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Transformational Leadership in Nursing: A Pilot Nurse Leader Development Program

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Abstract

Current research reveals that staff nurses are routinely placed into front-line leadership roles with little formal preparation. The purpose of this project was the development, implementation, and evaluation of a pilot nurse leader development program for nurse leaders at a small community hospital located in Clarksville, Indiana. This study consisted of a quasi-experimental design, with the intervention consisting of a leadership course delivered to a convenience sample of nurses in managerial positions. Leadership attributes was quantified, both pre/post interventions, through the administration of the Leadership Practices Inventory (LPI), a Likert-scaled survey. The LPI was administered to the nurse leaders, their subordinates, peers, and superiors, in order that a three hundred and sixty-degree perspective to be obtained. Data gathered from the pre-intervention administration drove the curriculum of the intervention, tailoring the course to the needs of the participants. The intervention consisted of a nurse leadership class offered by the investigator, a seasoned nurse leader. The program was delivered in one-hour, bi-weekly classes, offered over a two-month period. All study participants completed the LPI at the beginning of the study and following completion of the leadership course. The LPI captured both positive and negative feedback regarding leadership behaviors of the nurse leaders from the perspective of their peers, direct reports, observers, and supervisors. Development of the study intervention was a curriculum aimed at assisting the nurse leader in maximizing individual strengths while developing strategies to overcome weaknesses. Pre- and post-data collection of the LPI assessments was used to evaluate the effectiveness of the program. *Keywords:* nurse leader, development, leadership, Leadership Practice Inventory, transformational, satisfaction, retention, authentic leadership

Background and Significance

Front-line nurse leaders are essential to all aspects of any health care organization (Donaher, Russell, Scoble, & Chen, 2007; Gallo, 2007; Kirby & DeCampli, 2008). Historically, these nurse leaders are promoted to their role because of proficiency in technical nursing skills rather than leadership ability (Garman, Butler, & Brinkmeyer, 2006). Despite this recognition of potential weaknesses in leadership abilities, few hospitals provide on-going leadership development beyond a basic orientation for these new leaders, either due to costs or perceived lack of need. Minton-Eversole (2009) maintains that many healthcare organizations have eliminated leadership development programs because they are seen as unnecessary. Instead, organizations focus monies on profit margins versus leadership development programs (Denham, 2010). The resulting lack of strong leadership can be devastating to staff morale and ultimately end up being more costly due to retention issues (Hayes et al., 2012).

It is estimated that as many as 40% of new supervisors fail in their role due to lack of training and proper preparation (Traynor, 2008). Inadequate preparation and sustainability of on-going development of nurse leaders prevents the emergence of strong transformational leaders necessary in today's organizations (AON Consulting, 2009). This can result in costly consequences such as low staff morale, increased staff turnover, and poor patient outcomes (Shirey, McDaniel, Ebright, Fisher, & Doebbeling, 2010; Zori, Nosek, & Musil, 2010).

In 2005, the American Association of Critical-Care Nurses (AACN) published *Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*. Standard six of this report states that a healthy work environment requires "authentic" leadership, meaning "conforming to fact and therefore worthy of trust, reliance, or belief" (p. 36). This conceptualization of leadership is based upon relationship building, rather than task-orientation

and simple management. It is often referred to as transformational leadership as it is assumed to transform all who participate. To meet this standard, hospitals must provide education and training for nurse leaders to enhance the ability to communicate, make decisions, and collaborate (AACN, 2005; Schmalenberg & Kramer, 2009; Sherman & Pross, 2010; Shirey & Fisher, 2008; Vollers, Hill, Roberts, Dambaugh, & Brenner, 2009). The Institute of Medicine's report (2010) endorses the need to further develop leadership in nursing by suggesting that leadership programs can assist nurse managers in becoming quality leaders. Eversole (2007) suggests that these programs can be offered in cost-effective ways that do not hinder the organization's profit margin. Thus the program can serve as a cost efficient tool that supports the mission of the hospital.

Leadership programs based on transformational leadership principles need to be developed and provided to nurse managers in order to contribute to the organization's success and ultimately improve patient outcomes. Organizations that have begun to offer leadership development programs have found them to be an essential component of the organization's success (Fennimore & Wolf, 2011; Martin, McCormack, Fitzsimons, & Spirig, 2012). Recognized components of nurse leader preparation include a functional nurse leadership model, core competencies, and succession planning (MacPhee, Skeleton-Green, Bouthillette, & Suryaprakash, 2012; Sherman & Pross, 2010; Swan & Moye, 2009; Weston et al., 2008). Added to this list should be the principles of transformational leadership, due to the recognition of this leadership model in the success of an organization. A final consideration is the design of programs that are adaptable and sustainable in the workplace (Fennimore & Wolf, 2011; Huston, 2008; MacPhee et al., 2012; Sherman & Pross, 2010).

Purpose

The purpose of this project was development and implementation of a transformational leadership course for nurse leaders tailored to the needs of the participants and based on self-assessment and feedback from peers, superiors, and subordinates.

Literature Review

Leadership in Nursing

Historically nursing has subscribed to a task-oriented model of leadership that focuses on what mistakes are made (Cummings et al., 2010), rather than on shared vision and relationships. This model of leadership is perceived as dualistic and dissonant, resulting in staff dissatisfaction and high turnover (Cummings et al., 2010). This contrasts with leadership predicated on relationships which have been found to result in greater staff satisfaction, higher retention rates, and ultimately, increased patient satisfaction and outcomes. This type of leadership is often referred to as transformative as it transforms both leader and subordinate, and ultimately, the organization in a positive manner.

Transformational Leadership in Nursing

Nurses embrace transformational leadership because it develops connections between the leader and staff and results in a sense of empowerment (Wicker, 2008). A nurse leader who possesses transformational leadership qualities will increase staff effectiveness in the role. Bedside nurses, when led by a transformational leader, have the ability to develop enhanced decision-making skills and influence change in practice on their units (Cook, 1999).

The role of the nurse leader is described as the "neglected middle" because of the responsibilities of motivating staff, controlling costs, communicating at various levels, and maintaining positive patient outcomes, often with little or no preparation (McLarty &

McCartney, 2009). The gap between what nurses know about management and what they need to know can be vast. The only way hospitals can bridge this gap is to provide educational resources to prepare a new leader for successful performance (McLarty & McCartney, 2009). Many believe that transformational leadership skills can be taught to new nurse leaders, thereby increasing their competence in the practice of leadership itself (Kleinman, 2004; McGuire & Kennerly, 2006; Somech, 2003).

Benefits to the nurse leader. The tasks required by a nurse leader seem endless when trying to balance a compassionate patient care environment and satisfied employees while also trying to maintain a fiscally viable operation (Bondas, 2006). Because of this complexity, hospitals need to provide educational resources to prepare a new leader for successful performance (McLarty & McCartney, 2009). Seaver (1997) found that nurse leaders were more content when they were afforded job training, education, and ongoing development. Increased job satisfaction results when nurse leaders are offered educational development regarding every aspect of their role (Lee et al., 2010; Lee & Cummings, 2008). Nurse leaders need to be able to devote time to the development of explicit leadership skills and education in order to be adequately prepared for their new role.

Benefits to the organization. The Institute of Medicine (2004) and Agency for Healthcare Research and Quality (2004) reported quality of care issues in a major initiative entitled "Quality and Safety in the Education of Nurses." One finding was that the nursing profession is facing problems related to nursing leadership which directly impact the quality of patient care. Nurse leaders in supervisory and management positions are predisposed to high stress which can lead to burnout and turnover (Lee & Cummings, 2008). Turnover of nurse managers can cost an organization a significant amount of money in training and replacing of

individuals in these key positions (Lee & Cummings, 2008). The loss of a nurse can cost a healthcare organization over $80,000 and every 1% increase in overall nursing turnover averages $300,000 additional cost to the hospital annually (PricewaterhouseCooper, 2007). This phenomenon makes it paramount to address development of upcoming front-line nurse leaders now or complicate the impending nurse leader shortage.

The position of leadership is essential in order to meet the needs of patients and families in any clinical setting (Byram, 2000). Adequately preparing new leaders is relatively inexpensive, but will pay dividends to the organization for years through retention of staff and patient satisfaction. Proper training for new leaders will allow them to be effective in their roles and promote stronger work environments (McGuire & Kennerly, 2006; McLarty & McCartney, 2009). Thus, the investment of time up front in the development of new nurse leaders ultimately results in increased organizational commitment.

A leader who lacks strong leadership practices may be unsuccessful in finding solutions to problems encountered on a nursing unit (McGuire & Kennerly, 2006). Learning the techniques of transformational leadership improves the outcomes of a work unit (Byram, 2000). Inexperienced nurse leaders can learn to be more transformational which can ultimately create a positive work environment through more effective relationship building (Krugman & Smith, 2003).

Transformational leadership has been shown to support clinical expertise (McGuire & Kennerly, 2006; Tourangeau & McGilton, 2004). A leader practicing transformational leadership will have more influence on followers and will have a greater influence on achieving organizational goals. In nursing, this translates into improved clinical practice and improved patient outcomes (Byram, 2000; Tourangeau & McGilton, 2004). As an example, Krugman and

Smith (2003) found that improved flow of patient care resulted following training of nurse

leaders in transformational styles. Pre-intervention results revealed that nurse leaders

consistently rated themselves higher than staff on all five scales of the Leadership Practice

Inventory ([LPI] Kouzes & Posner, 2013). The leaders were provided with formal management

training in transformational leadership. Post-intervention scores one year later showed significant

improvement in both the overall LPI and the mean score of the subscale challenging the process.

Development of new reporting processes by the charge nurses and staff led to better patient

throughput by changing the report process on the unit.

Effective nurse leaders are capable of changing the patient care unit to a more

empowered and autonomous work environment capable of improving the quality of nursing care

and resulting in better patient outcomes (Best & Thurston, 2004; Formella & Sheldon, 2004;

Parsons, 2004; Spence-Laschinger, 2004). Application of a transformational leadership style in

nursing results in healthcare professionals making significant contributions toward positive

patient outcomes (Flesner et al., 2005). The Institute of Medicines' *Keeping Patients Safe Report*

(2004) states that safe patient environments require transformational leadership capable of

influencing the belief that extraordinary provision of patient care is enacted through good

policy and practices. Nursing leaders are capable of creating positive work environments that can

inspire staff nurses with the essential qualities critical to the improvement of patient outcomes

(Best & Thurston, 2004; Formella & Sheldon, 2004; Parsons, 2004).

Benefits to the Staff. McDaniel and Wolf (1992) discovered that the use of

transformational leadership increased retention and overall job satisfaction. They concluded that

overall work satisfaction scores were above the norm with a transformational leader. Spinelli

(2006) reported a significantly positive relationship between transformational leadership factors

and staff satisfaction. Subordinates who perceived transformational characteristics in their leader put more effort into work, were more satisfied with the leader, and perceived the leader as more effective. McGuire and Kennerly (2006) found both increased work satisfaction and lower turnover on units with transformational leaders in comparison to units without this leadership model.

Drenkard (2005) noted a significant inverse relationship with a transformational nurse leader and anticipated turnover of nursing staff. The relationship between immediate supervisors and employees was found to be the most influential element affecting retention (Heller et al., 2004). Nurse managers with lower staff turnover rates are found to have stronger leadership skills in the areas of conflict resolution and communication (Heller et al., 2004). Raup (2008) reported an average turnover of 13% when a transformational leader managed emergency departments versus 29 % in emergency departments without transformational leaders.

Larrabee et al. (2003) found an association between intent to resign from a position and leadership style (Larrabee et al., 2003). Leadership was indirectly related to intent to resign but had a direct effect on other factors. Effective leadership had an impact on nurses feeling empowered ($p<0.001$,) which predicted satisfaction in their role ($p< 0.001$). Satisfaction in turn predicted intent to leave a position ($p< 0.001$). Research validates that nurse leaders who practice a transformational leadership style are known to have improved staff morale (Clavelle et al., 2010; Tourangeau & McGilton, 2004), work productivity (Flesner et al., 2005; Martin et al., 2012), and satisfaction (Ilies et al., 2006), thus increasing retention of staff and giving credence to the use of a transformation model of leadership in this project.

Current State of Nurse Leader Training

Hospitals need to provide educational resources to prepare a new leader for successful performance (McLarty & McCartney, 2009). Most health care organizations provide an orientation for every new nurse on the unit, but are remiss in providing a comprehensive orientation for new nurse leaders (DeCampli, Kirby, & Baldwin, 2010; MacMillan-Finlayson, 2010; Seaver, 1997). In order to succeed in today's changing healthcare environment, some organizations have begun to provide on-site training for nurses moving into a management role (Hudson-Thrall, 2006). This effort recognizes the multifaceted role of the nurse leader and the importance of developing strong middle managers.

A variety of program delivery models have been used ranging in length from two months (Fennimore & Wolf, 2010; Weston et al., 2008) to one year (MacPhee et al., 2011; Martin et al., 2012; Ziegfeld, Matlin, & Earsing, 1997) as well as self-paced programs (ANCC, n. d.). All the programs reviewed involve one day sessions spaced over a period of months. Methodologies include combinations of lectures, workshops, mentoring, and coaching. The most intensive program is one reported by Martin et al. (2012) which consists of 147 hours over a one year period.

The American Organization of Nurse Executives (AONE) offers a fellowship program for nurse managers based on the competencies identified in the Nurse Manager Skills Inventory ([NMSI] Ambler, 2010; Kirby & DeCampli, 2008). The program includes mentoring and coaching by some of the most prestigious nurse leaders. The program is limited by number and selection of participants so the opportunity cannot be afforded to all nurse leaders in need of development. The American Association of Critical-Care Nurses (AACN) along with the AONE and the Association of Perioperative Registered Nurses (AORN) has addressed the limited access

of the fellowship through the development of e-learning modules (Caramanica, 2010). Many facilities use this method as a self-paced way of allowing the leader to orient to the role.

In addition to working with healthcare organizations, AONE has also partnered with state nursing organizations to provide leadership training. Arizona Healthcare Association, the Arizona Nurses Association, and the Arizona Organization of Nurse Executives cooperated to develop the Arizona Leadership Academy which was delivered as full day sessions over 2 months (Weston et al., 2008). Between sessions, participants completed required readings and assignments. A drawback to this model is the cost per participant of $1000.

A common tool used to assess individual nurse manager development is the Nurse Manager Skills Inventory (NMSI) (Ambler, 2010; Caramanica, 2010; Fennimore & Wolf, 2010; Kirby & DeCampli, 2008; Sherman & Pross, 2010). This tool focuses on three domains which are self-reported by the leader (Caramanica, 2010; Sherman & Pross, 2010). The domains are the 'leader within' which focuses on leadership skills, 'the art of leadership' focusing on leading people, and the 'science of leadership' which addresses managing the business aspects of the role (Caramanica, 2010; Sherman & Pross, 2010). The tool, developed by the AONE, AACN, and AORN, resulted from expert opinions (Sherman & Pross, 2010). Outcomes to determine effectiveness in developing leader competencies have not been reported. Also, since the tool relies on self-report, there is no opportunity to compare perceptions of the leader with staff or supervisor.

Despite delivery and measurement differences, each program reported significant improvement in leader outcomes (MacPhee et al., 2011; Martin et al., 2012; Weston et al., 2008; Ziegfeld, Matlin, & Earsing, 1997). A limitation recognized in these studies is self-report of the nurse manager's perception of improvement. Although an important outcome, particularly to the

leader's self-confidence, feedback from one's staff and supervisor are needed to measure actual changes in leadership behaviors. An example of a tool that incorporates this methodology is the LPI (Kouzes & Posner, 2013) which has been used and researched for years in business and allows supervisors, peer, self, and direct report assessments of the leader (Martin et al., 2012).

One nursing program using this methodology of assessment of the leader by others is reported by Martin et al. (2012) who studied the impact of a nurse leadership program in Switzerland. Participants were able to individualize their program based on results of the Leadership Practice Inventory (LPI) 360° evaluations completed by peers, supervisors, and staff. The multivariate analysis of the pre-/post-scores on the LPI revealed a significant increase in the sub-scale scores "inspiring a shared vision" (self $p = .011$; observer $p = .015$) and "challenging the process" (self $p = .004$; observer $p = .047$).

A conclusion can be made that the essential components of a leadership program must be customized to the organization and leaders involved. Finding an assessment tool to determine the needs of each individual leader can aid in the process of leadership development. Additionally, the knowledge must be sustainable and transferable to the work environment. Providing training over a period of time to consistently reinforce the desired behaviors is essential to sustainability. Additionally, providing training that minimizes the leader's time away from the unit decreases the anxiety that can result when away from the unit for extended periods. Incentives, such as providing contact education hours, augment the nurse's investment in these programs and validate the importance.

Theoretical Framework

Transformational leadership is especially relevant to nursing due to the emphasis on the empowering relationship that results between leader and follower. The principles of

transformational leadership provided the framework for the leadership development program that was delivered in this project. Due to the significance of this model in the development of the project, the following sections describe this model in detail.

Transformational Leadership

Transformational leadership is a course of events that occur between leader and follower which allows a transformation to happen (Thyer, 2003). Burns and Bass's theory of transformational leadership is a prescriptive middle-range psychology theory grounded in the relationship between leader and follower (Bass & Steidlmeier, 1999; Flesner, Scott-Cawiezell, & Rantz, 2005; Ilies, Judge, & Wagner, 2006; Tourangeau & McGilton, 2004). The transformational leader is responsible for involving others in participating and making decisions in their environment (Bass & Steidlmeier, 1999). Transformational leadership occurs when the leader transforms the follower through trust and creation of a sense of purpose and self-awareness (Bass & Steidlmeier, 1999; Clavelle, Drenkard, Tullai-McGuinness, & Fitzpatrick, 2010; Flesner et al., 2005; Grant, 2012; Hoffman, Bynum, Piccolo, & Sutton, 2011; Jones, 2006; Rivers, Pesata, Beasley, & Dietrich, 2011; Thyer, 2003). This transformation motivates followers to perform at a higher level and work for the good of the organization rather than for their own personal benefit, which ultimately contributes to the attainment of organizational goals (Bass & Steidlmeier, 1999; DeGroot, 2005; Flesner et al., 2005; Grant, 2012; Hoffman et al., 2011; Ilies et al., 2006; Jones, 2006; Rivers et al., 2011; Thyer, 2003; Tourangeau & McGilton, 2004).

Behavioral Components of Transformational Leadership

Four behavioral components of transformational leadership have been recognized: idealized influence, inspirational motivation, individual consideration, and intellectual stimulation (Bass & Steidlmeier, 1999; Hoffman et al., 2011). Idealized influence, referred to as

charisma, is the degree to which a leader acts in an admirable way causing the followers to identify with the leader. The charismatic leader displays conviction and appeals to followers on an emotional level. A leader demonstrating idealized influence has a clear set of values and will display them in all actions, thus providing a role model for the followers. Inspirational motivation refers to how thoroughly the leader articulates the vision. This leader challenges followers with higher standards while communicating optimism about obtaining goals. This leader also provides meaning for the tasks performed giving the follower a strong sense of purpose. The concept must be supported by strong communication skills allowing the leader to articulate the vision in a precise, energetic, and persuasive way. Individual consideration refers to how completely the leader meets the needs of the followers. The leader acts as a mentor and listens attentively to needs and concerns of the follower. The leader must be aware of each individual's contribution to the team and celebrate the contribution, making the follower feel a part of the team. The leader displaying individual consideration realizes that each member of the team is diverse, and it is this quality that gives the team strength. Intellectual stimulation describes how well the leader challenges the followers to express their ideas. The leader will stimulate creativity in the followers and take some risks using the ideas of the followers. Innovation leads to new ways of solving old problems, includes staff in the process, and increases buy-in from followers.

Principles of Transformational Leadership

Kouzes and Posner (2013) assert that transformational leadership behaviors can be learned and are transferable into the work environment with the correct training and development (Martin et al., 2012). They describe transformational leadership as consisting of five core practices: modeling, inspiring, challenging, enabling, and encouraging.

Modeling is setting an example through alignment of values and actions. The leader will set an example of how to behave through their actions and demonstrate goal setting for better outcomes. This is an innovative leader who attempts to improve upon everything they do and overcome obstacles (Clavelle et al., 2010; Kouzes & Posner, 2013; Martin et al., 2012; Tourangeau & McGilton, 2004). This leader will be a mentor to others and encourage all to support the vision and mission of the organization (Williams & Gordon, 2006).

Inspiring a shared vision is sharing common aspirations with others. Followers must understand and share in their leader's vision and engage in it (Clavelle et al., 2010; Kouzes & Posner, 2013; Martin et al., 2012; Tourangeau & McGilton, 2004). Goals must be set by the leader in such a way that the follower can envision the future (de Jong & Den Hartog, 2007). Transformational leaders not only set the vision but can articulate it to everyone (Kleinman, 2004; Moss & Ngu, 2006). This leader will give staff autonomy over their environment and encourage active participation in the vision (de Jong & Den Hartog, 2007).

Challenging the process allows for seizing initiatives and searching out opportunities. A leader who challenges the process will take risks and find innovative ways to solve old problems (Clavelle et al., 2010; Kouzes & Posner, 2013; Martin et al., 2012; Tourangeau & McGilton, 2004). The leader also encourages a new way of thinking and welcomes participation in problem solving by the staff (Somech, 2003).

Enabling others to act facilitates relationships by building trust. The leader must foster trust and cooperation within their staff (Clavelle et al., 2010; Kouzes & Posner, 2013; Martin et al., 2012; Tourangeau & McGilton, 2004; Williams & Gordon, 2006). An empowered staff act quickly, resulting in better patient outcomes (Girvin, 1996). This type of trusting relationship enables all participants, thereby transforming all those involved. Additionally, managers will

strengthen staff through development so that skills to act appropriately can be acquired (Tourangeau & McGilton, 2004).

Encouraging the heart shows appreciation for others through celebration and a spirit of community. The leader must find ways to celebrate both individual and team contributions (Clavelle et al., 2010; Kouzes & Posner, 2013; Martin et al., 2012; Tourangeau & McGilton, 2004). Simple recognition is important in maintaining enthusiasm and a positive focus. Praise for a job well done builds confidence in the staff, while acknowledging their part in the organization's success.

Methods

Research Design

The project was a pre/post-test design to evaluate the effectiveness of a nurse leader development program. The program consisted of one hour sessions offered bi-weekly for a period of 16 weeks.

Sample

The sample consisted of nurse managers, assistant nurse managers, and charge nurses who agreed to participate in the program. The initial meeting was attended by 30 nursing leaders. One resigned prior to the project conclusion, four leaders had no direct reports so opted out of the program, and five did not complete a post-assessment leaving a total of 20 participants. Participants who completed the project were primarily female, Caucasian, and BSN prepared. There was little diversity represented in the sample, with only one African-American and two males. The average age was 45.6 years. The majority were experienced nurses represented by a mean of 21.6 years in nursing and a mean of 9 years in a leadership position. Four participants had less than one year's experience as a nurse leader.

Table 1

Characteristics of Sample (n=20)

| Characteristic	n	%
Gender		
Male	2	10
Female	18	90
Age		
30-39 years	7	35
40-49 years	6	30
50-59 years	4	20
60-69 years	3	15
Education		
Associate	7	35
Bachelor	11	55
Masters	2	10
Ethnicity		
African-American	1	5
Caucasian	19	95
Years in Nursing		
0-10	5	25
11-20	6	30
21-30	3	15
31-40	5	25
41-50	1	5
Years in Leadership		
0-5	6	30
6-10	7	35
11-15	2	10
16-20	3	15
21-25	1	5
26-30	1	5
Years in Nursing Leadership		
0-5	6	30
6-10	6	30
11-15	2	10
16-20	2	10
21-25	2	10

Setting

Clark Community Hospital is a 241-bed, non-profit, acute care community hospital located in Southern Indiana. There are a total of 1,684 employees, 43% of whom are nurses. In the late 1990's the organization began a process of envisioning a superior work environment that emphasized developing leaders and focusing on employee satisfaction. This foundation provided support for the establishment of a nurse leader development program.

The hospital uses Deming's model of change, Plan-Do-Check-Act (PDCA) (Figure 1), to implement solutions (Contino, 2004). The Workforce and Leader Development Process follow the PDCA as a guide in identifying training needs of the leaders. This process provided guidance for creating the curriculum of the proposed program. The program followed the model of the four step system that is used by the employees of the hospital.

Figure 1.

Workforce and Leader Development Process
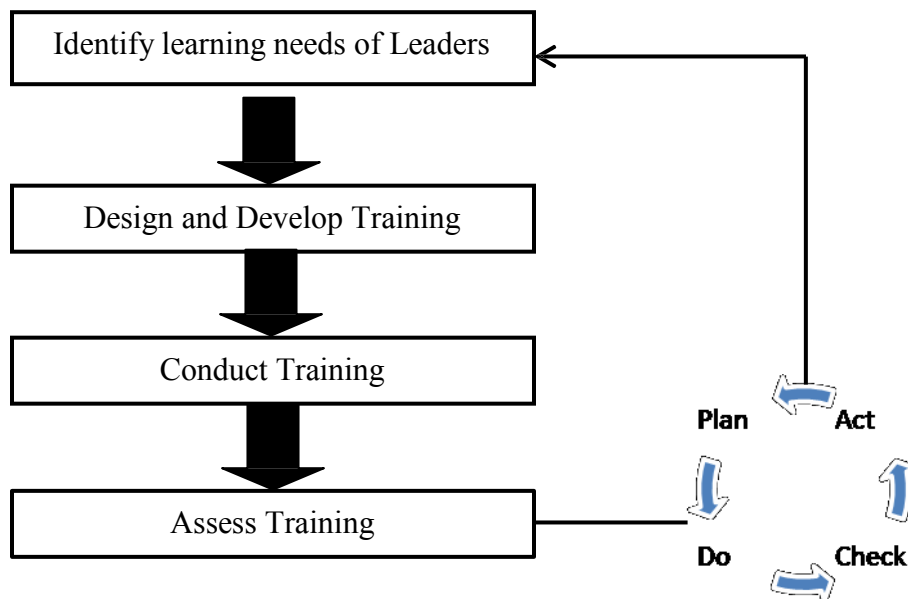
Program description

The process for developing a new leader does not need to be difficult or extensive and many have suggested a simple approach to planning new nurse leader development (McLarty & McCartney, 2009). Initially, an assessment of current performance is needed. This assessment should consist of the developmental needs identified and prioritized by the group of new leaders. Mentoring also needs to be provided through the provision of a seasoned nurse leader who will act as a confidant with whom the new leader may share concerns, without fear of retribution. The training and mentoring opportunities need to be evaluated and measured for effectiveness, both anecdotally and through the use of reliable instruments. Most importantly, the organization must celebrate successes with the new leader. Finally, all unit measurements need to be transparent to the new leader so they can effectively manage the patient care unit (McLarty & McCartney, 2009). Ideally, every organization could benefit from a comprehensive orientation plan for new nurse leaders initiated within the first 90 days and which includes objectives for: (a) meeting individual needs, (b) a framework for learning, (c) relationship building, (d) references and resources, (e) preceptor model, and (f) evaluation tools (Seaver, 1997).

The program for this project was delivered in a classroom setting in the hospital. During these sessions the participants were given the opportunity to interact and learn from one another. Participants were invited to participate in a one-hour program offered bi-weekly over a four-month period. The curriculum was planned to assist the nurse leader in maximizing individual strengths while developing strategies to overcome identified weaknesses. The primary goal was to assist nurse leaders in identifying areas of inconsistency between perceptions they hold of themselves and those that others have of them. This formed the basis of their individual leadership development plan.

Instrument

The Leadership Practices Inventory (Kouzes & Posner, 2013) uses a 10-point Likert scale

for a thirty item assessment. The instrument (included in Appendix A) consists of 5 subscales

representing each of the 5 leadership principles: modeling the way, inspiring a shared vision,

challenging the process, enabling others to act, and encouraging the heart. Each subscale has 6

items. Higher scores indicate increased observation of exemplary leadership practices. The LPI

has over 30 years of qualitative and quantitative research supporting its use, as well as over 3

million leaders using the tool (Kouzes & Posner, 2013; Martin et al., 2012). Sherman and Pross

(2010) found that the LPI is one of the most common tools used to assess leaders because the

leader receives feedback from peers, supervisors, and direct reports in addition to measuring

transformational leadership abilities. Although several studies using the LPI in business are

available, few nursing using this instrument were found. A primary emphasis in nursing research

is competence in nursing skills. Validity of the tool is demonstrated by a Cronbach's alpha of

0.75 for the self-version and 0.88 for the observer version. Test-retest is 0.94 (Clavelle et al.,

2010; Martin et al., 2012; Tourangeau & McGilton, 2004). The instrument takes approximately

twenty minutes to complete (Tourangeau & McGilton, 2004).

In this project the leaders completed an initial self-assessment. This was accompanied by

five to ten individuals who were considered observers of the leader on a consistent basis also

evaluating the leader by completing the LPI. Observers included superiors, co-workers, and

randomly selected subordinates. Emerging nurse leaders need to understand their strengths and

weaknesses in order to change behaviors and grow into their role (Gallo, 2007; Heller et al.,

2004; Sherman & Pross; 2010). Strengths and weaknesses are commonly measured by 360

degree assessments and needs assessments, which are effective tools used in leader development (Gallo, 2007; Johnson et al., 2012; Kirby & DeCampli, 2008; Ladyshewsky, 2007).

Data Collection

Each leader completed informed consent during the initial meeting. The LPI and the Sociodemographic form (Appendix B) were completed after the initial meeting of the group on the leader's own time. Each observer (direct report, manager, co-worker, or peer) completed the LPI assessment in the same manner. Following the intervention, the LPI was again collected from all participants. All data both pre- and post-intervention were returned in sealed envelopes to an administrative assistant located in the hospital's administrative office.

Steps of the Intervention

This study was designed to coincide with the four steps outlined by The Workforce and Leader Development Process already in place at the hospital.

Plan. Based on the survey results, the leaders selected 'encouraging the heart' and communication as areas of need. A tailored curriculum was developed to include these areas. The literature supports using information from a needs assessment to create this customized (Caramanica, 2010). Gallo (2007) describes this approach as effective in leveraging a leader's strengths and improving areas of weakness.

Do. The content of the customized classroom curriculum was delivered to participants on a bi-weekly basis over 16 weeks in one-hour sessions. The frequency of the meetings provided continuous reinforcement of information and skills learned in previous sessions. Research supports leader development in frequent, shorter increments taking place over time (Olivares, 2008). Limiting the developmental activities to one hour allowed the participants flexibility to attend because of the minimal time off the unit.

First meeting. The first meeting consisted of a thorough explanation of the LPI. The description of the LPI included topics such as 'Leadership is Learned', 'Why 360-Degree Feedback is Important', and information about the authors of the LPI and the research they conducted (Kouzes & Posner, 2013).

Second meeting. A total of 252 surveys were tallied for the leadership group. This meeting consisted of initial one-on-one feedback for each leader. Each leader received their completed LPI, which included observations by the manager, co-workers, direct reports, and others. A completed sample of a LPI is included in Appendix C.

An introduction to the five practices of leadership as described by Kouzes and Posner was introduced. Each leader was asked to make some observations about their assessment. Instructions included looking at the message, not the measures, and to look at the differences between observer scores and self-scores. One of the initial self-discovery exercises was examination of their first impressions of the report and examine why they feel that way. The responses ranged from disappointed to pleased. The group discussed why they felt the way they did and addressed those feelings. Homework for the group was to look for consistencies in the data between self and manager; self and direct reports; self and co-workers; and self and other observers. The leaders were also asked to explain any inconsistencies they received.

Third meeting. This session consisted of reviewing the homework assignment from the second meeting. Inconsistencies were reviewed first followed by identification of patterns and messages in the assessments. Each leader received a "leadership behavior ranking" which reports the most frequent to the least frequent of the 30 leadership behaviors. An asterisk (*) indicated a score differing by more than 1.5 points.

Each leader made a list of the specific behaviors most frequently agreed upon by the observers and the bottom ten or least frequently agreed upon behaviors. This exercise took the leaders some time to explore so a homework assignment of seeking clarification was given to the group. Prior to leaving the session, the leaders identified several observers from whom to seek feedback.

Fourth meeting. The focus of this session was reviewing the lessons and feedback from observers. There was some surprise in how others perceived them, as one leader voiced "I didn't know I was being perceived that way but now I know so I can change". The group also observed that "inspiring a shared vision" was low on the majority of the leaders' assessments. They concluded that the recent announcement of a merger and lots of unknowns contributed to the overall score being lower than they had hoped.

The topic of development was introduced after all leaders voiced a clear understanding of their individual results. Each leader was asked to write out an area needing development. The most common answer was "encouraging the heart" and communication skills. So the leaders could further define their individual vision, each was asked to write a description of their ideal image of themselves. One leader commented that "now that I have written it down, I can almost see the changes I need to make. I just got too busy to understand my impact on others". So that each leader could reach their goals, they were asked to identify the barriers as homework and bring to the next session.

Fifth meeting. This session began by identifying barriers to success. Most commented that time constraints prevented them from achieving some needed change. Each leader was asked to adopt one behavior to change and keep a journal to document the change they made and the

impact on others. Since "encouraging the heart" was the leadership behavior identified by the

majority of the group, recognition of others was the behavior most chose to adopt.

The group discussed solutions to the barrier of time. Scheduling recognition on their

calendar each day, sending out individual messages via text versus email, and smaller rewards

such as a short note or a verbal "thank you" were suggested. The leaders were also asked to

define how they would measure success from their behavior change. The development for each

leader was documented for their own use on a development worksheet.

Sixth meeting. This session focused on the documented behavior change on the

worksheet. One leader said, "in the past I would not do immediate recognition so while I was

telling another leader about an employee's good work as a preceptor I decided to tell her myself,

right then. The look on her face was priceless and I could tell she really appreciated the effort".

Another stated she sent out text messages to her staff the night after a code happened. Rather

than sending a group message, she singled each person out for the role. She reported receiving

more thank yous from her employees than ever before. One last leader said she collected a

"favorites list" from all her employees. One day when it was busy on the unit, she brought each

employee their favorite soft drink and snack as an instant reward for working so hard.

The homework for the group was to continue documenting the change, integrate another

leadership practice into their daily routine, and continue tracking results and provide feedback to

one another.

Seventh meeting. As the sessions drew to an end for the project, reinforcement of the

principles was completed. This was an interactive session and every question regarding the five

leadership practices as defined by the LPI was answered by the group. The last assignment was

to make their commitments public. Each participant picked a partner and made a commitment

memo with each other. The partner was to follow up with their counter-part in three weeks to see

how they were doing. This exercise was designed to continue reinforcing the need for behavior

change after the project's end.

     Eighth meeting. The last meeting involved the leaders preparing to share their feedback

with others. The feedback was completed either in a group or individual setting. Guidelines for

the feedback meeting to their observers were shared and included: (a) express your gratitude, (b)

share your data, (c) talk about your strengths and development areas, (d) discuss changes you

plan to make, and (e) express appreciation for their time.

     Reassessment using the LPI was discussed and each leader completed their final LPI.

Over a three week period following the last session, collection of observer LPIs took place.

     Check. Each bi-weekly session was evaluated for content usefulness and transferability

in the workplace. At the end of the 16 week pilot, a second 360 degree assessment was

completed and evaluated. A total of 160 LPI assessments were collected and tallied.

     Act. Comparison of the pretest and post-intervention data provided evidence of the

effectiveness of the program and recommendations for future developmental needs of the

leaders.

Key Personnel/Stakeholders

     Key personnel and stakeholders needed for the program were unit staff nurses, the Chief

Nursing Officer (CNO), nurse educators, and the nurse managers. Initial program support was

granted by the CNO and the hospital leaders. Unit staff were asked to complete a pre- and post-

assessment on their leader. This provided valuable feedback on the perception of the leaders'

performance. Nurse educators provided valuable resources for the program such as classrooms

and projectors. Nurse managers and charge nurses provided commitment to the project's success

and a change in the culture of their unit through application of the behaviors acquired during the program.

Barriers to Implementation and Sustainability

During project planning a Strengths-Weaknesses-Opportunity-Threats analysis was completed. The strengths of this proposed study included: (a) better prepared front-line nurse leaders, (b) short meetings of no more than one hour, (c) free lunch, (d) individualized approach, (e) support by the Chief Nursing Officer (CNO), and (f) inexpensive tools.

Weaknesses included lack of time to attend and lack of meeting space. Opportunities were increased staff engagement and decreased turnover rates of staff and leaders. Lastly, threats included: (a) potential of low interest in program, (b) no change in leader behaviors, and (c) lack of attendance.

Ethical Considerations/Approval

Participation in the program was voluntary. Informed consent procedures were in place to provide participants with needed information about the project. Data were returned in sealed envelopes to an individual in the administrative office. All surveys were identified by a code number only in order to link pre- and post-surveys. Surveys and code lists were kept in a locked cabinet in the researcher's office. The study was approved by Bellarmine University's Institutional Review Board.

Resources

The resources for the program varied with time, but the budget was essentially the same as the one given to hospital leadership for consideration. The most significant cost arose from the researcher's time and the materials purchased to administer the LPI, which were provided by the researcher. A detailed budget is included in Table 2.

Table 2

Resources Used

Project Budget	
Category	**Estimated Cost**
Project leader's time teaching and preparing courses	$3500
Training materials	$200
Printing	$200
LPI	$200
Nurse manager/Charge nurse time ($30*4 hours*20 participants)	$4800
Food-$70 each meeting for 10 meetings	$700
Total	$9600

Data Analysis

Data were analyzed using SPSS version 22.0. Paired samples t-tests were conducted to determine differences between pre- and post-intervention LPI scores. Additional independent-samples t-tests were conducted to determine any significant differences in scores based on participant education, age, years as a nurse, and years as a nurse leader. Descriptive statistics were used to determine sample characteristics.

Results

Table 3 presents the results of the paired-samples *t*-tests of the LPI scores. While mean differences were typically small, higher means were generally found in the post-intervention scores. Additionally, standard deviations were small in relation to the mean. All five subscales of

Table 3

Paired Samples t-test Results of Pre-Post LPI Scores

Observer/Subscale	n	Pre-LPI Mean	Post-LPI Mean	Mean Difference Post-Pre	t value	p
Self						
Modeling the Way	14	46.2	48.3	2.1	-1.35	.20
Inspiring a Shared Vision	14	43.6	44.6	1.0	-0.66	.52
Challenging the Process	14	43.8	46.6	2.8	-1.85	.09
Enabling Others to Act	14	48.7	49.9	1.2	-1.06	.31
Encouraging the Heart	14	45.9	49.9	4.0	-2.87	**.01**
Manager						
Modeling the Way	15	45.2	50.3	5.1	-2.58	**.02**
Inspiring a Shared Vision	15	41.6	47.9	6.3	-2.45	**.03**
Challenging the Process	15	43.3	49.4	6.1	-2.87	**.01**
Enabling Others to Act	15	46.7	51.2	4.5	-2.66	**.02**
Encouraging the Heart	15	47.7	51.2	3.5	-2.66	**.02**
Direct Report						
Modeling the Way	13	48.0	50.5	2.5	-1.64	.13
Inspiring a Shared Vision	13	45.7	48.9	2.2	-1.16	.27
Challenging the Process	13	46.0	49.0	3.0	-1.26	.23
Enabling Others to Act	13	49.3	50.8	1.5	-0.84	.42
Encouraging the Heart	13	47.8	49.6	1.8	-0.86	.41
Coworkers						
Modeling the Way	11	51.2	50.9	0.3	0.26	.80
Inspiring a Shared Vision	11	46.7	48.7	2.0	-1.21	.26
Challenging the Process	11	47.8	49.7	1.9	-1.39	.19
Enabling Others to Act	11	51.4	51.2	-0.2	0.24	.82
Encouraging the Heart	11	50.3	50.7	0.4	-0.37	.72
Other						
Modeling the Way	13	48.2	52.1	3.9	-1.50	.16
Inspiring a Shared Vision	13	44.3	48.5	4.2	-1.22	.25
Challenging the Process	13	44.8	49.5	4.7	-1.63	.13
Enabling Others to Act	13	49.7	53.0	3.3	-1.64	.13
Encouraging the Heart	13	45.6	50.1	4.5	-1.58	.14
All*						
Modeling the Way	19	49.4	51.4	2.0	-2.55	**.02**
Inspiring a Shared Vision	19	46.3	48.8	2.5	-2.73	**.03**
Challenging the Process	19	47.1	49.5	2.4	-2.40	**.03**
Enabling Others to Act	19	50.7	51.4	0.7	-0.86	.40
Encouraging the Heart	19	48.9	50.2	1.3	-1.69	.11

Note. *Does not include self-scores. Bold indicates $p < .05$.

the LPI increased significantly for the manager ratings. Only one subscale, 'encouraging the heart', reached statistical significance for the leaders. When ratings by all the observers were assessed as a group, three subscales increased significantly: 'modeling the way', 'inspiring a shared vision', and 'encouraging the heart'.

A series of additional independent-samples t-tests were conducted on the variables of age, years as a nurse, years in leadership, and years in nursing leadership. These four independent variables were dichotomized into two groups based upon whether respondents were above or below the mean for each of these measures. The dependent variables included in these analyses consisted of the 30 pre-test and 30 post-test subscales. This produced a total of 240 additional independent-samples t-tests.

Participant age was dichotomized by a mean of 45.6 years. Co-workers rated older leaders significantly higher than younger leaders on three pre-test subscales: 'modeling the way', 'inspiring a shared vision', and 'challenging the process'. Managers rated older leaders significantly higher on the post-test subscale 'challenging the process'.

Analyses of years of experience as a nurse, dichotomized by a mean of 21.6, produced one significant difference. Co-workers rated leaders with more experience significantly higher on the post-test subscale 'challenging the process'.

The number of years in leadership was dichotomized by a mean of 10.6 years. Significantly higher scores were reported for 'enabling others to act' in the following analyses: pre-tests by direct reports and post-tests by both co-workers and all observers combined. No significant results were found when years in nursing leadership was dichotomized by a mean of 9.2 years.

Discussion

The results of this project indicate that statistically significant improvements in transformational leadership skills can occur following training that is consistent with a hospital's philosophy of leadership development and is delivered in a customized approach that is relevant to participants. The leadership principles identified by Kouzes and Posner (2012) provided a meaningful framework for participants to begin to understand the importance of adopting a transformational approach to leadership, to evaluate themselves against these principles, and to begin the process of development toward a more transformational style. The LPI, and specifically the 360 evaluation approach, gave participants necessary feedback for identifying areas for development.

Significant improvements were found in specific post-intervention LPI scores. The area showing most significance were the ratings of leaders by their managers, with all subscales reaching significance. This finding indicates that managers, in their frequent interactions and observations of leadership style and approach, were able to see observable changes within this relatively brief timeframe. The leaders rated themselves significantly improved only in 'encouraging the heart', which may be due to the group's emphasis on this principle during the program. The raw scores of each leader subscale increased and it may be that with additional time these can also gain statistical significance.

Many of the leaders in the program assessed other leaders as co-worker. The additional knowledge of what a leader should possess regarding skills could have had an impact on co-worker ratings, none of which reached significance. Inspiring a shared vision had the lowest mean score of all the leadership attributes. Discussion with the leaders revealed the hospital was undergoing a merger with a larger hospital system. This merger created many unknowns for the

leaders which limited their vision of the future. Many verbalized they could not share a vision if they did not know the vision themselves.

Strengths

The customized approach of this project was ideal for this small hospital. The project was planned using the hospital's model of change, Plan-Do-Check-Act. The project also has sustainability because the leaders were instructed and mentored to hold each other accountable to behaviors. The group developed peer to peer alliances in which they can coach each other through difficult situations. The meeting time over lunch for the day shift leaders and right before shift in the evening, made attendance convenient. This factor contributed to the high attendance of participants.

Limitations

While the time of the meetings proved to be convenient, the length of the class was inadequate. A few leaders commented that it is difficult to "turn off"one's work mode and get into "learning mode". One commented that extending the meeting time from one hour to one and one-half hours would allow time for transition to a more relaxed conversation. Holding the meetings in the hospital proved to be a bit of a distraction. At times, many leaders were discussing patient care assignments and transfers at the beginning of the meeting time. In spite of these concerns, the feedback from staff and participants was overwhelmingly positive.

The small sample size limits generalizability of the findings. Also, the relatively short timeframe of the study allowed participants a limited time to develop behavior changes observable by others.

Recommendations

Assessments of changes in leadership need to take place at longer intervals. Reassessment at the four month mark proved to be too soon for results to be felt throughout the organization. The plan is to reassess the participants at the one year mark and as needed for feedback.

Sessions should also be held off-site in at least two hour blocks of time. Some leaders commented that the beginning of the shift or end of the shift might be a better fit. Also, organization outcomes influenced by transformational leadership, such as retention and staff satisfaction need to be examined over time.

The customized approach of this project and use of the transformational framework developed by Kouzes and Posner was very successful in this small hospital. However, it is equally adaptable to a larger setting. Although this project focused on nursing leadership, any discipline could benefit from adopting this style of leadership. The framework developed by Kouzes and Posner is practical and easily understood by all in the organization. It gives the organization a common language regarding leaders. Several leaders would comment, "I encouraged the heart of one of my staff today".

Sustainability

Results of this project were shared with the CNO and all the nurse leaders involved. The human resources director was made aware of the results and the plan is to continue the practice of small group meetings with leaders to reinforce the principles in the project. The LPI tool was also made available to human resources for continued assessment. Other offerings to support continued development of the leaders are also in the works by the organization.

Conclusion

Effective nurse leadership is absolutely requisite to a healthcare organization. Numerous studies have documented the impact that nursing has on patient outcomes, quality of care, and costs in an institution. Yet, nurses are most often placed in leadership roles due to longevity at the institution or because they are superior at the bedside. Neither attribute assures success as a leader. Transformational leadership is a dynamic relational interaction between leader and subordinate that results in the transformation of all participating. The skills of a transformational leader may be taught and reinforced. This nurse leader development program addressed many leadership issues experienced on a patient care unit. Leaders who are formally prepared and supported by programs such as this are better able to perform their leadership roles, which translate into higher levels of employee engagement. Without a standard recommended practice to orient new nurse leaders, hospitals will continue to focus on management as opposed to leadership and battle high turnover in the role as a result. The nurse leader development program at Clark Memorial Hospital is one way to approach training for this role.

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Appendix A

KOUZES
POSNER

LPI

LEADERSHIP PRACTICES
INVENTORY

Feedback Report
for Sample Leader
Administration Date:
December 12, 2008
Sample Organization

December 22, 2008

LPI
Leadership Practices Inventory

Contents

LPi

Leadership Practices Inventory

The Five Practices Data Summary

This page summarizes your LPI scores for each Practice. The Self column shows the total of your own responses to the six statements about each Practice. The AVG column shows the averages of all your Observers' ratings. The Individual Observers columns show the total of each Observer's rating. Scores can range from 6 to 60.

Manager Direct Report Co-Worker Other
AVG Average of all LPI Observer Ratings

	Self	AVG	Individual Observers					
			M	C1	C2	D1	D2	O1
Model the Way	39	36.0	30	35	25	48	32	46
Inspire a Shared Vision	31	39.7	33	46	38	45	30	46
Challenge the Process	30	42.5	40	56	38	46	35	40
Enable Others to Act	34	42.0	41	48	41	40	38	44
Encourage the Heart	38	39.5	30	55	33	44	27	48

LPi
Leadership Practices Inventory

The Five Practices Bar Graphs

These bar graphs, one set for each Practice, provide a graphic presentation of the numerical data recorded on The Five Practices Data Summary page. By Practice, it shows the total score for Self and the average total for each category of Observer. Scores can range from 6 to 60.

Self   Manager   Direct Report   Co-Worker   Other

Model the Way

S	39.0
M	30.0
C	30.0
D	40.0
O	46.0

Inspire a Shared Vision

S	31.0
M	33.0
C	42.0
D	37.5
O	46.0

Challenge the Process

S	30.0
M	40.0
C	47.0
D	40.5
O	40.0

Enable Others to Act

S	34.0
M	41.0
C	44.5
D	39.0
O	44.0

Encourage the Heart

S	38.0
M	30.0
C	44.0
D	35.5
O	48.0

2

LPI
Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never	6 - Sometimes
2 - Rarely	7 - Fairly Often
3 - Seldom	8 - Usually
4 - Once in a While	9 - Very Frequently
5 - Occasionally	10 - Almost Always

Leadership Behaviors Ranking

This page shows the ranking, from most frequent ("high") to least frequent ("low") of all 30 leadership behaviors based on the average Observers' score. A horizontal line separates the 10 least frequent behaviors from the others. An asterisk (*) next to the Observer score indicates that the Observer score and the Self score differ by more than plus or minus 1.5.

High

	Practice	Self	Observers
17. Shows others how their interests can be realized	Inspire	5	8.3*
13. Searches outside organization for innovative ways to improve	Challenge	4	7.8*
9. Actively listens to diverse points of view	Enable	4	7.7*
14. Treats people with dignity and respect	Enable	5	7.5*
30. Gives team members appreciation and support	Encourage	4	7.5*
26. Is clear about his/her philosophy of leadership	Model	4	7.5*
3. Seeks challenging opportunities to test skills	Challenge	4	7.5*
18. Asks "What can we learn?"	Challenge	8	7.3
27. Speaks with conviction about meaning of work	Inspire	5	7.3*
20. Recognizes people for commitment to shared values	Encourage	9	7.2*
19. Supports decisions other people make	Enable	4	7.2*
28. Experiments and takes risks	Challenge	6	7.0
16. Asks for feedback on how his/her actions affect people's performance	Model	6	7.0
23. Makes certain that goals, plans, and milestones are set	Challenge	4	7.0*
4. Develops cooperative relationships	Enable	8	6.8
15. Creatively rewards people for their contributions	Encourage	4	6.8*
6. Makes certain that people adhere to agreed-on standards	Model	8	6.5*
29. Ensures that people grow in their jobs	Enable	7	6.5
12. Appeals to others to share dream of the future	Inspire	2	6.5*
7. Describes a compelling image of the future	Inspire	7	6.3
24. Gives people choice about how to do their work	Enable	6	6.3
10. Expresses confidence in people's abilities	Encourage	5	6.2
5. Praises people for a job well done	Encourage	9	6.0*
25. Finds ways to celebrate accomplishments	Encourage	7	5.8
22. Paints "big picture" of group aspirations	Inspire	5	5.8
8. Challenges people to try new approaches	Challenge	4	5.8*
21. Builds consensus around organization's values	Model	7	5.3*
2. Talks about future trends influencing our work	Inspire	7	5.3*
1. Sets a personal example of what is expected	Model	6	5.2
11. Follows through on promises and commitments	Model	8	4.5*

Low

Difference between Observer's and Self rating was greater than 1.5

3

LPI
Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never   6 - Sometimes
2 - Rarely   7 - Fairly Often
3 - Seldom   8 - Usually
4 - Once in a While   9 - Very Frequently
5 - Occasionally   10 - Almost Always

Model the Way Data Summary

- *Clarify values by finding your voice and affirming shared ideals*
- *Set the example by aligning actions with shared values*

This page shows the scores for each of the six leadership behaviors related to this Practice. The Self column shows the scores you gave yourself for each behavior. The AVG column shows the averages of all the Observers' ratings. The Individual Observers columns show each Observer's rating for each behavioral item. Scores can range from 1 to 10.

Manager Direct Report Co-Worker Other
AVG Average of all LPI Observer Ratings

		Self	AVG	M	C1	C2	D1	D2	O1
26.	Is clear about his/her philosophy of leadership	4	7.5	6	8	6	10	8	7
16.	Asks for feedback on how his/her actions affect people's performance	6	7.0	3	7	7	7	9	9
6.	Makes certain that people adhere to agreed-on standards	8	6.5	9	6	2	7	9	6
21.	Builds consensus around organization's values	7	5.3	4	8	5	6	1	8
1.	Sets a personal example of what is expected	6	5.2	4	4	4	8	3	8
11.	Follows through on promises and commitments	8	4.5	4	2	1	10	2	8

4

LPI
Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never	6 - Sometimes
2 - Rarely	7 - Fairly Often
3 - Seldom	8 - Usually
4 - Once in a While	9 - Very Frequently
5 - Occasionally	10 - Almost Always

Model the Way Bar Graphs

- Clarify values by finding your voice and affirming shared ideals
- Set the example by aligning actions with shared values

The set of bar graphs for each of the six leadership behaviors related to this Practice provides a graphic representation of your and your Observers' average ratings for that behavior. Scores can range from 1 to 10.

Self   Manager   Direct Report   Co-Worker   Other

No.	Behavior	Role	Score
26.	Is clear about his/her philosophy of leadership	S	4.0
		M	6.0
		C	7.0
		D	9.0
		O	7.0
16.	Asks for feedback on how his/her actions affect people's performance	S	6.0
		M	3.0
		C	7.0
		D	8.0
		O	9.0
6.	Makes certain that people adhere to agreed-on standards	S	8.0
		M	9.0
		C	4.0
		D	8.0
		O	6.0
21.	Builds consensus around organization's values	S	7.0
		M	4.0
		C	6.5
		D	3.5
		O	8.0
1.	Sets a personal example of what is expected	S	6.0
		M	4.0
		C	4.0
		D	5.5
		O	8.0
11.	Follows through on promises and commitments	S	8.0
		M	4.0
		C	1.5
		D	6.0
		O	8.0

5

LPi

Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never	6 - Sometimes
2 - Rarely	7 - Fairly Often
3 - Seldom	8 - Usually
4 - Once in a While	9 - Very Frequently
5 - Occasionally	10 - Almost Always

Inspire a Shared Vision Data Summary

- *Envision the future by imagining exciting and ennobling possibilities*
- *Enlist others in a common vision by appealing to shared aspirations*

This page shows the scores for each of the six leadership behaviors related to this Practice. The Self column shows the scores you gave yourself for each behavior. The AVG column shows the averages of all the Observers' ratings. The Individual Observers columns show each Observer's rating for each behavioral item. Scores can range from 1 to 10.

Manager Direct Report Co-Worker Other
AVG Average of all LPI Observer Ratings

		Self	AVG	M	C1	C2	D1	D2	O1
17.	Shows others how their interests can be realized	5	8.3	9	9	6	8	8	10
27.	Speaks with conviction about meaning of work	5	7.3	8	6	9	9	3	9
12.	Appeals to others to share dream of the future	2	6.5	5	9	4	9	4	8
7.	Describes a compelling image of the future	7	6.3	4	5	8	7	7	7
22.	Paints "big picture" of group aspirations	5	5.8	3	9	8	7	4	4
2.	Talks about future trends influencing our work	7	5.3	4	8	3	5	4	8

6

LPI

Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never	6 - Sometimes
2 - Rarely	7 - Fairly Often
3 - Seldom	8 - Usually
4 - Once in a While	9 - Very Frequently
5 - Occasionally	10 - Almost Always

Inspire a Shared Vision Bar Graphs

• *Envision the future by imagining exciting and ennobling possibilities*
• *Enlist others in a common vision by appealing to shared aspirations*

The set of bar graphs for each of the six leadership behaviors related to this Practice provides a graphic representation of your and your Observers' average ratings for that behavior. Scores can range from 1 to 10.

Self   Manager   Direct Report   Co-Worker   Other

17. Shows others how their interests can be realized
- S: 5.0
- M: 9.0
- C: 7.5
- D: 8.0
- O: 10.0

27. Speaks with conviction about meaning of work
- S: 5.0
- M: 8.0
- C: 7.5
- D: 6.0
- O: 9.0

12. Appeals to others to share dream of the future
- S: 2.0
- M: 5.0
- C: 6.5
- D: 6.5
- O: 8.0

7. Describes a compelling image of the future
- S: 7.0
- M: 4.0
- C: 6.5
- D: 7.0
- O: 7.0

22. Paints "big picture" of group aspirations
- S: 5.0
- M: 3.0
- C: 8.5
- D: 5.5
- O: 4.0

2. Talks about future trends influencing our work
- S: 7.0
- M: 4.0
- C: 5.5
- D: 4.5
- O: 8.0

7

LPI

Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never	6 - Sometimes
2 - Rarely	7 - Fairly Often
3 - Seldom	8 - Usually
4 - Once in a While	9 - Very Frequently
5 - Occasionally	10 - Almost Always

Challenge the Process Data Summary

• *Search for opportunities by seizing the initiative and by looking outward for innovative ways to improve*
• *Experiment and take risks by constantly generating small wins and learning from experience*

This page shows the scores for each of the six leadership behaviors related to this Practice. The Self column shows the scores you gave yourself for each behavior. The AVG column shows the averages of all the Observers' ratings. The Individual Observers columns show each Observer's rating for each behavioral item. Scores can range from 1 to 10.

Manager Direct Report Co-Worker Other
AVG Average of all LPI Observer Ratings

		Self	AVG	Individual Observers					
				M	C1	C2	D1	D2	O1
13.	Searches outside organization for innovative ways to improve	4	7.8	6	10	8	9	7	7
3.	Seeks challenging opportunities to test skills	4	7.5	7	9	8	7	7	7
18.	Asks "What can we learn?"	8	7.3	8	9	8	7	6	6
23.	Makes certain that goals, plans, and milestones are set	4	7.0	7	10	7	8	3	7
28.	Experiments and takes risks	6	7.0	9	8	3	8	8	6
8.	Challenges people to try new approaches	4	5.8	3	10	4	7	4	7

LPI ▸

Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never   6 - Sometimes
2 - Rarely   7 - Fairly Often
3 - Seldom   8 - Usually
4 - Once in a While   9 - Very Frequently
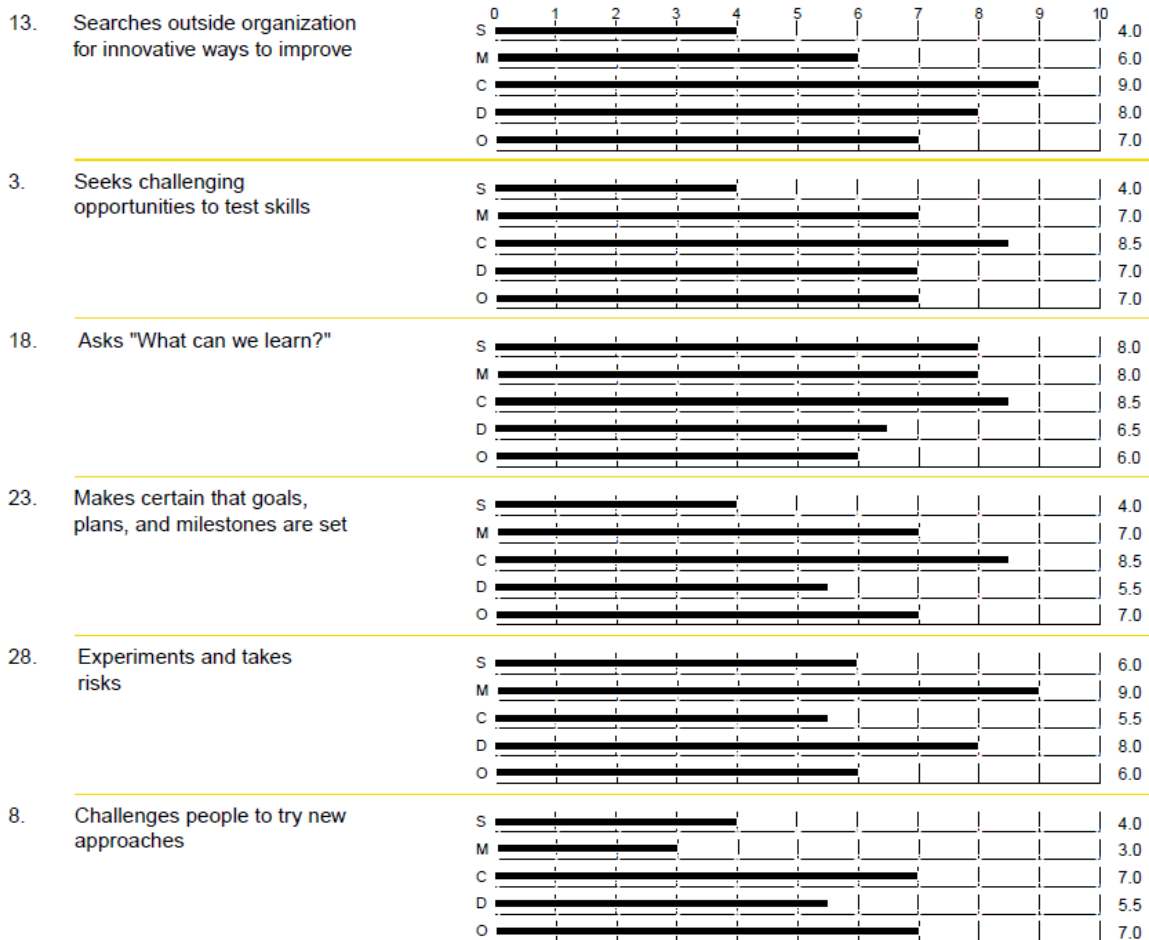5 - Occasionally   10 - Almost Always

Challenge the Process Bar Graphs

• *Search for opportunities by seizing the initiative and by looking outward for innovative ways to improve*
• *Experiment and take risks by constantly generating small wins and learning from experience*

The set of bar graphs for each of the six leadership behaviors related to this Practice provides a graphic representation of your and your Observers' average ratings for that behavior. Scores can range from 1 to 10.

Self   Manager   Direct Report   Co-Worker   Other

13. Searches outside organization for innovative ways to improve

S	4.0
M	6.0
C	9.0
D	8.0
O	7.0

3. Seeks challenging opportunities to test skills

S	4.0
M	7.0
C	8.5
D	7.0
O	7.0

18. Asks "What can we learn?"

S	8.0
M	8.0
C	8.5
D	6.5
O	6.0

23. Makes certain that goals, plans, and milestones are set

S	4.0
M	7.0
C	8.5
D	5.5
O	7.0

28. Experiments and takes risks

S	6.0
M	9.0
C	5.5
D	8.0
O	6.0

8. Challenges people to try new approaches

S	4.0
M	3.0
C	7.0
D	5.5
O	7.0

9

LPi

Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never   6 - Sometimes
2 - Rarely   7 - Fairly Often
3 - Seldom   8 - Usually
4 - Once in a While   9 - Very Frequently
5 - Occasionally   10 - Almost Always

Enable Others to Act Data Summary

• *Foster collaboration by building trust and facilitating relationships*
• *Strengthen others by increasing self-determination and developing competence*

This page shows the scores for each of the six leadership behaviors related to this Practice. The Self column shows the scores you gave yourself for each behavior. The AVG column shows the averages of all the Observers' ratings. The Individual Observers columns show each Observer's rating for each behavioral item. Scores can range from 1 to 10.

Manager Direct Report Co-Worker Other
AVG Average of all LPI Observer Ratings

		Self	AVG	Individual Observers					
				M	C1	C2	D1	D2	O1
9.	Actively listens to diverse points of view	4	7.7	8	8	8	8	5	9
14.	Treats people with dignity and respect	5	7.5	9	8	9	6	8	5
19.	Supports decisions other people make	4	7.2	4	7	9	8	7	8
4.	Develops cooperative relationships	8	6.8	8	10	4	4	8	7
29.	Ensures that people grow in their jobs	7	6.5	4	8	8	7	4	8
24.	Gives people choice about how to do their work	6	6.3	8	7	3	7	6	7

LPi
Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never	6 - Sometimes
2 - Rarely	7 - Fairly Often
3 - Seldom	8 - Usually
4 - Once in a While	9 - Very Frequently
5 - Occasionally	10 - Almost Always

Enable Others to Act Bar Graphs
• *Foster collaboration by building trust and facilitating relationships*
• *Strengthen others by increasing self-determination and developing competence*
The set of bar graphs for each of the six leadership behaviors related to this Practice provides a graphic representation of your and your Observers' average ratings for that behavior. Scores can range from 1 to 10.

Self   Manager   Direct Report   Co-Worker   Other

#	Behavior	S	M	C	D	O
9.	Actively listens to diverse points of view	4.0	8.0	8.0	6.5	9.0
14.	Treats people with dignity and respect	5.0	9.0	8.5	7.0	5.0
19.	Supports decisions other people make	4.0	4.0	8.0	7.5	8.0
4.	Develops cooperative relationships	8.0	8.0	7.0	6.0	7.0
29.	Ensures that people grow in their jobs	7.0	4.0	8.0	5.5	8.0
24.	Gives people choice about how to do their work	6.0	8.0	5.0	6.5	7.0

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LPI

Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never   6 - Sometimes
2 - Rarely   7 - Fairly Often
3 - Seldom   8 - Usually
4 - Once in a While   9 - Very Frequently
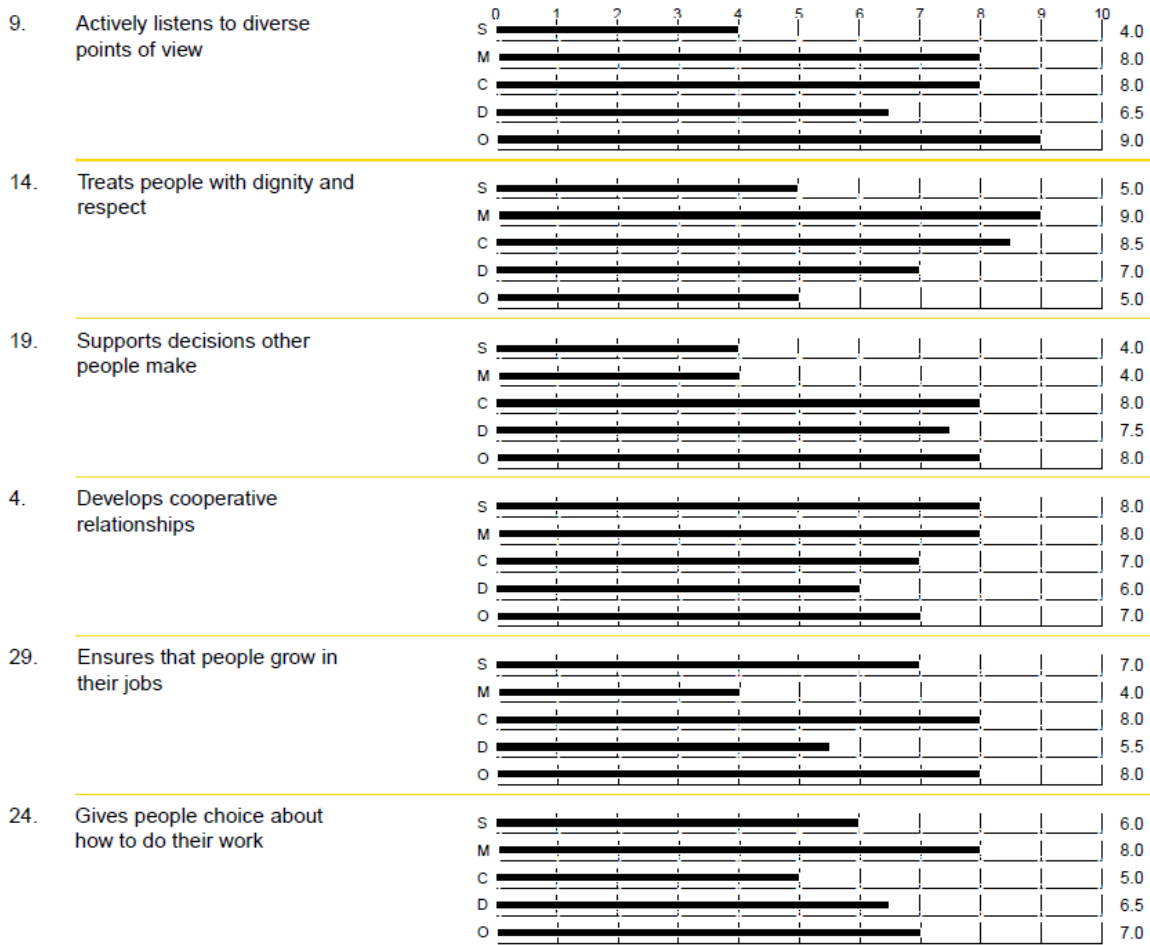5 - Occasionally   10 - Almost Always

Encourage the Heart Data Summary

• *Recognize contributions by showing appreciation for individual excellence*
• *Celebrate the values and victories by creating a spirit of community*

This page shows the scores for each of the six leadership behaviors related to this Practice. The Self column shows the scores you gave yourself for each behavior. The AVG column shows the averages of all the Observers' ratings. The Individual Observers columns show each Observer's rating for each behavioral item. Scores can range from 1 to 10.

<u>M</u>anager <u>D</u>irect Report <u>C</u>o-Worker <u>O</u>ther
AVG Average of all LPI Observer Ratings

		Self	AVG	M	C1	C2	D1	D2	O1
30.	Gives team members appreciation and support	4	7.5	8	9	7	7	6	8
20.	Recognizes people for commitment to shared values	9	7.2	6	9	7	9	4	8
15.	Creatively rewards people for their contributions	4	6.8	4	10	8	7	3	9
10.	Expresses confidence in people's abilities	5	6.2	2	9	4	9	6	7
5.	Praises people for a job well done	9	6.0	4	9	3	7	4	9
25.	Finds ways to celebrate accomplishments	7	5.8	6	9	4	5	4	7

12

LPI
Leadership Practices Inventory

The rating scale runs from 1 to 10
1 - Almost Never	6 - Sometimes
2 - Rarely	7 - Fairly Often
3 - Seldom	8 - Usually
4 - Once in a While	9 - Very Frequently
5 - Occasionally	10 - Almost Always

Encourage the Heart Bar Graphs

• Recognize contributions by showing appreciation for individual excellence
• Celebrate the values and victories by creating a spirit of community

The set of bar graphs for each of the six leadership behaviors related to this Practice provides a graphic representation of your and your Observers' average ratings for that behavior. Scores can range from 1 to 10.
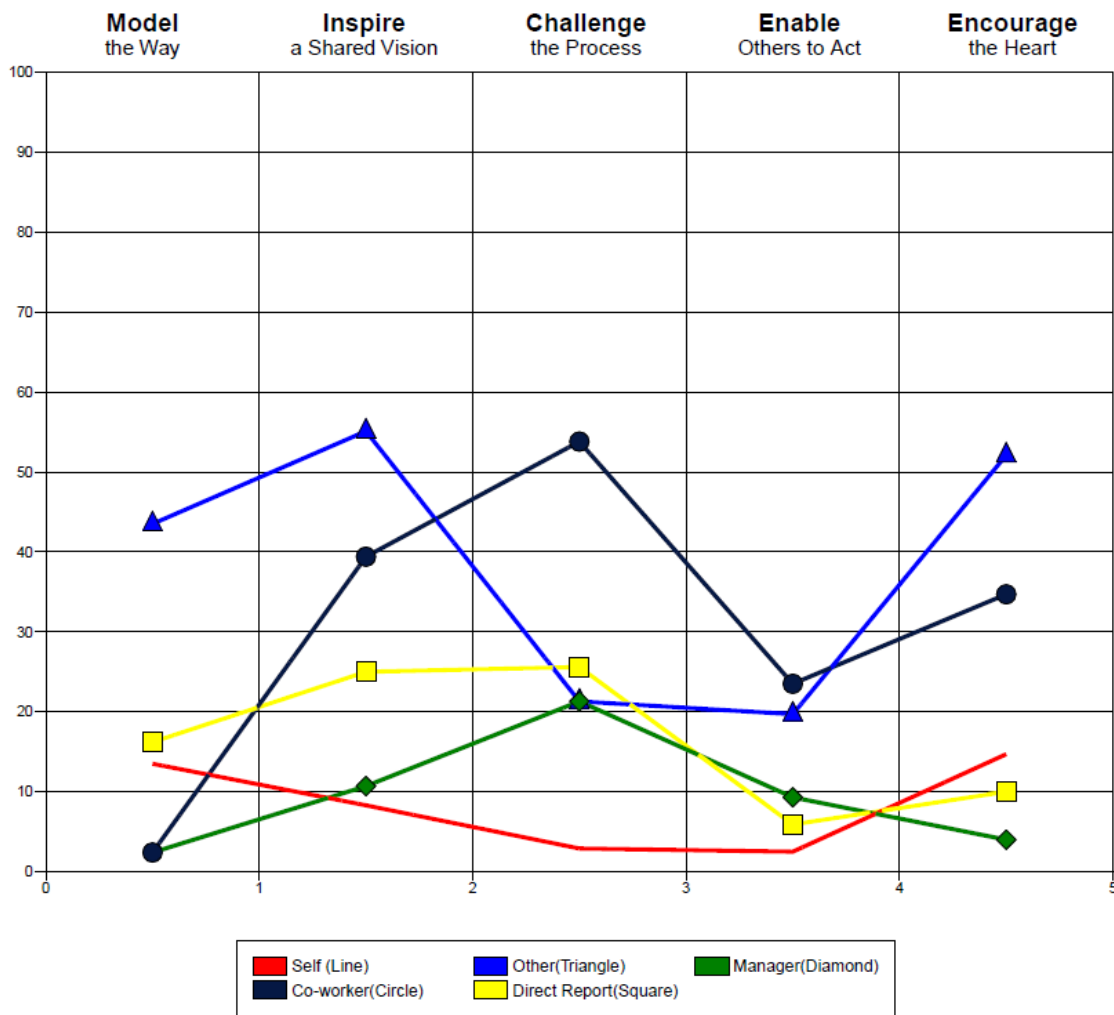
Self   Manager   Direct Report   Co-Worker   Other

No.	Behavior	S	M	C	D	O
30.	Gives team members appreciation and support	4.0	8.0	8.0	6.5	8.0
20.	Recognizes people for commitment to shared values	9.0	6.0	8.0	6.5	8.0
15.	Creatively rewards people for their contributions	4.0	4.0	9.0	5.0	9.0
10.	Expresses confidence in people's abilities	5.0	2.0	6.5	7.5	7.0
5.	Praises people for a job well done	9.0	4.0	6.0	5.5	9.0
25.	Finds ways to celebrate accomplishments	7.0	6.0	6.5	4.5	7.0

13

LPÍ
Leadership Practices Inventory

Percentile Ranking

This page compares your Self scores and those of your Observers to the scores of several thousand people who have taken this version of the LPI. The horizontal lines at the 30th and 70th percentiles divide the graph into three segments, roughly approximating a normal distribution of scores.

Model the Way	**Inspire** a Shared Vision	**Challenge** the Process	**Enable** Others to Act	**Encourage** the Heart

Self (Line)
Co-worker(Circle)
Other(Triangle)
Direct Report(Square)
Manager(Diamond)

14

Appendix B

LPI | LEADERSHIP PRACTICES INVENTORY

BY JAMES M. KOUZES & BARRY Z. POSNER

INSTRUCTIONS

Write your name in the space provided at the top of the next page. Below your name, you will find thirty statements describing various leadership behaviors. Please read each statement carefully, and using the rating scale below, ask yourself:

"How frequently do I engage in the behavior described?"

- Be realistic about the extent to which you actually engage in the behavior.

- Be as honest and accurate as you can be.

- DO NOT answer in terms of how you would like to behave or in terms of how you think you should behave.

- DO answer in terms of how you typically behave on most days, on most projects, and with most people.

- Be thoughtful about your responses. For example, giving yourself 10s on all items is most likely not an accurate description of your behavior. Similarly, giving yourself all 1s or all 5s is most likely not an accurate description either. Most people will do some things more or less often than they do other things.

- If you feel that a statement does not apply to you, it's probably because you don't frequently engage in the behavior. In that case, assign a rating of 3 or lower.

For each statement, decide on a response and then record the corresponding number in the box to the right of the statement. After you have responded to all thirty statements, go back through the LPI one more time to make sure you have responded to each statement. *Every* statement *must* have a rating.

The Rating Scale runs from 1 to 10. Choose the number that best applies to each statement.

RATING SCALE	1-Almost Never	3-Seldom	5-Occasionally	7-Fairly Often	9-Very Frequently
	2-Rarely	4-Once in a While	6-Sometimes	8-Usually	10-Almost Always

When you have completed the LPI-Self, please return it to:

_____

_____

_____

Thank you.

LPI: LEADERSHIP PRACTICES INVENTORY SELF

Your name: _____

To what extent do you engage in the following behaviors? Choose the response number that best applies to each statement and record it in the box to the right of that statement.

1. I set a personal example of what I expect of others.

2. I talk about future trends that will influence how our work gets done.

3. I seek out challenging opportunities that test my own skills and abilities.

4. I develop cooperative relationships among the people I work with.

5. I praise people for a job well done.

6. I spend time and energy making certain that the people I work with adhere to the principles and standards we have agreed on.

7. I describe a compelling image of what our future could be like.

8. I challenge people to try out new and innovative ways to do their work.

9. I actively listen to diverse points of view.

10. I make it a point to let people know about my confidence in their abilities.

11. I follow through on the promises and commitments that I make.

12. I appeal to others to share an exciting dream of the future.

13. I search outside the formal boundaries of my organization for innovative ways to improve what we do.

14. I treat others with dignity and respect.

15. I make sure that people are creatively rewarded for their contributions to the success of our projects.

16. I ask for feedback on how my actions affect other people's performance.

17. I show others how their long-term interests can be realized by enlisting in a common vision.

18. I ask "What can we learn?" when things don't go as expected.

19. I support the decisions that people make on their own.

20. I publicly recognize people who exemplify commitment to shared values.

21. I build consensus around a common set of values for running our organization.

22. I paint the "big picture" of what we aspire to accomplish.

23. I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.

24. I give people a great deal of freedom and choice in deciding how to do their work.

25. I find ways to celebrate accomplishments.

26. I am clear about my philosophy of leadership.

27. I speak with genuine conviction about the higher meaning and purpose of our work.

28. I experiment and take risks, even when there is a chance of failure.

29. I ensure that people grow in their jobs by learning new skills and developing themselves.

30. I give the members of the team lots of appreciation and support for their contributions.

LPI: LEADERSHIP PRACTICES INVENTORY SELF

LPI | LEADERSHIP PRACTICES INVENTORY

BY JAMES M. KOUZES & BARRY Z. POSNER

INSTRUCTIONS

You are being asked by the person whose name appears at the top of the next page to assess his or her leadership behaviors. Below the person's name you will find thirty statements describing various leadership behaviors. Please read each statement carefully, and using the rating scale on the right, ask yourself:

"How frequently does this person engage in the behavior described?"

When selecting your response to each statement:

- Be realistic about the extent to which this person actually engages in the behavior.

- Be as honest and accurate as you can be.

- DO NOT answer in terms of how you would like to see this person behave or in terms of how you think he or she should behave.

- DO answer in terms of how this person typically behaves on most days, on most projects, and with most people.

- Be thoughtful about your responses. For example, giving this person 10s on all items is most likely not an accurate description of his or her behavior. Similarly, giving someone all 1s or all 5s is most likely not an accurate description either. Most people will do some things more or less often than they do other things.

- If you feel that a statement does not apply, it's probably because you don't see or experience the behavior. That means this person does not frequently engage in the behavior, at least around you. In that case, assign a rating of 3 or lower.

For each statement, decide on a response and then record the corresponding number in the box to the right of the statement. After you have responded to all thirty statements, go back through the LPI one more time to make sure you have responded to each statement. *Every* statement *must* have a rating.

The Rating Scale runs from 1 to 10. Choose the number that best applies to each statement.

RATING SCALE	1–Almost Never	3–Seldom	5–Occasionally	7–Fairly Often	9–Very Frequently
	2–Rarely	4–Once in a While	6–Sometimes	8–Usually	10–Almost Always

When you have completed the LPI-Observer, please return it to:

_____

_____

_____

Thank you.

LPI: LEADERSHIP PRACTICES INVENTORY OBSERVER

Name of Leader: _____

I (the Observer) am This Leader's (Check one): ☐ Manager ☐ Direct Report ☐ Co-Worker ☐ Other

To what extent does this leader engage in the following behaviors? Choose the response number that best applies to each statement and record it in the box to the right of that statement. He or She:

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

LPI: LEADERSHIP PRACTICES INVENTORY OBSERVER

Appendix B

Transformational Leadership in Nursing: A Pilot Nurse Leader Development Program Demographic Information Sheet

1. **Age_____**

2. **Gender**
   Male____
   Female____

3. **Highest nursing degree obtained (place check next to one):**

   ADN/Diploma_____
   BSN_____
   MSN_____APRN__
   _____
   Doctorate_____

4. **Other Degrees (specify)** _____

5. **Number of years as a registered nurse _____**

6. **Total number of years in any nursing position _____**

7. **Number of years leadership/management experience _____**

8. **Number of years leadership/management experience in nursing _____**