leadership styles effect job satisfaction in practice settings. The focus of nurse administrators is on patient outcomes. Many assumptions regarding the relationship of job satisfaction, patient care quality, and patient satisfaction have been made but these variables have not been linked through research (Goodell & Coeling, 1994). In replication of this study, it would be important to relate job satisfaction to patient care quality and patient satisfaction through correlational studies. Also, studies involving meta-analysis of variables related to job satisfaction would allow administrators first-hand knowledge regarding factors affecting job satisfaction of staff. Within hospital organizations, implementing TF leadership styles require time and energy. Further studies must evaluate the benefits, challenges, and financial constraints of developing innovative leadership styles in meeting today's changing health care environment. The results of this study can be used as an education tool for those wanting to influence the nursing shortage. These results indicate nursing leaders in hospital settings can enhance the work environment to increase satisfaction for all nurses by using transformational leadership characteristics.

Conclusions

The findings support a positive relationship between TF leadership styles and staff nurse job satisfaction. Nurses want to work in an environment where they are valued and appreciated.

Instilling pride in individuals and going beyond self-interests for the good of the group were important characteristics of effective leaders. In the face of a nursing shortage, nurse leaders must be transformational, to raise others to higher levels of motivation and morality (Burns, 1978). Only then will advances in making the nursing profession a better place to work and providing superior patient care in hospital settings occur.

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Table 1

Sample Characteristics of Hospital Nurses (N=73)

Variable:	Frequency	(f)Percentage (%)
Gender	3	4
Male	70	96
Female		
Age		
20-30 years	17	23
31-40 years	15	21
41-50 years	29	40
51-60 years	9	12
61-70 years	3	4
Education		
Associate	11	15
Diploma	33	45
Bachelor of Science	25	34
Masters	4	6
Years Experience		
0-10 years	30	41
11-20 years	18	25
21-30 years	37	51
31-40 years	5	7
41-50 years	1	1
Years in Position		
0-5 years	40	56
6-10 years	9	12
11-15 years	11	15
16-20 years	6	8
21-25 years	2	3
26-30 years 2	3	
31-35 years 2	3	
Hospital Size		
Less than 50 beds	3	4
50-200 beds	22	31
201-300 beds	22	31
301-400 beds	15	21
>400 beds	10	14

Table 2

Varimax Rotation of Two Factor Solutions and Final Communality Estimates
for Prnciple Component Analysis of the MLQ Scale (N=73).

_____

Item	Component 1	Component 2	h^2
Idealized Influence (attributed)	.94		.88
Idealized Influence (behavior)	.91		.82
Individual Consideration	.91		.82
Contingent Reward	.87		.76
Inspirational Motivation	.86		.75
Intellectual Stimulation	.85		.72
Management-by-Exception (passive)		.42	.70
Lassaiz-Faire		.42	.69
Management-by-Exception (active)		.90	.81
% of Variance Explained	64%	13%	

_____

*Communality estimates appear in column headed h^2

Table 3

Internal Consistency Reliability Using Pearson Correlation Coefficients and Cronbach's Coefficient Alpha for the WQI Scale (N=73)

Variable	Professional Work Environment	Autonomy	Work Worth	Professional Relationships	Role Enactment	Benefits	Sub Scale Alpha
Professional Work Environment	1.00						.85
Autonomy	.51	1.00					.85
Work Worth	.51	.74	1.00				.78
Relationships	.56	.63	.57	1.00			.85
Role Enactment	.64	.73	.65	.67	1.00		.70
Benefits	. 53	.24	.26	.42	.41	1.00	.83

Table 4

Internal Consistency Reliability Using Pearson Correlation Coefficients and Cronbach's Coefficient Alpha for the MLQ Scale

Variable	Idealized Influence (Attributed)	Idealized Influence (Behavior)	Inspirational Motivation	Intellectual Stimulation	Individual Consideration	Contingent Reward	Alpha Sub Scale
Idealized Influence (Attributed)	1.00						.80
Idealized Influence (Behavior).	.83	1.00.					.75
Inspirational Motivation	.81	.81	1.00				.89
Intellectual Stimulation	.73.	.75	.73	1.00			.76
Individual Consideration	.82	.78	.73	.78	1.00		.77
Contingent Reward	.79	.77	.65	.73	.81	1.00	.84

Appendix A: Conceptual Model of the Transformational Leadership Theory

Hospital Environment

Transformational Leadership
   Style of Nurse Managers +

                          +

   *Idealized Influence   +
     (attributed)   +

                    +

   *Idealized Influence   +
     (behavior)   +

                      +

   *Inspirational Motivation   +

                         +

   *Intellectual Stimulation   + Staff Nurse Job
                                    Satisfaction

   *Individual Consideration

                            _ *Professional Work
                         _   Environment

                     _

                  _   *Autonomy

                _

              _   *Work

            _

          _   *Professional
                    Relationships

        _

Transactional Leadership   _   *Role Enactment
Style of Nurse Managers

   *Contingent Reward   *Benefits

   *Management-by-Exception
      (active)

   *Management-by-Exception
      (passive)

   *Laissez-Faire

Appendix B: The Work Quality Index

*This questionnaire inquires about your level of satisfaction with 38 job-correlated factors. Please indicate how satisfied you are in your present job with each of these items by circling the appropriate number. **Please complete the front and back of this questionnaire**.*

	Not Satisfied				**Satisfied**		
1.) The work associated with your position allows you to make a contribution to:							
a. Hospital	1	2	3	4	5	6	7
b. The profession	1	2	3	4	5	6	7
c. Your own sense of achievement	1	2	3	4	5	6	7
2.) You receive adequate praise for work well done from:							
a. Your peers	1	2	3	4	5	6	7
b. Hospital physicians	1	2	3	4	5	6	7
c. Nursing administration	1	2	3	4	5	6	7
3.) The work associated with your position provides you with:							
a. Opportunity to use a full range of nursing skills	1	2	3	4	5	6	7
b. A variety of clinical challenges	1	2	3	4	5	6	7
c. The opportunity to be of service to others	1	2	3	4	5	6	7
4.) The nursing practice environment:							
a. Allows you to make autonomous nursing care decisions	1	2	3	4	5	6	7
b. Allows you to be fully accountable for those decisions	1	2	3	4	5	6	7
c. Encourages you to make adjustments in your nursing practice to suit patient needs	1	2	3	4	5	6	7
d. Provides a stimulating, intellectual environment	1	2	3	4	5	6	7
e. Provides time to engage in research if you want	1	2	3	4	5	6	7
f. Promotes a high level of clinical competence on your unit	1	2	3	4	5	6	7
g. Allows opportunity to receive adequate respect from nurses on on other units	1	2	3	4	5	6	7

	Not Satisfied				**Satisfied**		

5.) The hospital organizational structure:

   a. Allows you to have a voice in policy making for nursing service 1 2 3 4 5 6 7

   b. Allows you to have a voice in over-all hospital policy making 1 2 3 4 5 6 7

   c. Facilitates patient care 1 2 3 4 5 6 7

6.) You receive:

   a. Enough time to complete patient physical care tasks 1 2 3 4 5 6 7

   b. Enough time to complete indirect patient care tasks 1 2 3 4 5 6 7

   c. Support for your work from nurse on other shifts 1 2 3 4 5 6 7

   d. Support from your peers for your nursing decisions 1 2 3 4 5 6 7

   e. Support from physicians for your nursing decisions 1 2 3 4 5 6 7

7.) Good working relationships exists between you and:

   a. Your supervisor 1 2 3 4 5 6 7

   b. Your peers 1 2 3 4 5 6 7

   c. Physicians

8.) Nursing service:

   a. Gives clear direction about advancement 1 2 3 4 5 6 7

   b. Provides adequate opportunities for advancement 1 2 3 4 5 6 7

   c. Decides advancements for nurses fairly 1 2 3 4 5 6 7

9.) Your job offers:

   a. Opportunity for professional growth 1 2 3 4 5 6 7

   b. Satisfactory salary 1 2 3 4 5 6 7

   c. Adequate funding for health care premiums 1 2 3 4 5 6 7

   d. Adequate additional financial benefits other than salary 1 2 3 4 5 6 7

   e. A satisfactory work hour (8 hour, 10 hour, and so forth) 1 2 3 4 5 6 7

		Not Satisfied				**Satisfied**		
f.	Adequate vacation	1	2	3	4	5	6	7
g.	Adequate sick leave	1	2	3	4	5	6	7
h.	Adequate inservice opportunities	1	2	3	4	5	6	7

Appendix C: The Multifactor Leadership Questionnaire

Please judge how often each statement fits your current nurse manager. If you are not sure or do not know, leave the answer blank. Please use the following rating scale:

0= not at all   1= once in a while   2= sometimes   3= fairly often   4= frequently,
**   if not always**

MY NURSE MANAGER.................

1. Provides me with assistance in exchange for my efforts 0   1   2   3   4

2. Re-examines critical assumptions to question whether they are appropriate   0   1   2   3   4

3. Fails to interfere until problems become serious. 0   1   2   3   4

4. Focuses attention on irregularities, mistakes, exceptions, and deviations

    from standards 0   1   2   3   4

5. Avoids getting involved when important issues arise 0   1   2   3   4

6. Talks about their most important values and beliefs 0   1   2   3   4

7. Is absent when needed 0   1   2   3   4

8. Seeks differing perspectives when solving problems 0   1   2   3   4

9. Talks optimistically about the future 0   1   2   3   4

10. Instills pride in me for being associated with him/her 0   1   2   3   4

11. Discusses in specific terms who is responsible for achieving

    performance targets 0   1   2   3   4

12. Waits for things to go wrong before taking action 0   1   2   3   4

13. Talks enthusiastically about what needs to be accomplished 0   1   2   3   4

14. Specifies the importance of having a strong sense of purpose 0   1   2   3   4

15. Spends time in teaching and coaching 0   1   2   3   4

0= not at all   1= once in a while   2= sometimes   3= fairly often   4= frequently,
if not always

16. Makes clear what one can expect to receive when performance

 goals are achieved 0   1   2   3   4

17. Shows that he/she is a firm believer in "If it ain't broke, don't fix it" 0   1   2   3   4

18. Goes beyond self-interest for the good of the group 0   1   2   3   4

19. Treats me as an individual rather than just as a member of the group 0   1   2   3   4

20. Demonstrates that problems must become chronic before taking action 0   1   2   3   4

21. Acts in a way that builds my respect 0   1   2   3   4

22. Concentrates his/her full attention on dealing with mistakes,

 complaints, failures 0   1   2   3   4

23. Considers the moral and ethical consequences of decisions 0   1   2   3   4

24. Keeps track of all mistakes 0   1   2   3   4

25. Displays a sense of power and confidence. 0   1   2   3   4

26. Articulates a compelling vision of the future 0   1   2   3   4

27. Directs my attention towards failures to meet standards 0   1   2   3   4

28. Avoids making decisions 0   1   2   3   4

29. Considers me as having different needs, abilities, and aspirations

 from others 0   1   2   3   4

30. Gets me to look at problems from many different angles 0   1   2   3   4

31. Helps me develop my strengths 0   1   2   3   4

32. Suggests new ways of looking at how to complete assignments 0   1   2   3   4

33. Delays responding to urgent questions 0   1   2   3   4

34. Emphasizes the importance of having a collective sense of mission. 0   1   2   3   4

0= not at all   1= once in a while   2= sometimes   3= fairly often   4= frequently,
if not always

35. Expresses satisfaction when I meet expectations 0   1   2   3   4

36. Expresses confidence that goals will be achieved 0   1   2   3   4

37. Is effective in meeting my job-related needs 0   1   2   3   4

38. Uses methods of leadership that are satisfying 0   1   2   3   4

39. Gets me to do more than I expected to do. 0   1   2   3   4

40. Is effective in representing me to a higher authority 0   1   2   3   4

41. Works with me in satisfactory way 0   1   2   3   4

42. Heightens my desire to succeed 0   1   2   3   4

43. Is effective in meeting organizational requirements 0   1   2   3   4

44. Increases my willingness to try harder 0   1   2   3   4

45. Leads a group that is effective 0   1   2   3   4

Appendix D: Permission to use the Multifactor Leadership Questionnaire

MLQ   Multifactor Leadership

Questionnaire

Second Edition

Permission Set

Technical Report,
Leader Form, Rater Form,
and Scoring Key
for MLQ Form 5x-Short

by Bernard Bass and Bruce Avolio
Center for Leadership Studies
Binghamton University
Binghamton, NY 13902-6015
http://cts.binghamton.edu

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Appendix E: Institutional Review Board Approval

Marshall University
Institutional Review Board

Cabell Huntington Hospital
Institutional Review Board

Department of
Veterans Affairs
Human Studies Subcommittee

St. Mary's Hospital
Institutional Review Board

COORDINATOR
1542 Spring Valley Drive
Huntington, West Virginia
25704
(304) 696-7320
Fax: (304) 696-7391
stanley@marshall.edu

March 1, 2002

Jan Ramey
P. O. Box 663
Culloden, West Virginia 25510

Re: Proposed Student Nursing Project EX02-0036 – Leadership Styles of Nurse
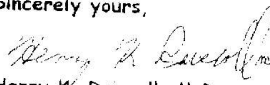Managers and Staff Nurse Job Satisfaction

Dear Ms. Ramey:

Thank you for the submission of the above non-risk study. The study consists of an anonymous demographic sheet, two anonymous questionnaires to be sent to 200 registered nurses in Appalachia. The names and addresses of the potential participants have been purchased by the investigator from the West Virginia Board of Examiners for Registered Professional Nurses, which are available to anyone.

The purpose of the study is to determine if registered staff nurses in West Virginia are satisfied in their hospital environments and whether or not leadership styles of nurse manages influence the level of satisfaction.

The study as submitted would be exempt from IRB review and approval in accordance with 45 CFR 46.101 b.

Sincerely yours,

Henry K. Driscoll, M.D.
IRB Chairperson

HKD/tjs

Rameyexemptmar02

Appendix F: Cover Letter

March 15, 2002

Dear Colleague,

My name is Jan Ramey RN, BSN, and I am a graduate nursing student at Marshall University. As part of the requirements for graduation, I am collecting data for a thesis project. The purpose of this study is to determine if registered staff nurses in West Virginia are satisfied in their hospital environments and whether or not leadership styles of nurse managers influence the level of satisfaction. There has not been a study of this kind performed in our state. Being that data will be collected from registered nurses statewide, the results will greatly contribute to the state's body of knowledge regarding nursing satisfaction and be used to determine methods for professional improvement.

I am asking you to complete the enclosed questionnaires and demographic sheet and return them to me within 5 days via the self-addressed, stamped envelope. The Multifactor Leadership Questionnaire is 45 questions and measures leadership styles. Please answer these questions with your nurse manager in mind. The Work Quality Index consists of 38 questions and measures job satisfaction in your current position. The surveys should take approximately 20 minutes to complete.

The information collected will be held in complete confidence by using only numbers to identify the data. The results will be submitted for publication in nursing literature, as well. Completion of the questionnaires implies your willingness to participate in the study.

Thank you for your assistance with this research project. Please accept the pen for participation in the study and feel free to contact me with any questions you may have at the number below or by E-mail.

Sincerely,

Jan Ramey, RN, BSN
Marshall University
College of Nursing and Health Professions
Graduate Student
Telephone: (304) 562-7155   E-mail: jramey@rnconnection.com

Appendix G **:** Demographic Data

_____ Code Number

Please complete:

Years of Age: _____

Level of Education: _____ Associate
                                         _____ Diploma
                                         _____ Bachelor of Nursing
                                         _____ Masters
                                         _____ Doctorate

How many years have you been a registered nurse? _____

How many years have you been in your current position? _____

Current Field of Practice:

_____ Critical Care	_____Women's Services	_____ Pulmonary
_____ Medical/surgical	_____ Surgery	_____ Emergency Dept.
_____ Telemetry	_____ Psychiatric	_____ Orthopedics
_____ Open Heart	_____ Pediatrics	_____ Renal
_____ Observation Unit	_____ Obstetrics	_____ PACU

If your field is not mentioned above, please specify: _____

Size of Hospital:

_____ less than 50 beds	_____ 201-300 beds	_____ greater than 400 beds
_____ 50 to 200 beds	_____ 301-400 beds	

Please make any additional comments or concerns regarding job satisfaction or management practices at the organization you are currently working for that you feel would be helpful to this study. These comments will be kept <u>strictly confidential</u> and are on a <u>voluntary basis</u> only: _____
_____
_____
_____
_____
_____
_____
_____
_____