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Andrea Huntsinger
ahuntsinger@dons.usfca.edu

Andrea Huntsinger
ahuntsinger@dons.usfca.edu

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**Transformational Leadership Training for Middle Management to
Reduce Turnover and Improve Job Satisfaction**

Andrea Huntsinger

University of San Francisco, School of Nursing and Health Professions

NURS660-K11 Quality Improvement and Outcomes Management

Dr. Liesel Buchner

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Transformational Leadership Training for Middle Management to Reduce Turnover and Improve Job Satisfaction

Abstract

Background: The medical center's Maternal Child Health Department comprises 10 labor and delivery beds, 22 postpartum beds, and a 16-bed Level II NICU. The unit is overseen by six ANMs, a manager, and a director. The unit comprises approximately 160 employees, most being bedside registered nurses (RNs). The hospital prioritizes achieving Magnet status, where nurse job satisfaction is prioritized. The concern is that the department's culture is not aligning with Magnet guidelines due to a lack of leadership within the unit.

Problem: A review of the department's ANM team showed an unstable turnover rate between January 2020 and December 2022. A lack of filled positions increased demand for those in middle management, causing more demand for job duties and leading to burnout.

Interventions: The project aim is to increase the confidence level of eight ANMs/managers in their leadership skills using a pre-and post-survey, from a baseline of 10% to 50%, by utilizing a TL-focused education program by July 31, 2023.

Outcome Measures: The outcome measure focused on a pre and post-self-survey from the middle managers on their perceived preference and comfort level with TL. Participation in the survey was anonymous and not shared.

Results: A total of 8 participants were involved in the survey, which met 100% of response expectations. The survey was designed to apply ratings to questions about the participants' feelings and perceptions of TL. The outcome indicators are divided into categories and number ranking. The survey is only a learning tool to support participants' understanding of TL.

Conclusion: The categories exposed the middle managers' strengths and weaknesses when looking at leadership factors. The results of the survey were different from what was expected. Using People Pulse results as a tool for overall job satisfaction of the microsystem, the middle managers' results were surprising. Although a recent People Pulse survey indicated that job satisfaction within the microsystem was low, the results of the informal learning survey around TL were positive. Multiple studies indicate that TL improves job satisfaction, leading to an unexpected pre/post-survey outcome.

Keywords: *transformational leadership, TL, middle managers, magnet*

Introduction

My current position is classified as a Nursing Professional Development Specialist; this title was formerly identified as the clinical educator. In this role, I oversee the Maternal Child Health Department. I have been a labor and delivery nurse for 22 years and have worked in my current facility since 2017. The organization I work for has supported me through a BSN program. Once I achieved my BSN, I became an Assistant Nurse Manager (ANM) for the Maternal Child Health Department. Taking this position with little to no support on becoming an effective leader led me to choose the topic for my project.

I have consistently been recognized as a leader throughout my career, so this was a manageable stretch when taking on the ANM position in middle management. I quickly realized that this position is an almost impossible position to feel like you are thriving at your job. It is challenging to meet the demands of the expected duties, such as staffing issues, personnel issues, and direct report rounding. This led me to seek further education on how to empower my team, allow them to feel heard, and keep them satisfied at their job, while feeling fulfilled personally. I discovered transformational leadership (TL) and began implementing what I was learning. The little changes in my leadership style resulted in a positive culture change for the shift I oversaw.

The cost of hospital staff turnover is at an all-time high. In 2021, the bedside nurse turnover cost a hospital, on average, \$262,300 per year (Nursing Solutions, Inc. [NSI], 2022). Strengthening leadership is a start to improving job satisfaction, decreasing the need for onboarding new hires, or using contract nurses to fill short-term staffing in staffing. Creating a unit where employees feel empowered, respected, and safe is essential when considering reduction in onboarding and turnover costs (NSI, 2022).

Learning through evidence-based practice that leadership impacts a unit's culture and is directly related to job satisfaction, I discovered a gap in support for training in TL leadership style. A unit that has a supportive leadership team creates an environment where patient satisfaction is high and poor patient safety outcomes are minimized. Ensuring job satisfaction within the department will result in less turnover and burnout. One way to improve job satisfaction is by adopting a TL style, which may motivate employees to accomplish change (Sabbah et al., 2020).

Problem Description

The medical center's Maternal Child Health Department comprises 10 labor and delivery beds, 22 postpartum beds, and a 16-bed Level II NICU. The unit is overseen by six ANMs, a manager, and a director. The unit comprises approximately 160 employees, most being bedside registered nurses (RNs). The hospital prioritizes achieving Magnet status, where nurse job satisfaction is prioritized. The concern that the culture in the department is not aligning with Magnet guidelines has led to inquiries about how changes can be made to increase overall job satisfaction, along with fewer sick calls and turnover. Transformational and effective leadership is associated with a better quality of life for nurses and increased job satisfaction (Niinihuhta et al., 2022).

A review of the department's ANM team showed an unstable turnover rate between January 2020 and December 2022 (M. Barthelmess personal communication, April 2023).

See the following attrition table.

	2020				2021				2022			
	Approved HC	Acutal HC	Terms	Attrition Rate	Approved HC	Acutal HC	Terms	Attrition Rate	Approved HC	Acutal HC	Terms	Attrition Rate
Jan	8	8	0	0%	8	7	0	0%	6	4	0	0%
Feb	8	8	0	0%	8	7	0	0%	6	4	0	0%
Mar	8	7	1	13%	8	6	1	14%	6	4	0	0%
Apr	8	7	0	0%	8	6	0	0%	6	4	0	0%
May	8	7	0	0%	8	6	0	0%	6	3	1	25%
Jun	8	6	1	14%	8	6	0	0%	6	4	0	0%
Jul	8	6	0	0%	8	6	0	0%	6	5	0	0%
Aug	8	6	0	0%	8	6	0	0%	6	6	0	0%
Sep	8	6	0	0%	8	6	0	0%	6	6	0	0%
Oct	8	5	1	17%	8	4	3	50%	6	6	0	0%
Nov	8	5	0	0%	8	4	0	0%	6	6	0	0%
Dec	8	5	0	0%	8	4	0	0%	6	6	0	0%
			3	38%			4	57%			1	25%

A lack of filled positions increased demand for those in middle management, causing more demand for job duties and leading to burnout. Burnout resulted in increased sick calls and extended personal leaves taken due to stress. Although the data is not specific to labor and delivery, a recent study utilizing nurse managers from 47 different states (n=1880) explored the reasons for intent to leave among nursing leadership. The study resulted in various reasons, with job dissatisfaction being a frequent factor (Warden, D. H., Hughes, R. G., Probst, J. C., Warden, D. N., & Adams, S. A. (2021). This project aims to provide a positive change in leadership that will lead to improved skills and result in job satisfaction for all team members. By supporting middle management with skills for effective leadership, team satisfaction and overall patient satisfaction will increase. A TL style strengthens nurse leaders' work-related well-being and structural empowerment (Niinihuta et al., 2021). High-performing middle management with influential leaders will reduce sick calls and increase leadership retention and bedside nurse retention. As the middle management attrition rate has stabilized, the goal of the project is to improve the team's knowledge of TL theory with the goal of improving job satisfaction and retention within the middle manager role. By adopting this type of leadership, nurses are more efficient and put more effort into achieving set goals, which leads to an increase in job satisfaction (Specchia et al., 2021).

Specific Project Aim

The project aim is to increase the confidence level of eight ANMs/managers in their leadership skills using a pre-and post-survey, from a baseline of 10% to 50%, by utilizing a TL-focused education program by July 31, 2023.

Available Knowledge

PICOT Question

Will education in transformational leadership for middle management (C) improve job satisfaction and retention, compared to no training in a leadership style, with the (O) expected outcome of improving the overall culture of the unit they lead within a (T) 6-month period?

A systematic electronic search was conducted using articles from different databases: PubMed, CINAHL, EMBASE, PsycINFO, and Cochrane Database of Systematic Reviews. Keywords used in the search were *leadership, resilience, job satisfaction, nursing, and transformational leadership*. The articles were limited to English language and to a timeframe from the most current to no older than 2018. The search produced 15 articles that were significant to the desired topic. The top five articles were chosen once a thorough assessment of the article was performed using the Johns Hopkins Evidence Level and Quality Guide (Dang et al., 2021). See Appendix A for evaluation table.

Appraisal of Evidence

Specchia et al. (2021) performed a systematic review using the PRISMA (preferred reporting items for systematic reviews and meta-analysis) statement. This process was chosen to summarize existing literature regarding the correlation between leadership styles and nurse job satisfaction. The quality assessment was performed using the Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (citation). Transformational and transactional

leadership styles were most frequently evaluated (67%), followed by passive-avoidant (25%) and laissez-faire (25%). The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) rates this evidence as Level IIIC. However, a thorough process for quality appraisal was performed, and biases need to be considered.

A cross-sectional study by Niinihuhta et al. (2022) chose the Transformational Leadership Scale (TLS) and the Conditions for Work Effectiveness Questionnaire II (CWEQ-II) as outcome measures. The TLS is designed to measure nurse perceptions of leader practices. The CWEQ-II questionnaire is based on Kanter's theory of structural empowerment, which considers workplace structures to support empowerment. The data analysis tool used was SPSS 27, utilizing a statistical significance of $p < .05$. The result of the study supports organizations should promote TL to strengthen nurse leaders' structural empowerment, which directly affects work-related well-being for all. The JHNEBP rates this article as Level IIIA.

The questionnaire used in the cross-sectional study by Sabbah et al. (2020) had three sections. The first part consisted of sociodemographics. The second part was the Multifactor Leadership Questionnaire 5X (MLQ 5X) short form to measure staff nurses' opinion of their nurse managers, and the third part of the questionnaire included measuring well-being by using the Short Form Health Survey (SF-36), also known as SF-12v2 Health Survey. The participants remained anonymous, and the survey was confidential. Using the JHNEBP, this study was rated Level IIIA. Using a p -value of < 0.05 , the results showed a critical significance level, proving the data to be of high quality. The results of the study concluded that linkages between leadership styles affect the quality of life for nurses. Instead of laissez-faire leadership, TL directly contributes to the leader's perceived effectiveness and nurses' satisfaction, leading to improved job satisfaction.

In a qualitative systematic review, Lin et al. (2020) used questionnaires and pre- and post-surveys utilizing Cronbach's coefficient to prove reliability. The study was to determine if TL had a positive effect on employees *thriving* at work. A scale was developed to measure thriving at work and a specific scale to determine developmental feedback. The overall research method was the empirical research method of a questionnaire survey. The reliability of the study was found to be above .771 (Cronbach's alpha). The outcome of the study supports TL as a positive approach that directly affects employees' psychological state. The article identified that leaders should continue to deepen their knowledge of TL to support interactive communication with their team. TL positively affects both negative and positive stressors in one's ability to thrive at work. The JHNEBP rating for this study is Level IIIB.

The Baird Group (2020), in an expert opinion article, supported the personal experience with understanding how TL positively impacts organizations. A strong culture begins with a leadership team that utilizes leadership skills that enhance their team's perception of trust and teamwork. Strengthening communication skills and supporting authentic leadership creates a positive work environment, which can reduce burnout and turnover within an organization (Baird Group, 2020)

These articles showed growing concern about job satisfaction and burnout in bedside nursing, especially in the middle management role. The researchers defined the difference between leadership styles, supporting why TL has the highest favorable outcome rate (Sabbah et al., 2020). The summary of the evidence indicates that TL, versus a laissez-faire or passive-avoidant leadership style, had an overall positive effect when relating to job satisfaction or thriving in a work environment. The theme of these studies indicated that TL is a positive

leadership style that empowers employees to achieve satisfaction, retention, and competence in their roles.

Rationale

A Harvard business school professor, John Kotter, created an 8-step change model. Kotter (1996) concluded that to have an effective change, organizations of the future must be persistent in creating a sense of urgency and teamwork. Kotter's 8-step change model includes the following vision:

- *Establish a Sense of Urgency.* Create honest dialogue, identify potential threats to change, and act immediately.
- *Create a Guiding Team.* Identify the leaders involved who will have the power to lead a change effort.
- *Develop a Change Vision.* Establish a vision and strategy by determining core values and identifying weaknesses. Once the vision is adapted, ensure as many as possible understand and accept the vision and the strategy.
- *Communicate the Vision.* Ensure as many as possible understand and accept the vision.
- *Empower Broad-Based Action.* Remove obstacles to change that undermine the vision.
- *Create Short-Term Wins.* Celebrate the small achievements along the way and recognize those who participate in the achievements.
- *Never Let Up.* Develop employees who can implement the vision, while reinvigorating the process with new projects and change agents.

- *Incorporate Changes into the Culture.* Ensure transition becomes integral to your culture and discuss success stories related to the change at any given opportunity.

Hands-on training in TL will be conducted using the Kotter's (1996) 8-step method.

The team will have a straightforward way to understand how to initiate the change in practice required to meet the goal. Once the stakeholders are determined and committed to the process, the stakeholders can begin to form a change coalition and identify weak areas, which involves the influence of the assembled team. The team for the project will set the vision for change, keeping in mind the organization's core values. The change process will need a clear strategy that the involved leaders can describe effectively. Communication of the vision will be done clearly and often with powerful conviction.

Continuing the 8-step path, removing obstacles and addressing barriers are needed. Following up with those who resist change and rewarding those who support the change process will be supported by the team. Celebrating short-term wins is essential for the transition to be successful. Kotter's (1996) process emphasizes employees' involvement and acceptability for success in the overall process, which from a leadership standpoint, supports the TL style. A PDSA (plan, do, study, act) cycle will be used, with the aim to develop a TL style among middle managers.

Context

The urgent need for hospitals to evaluate their increasing costs in nurse turnover can directly relate to the quality of leadership provided to staff. Evidence proves that job satisfaction and retention are directly related to leadership quality. TL is a type of emotional leadership that can stimulate motivation, enthusiasm, and organizational vision (Lin et al., 2020). Educating middle managers about TL will benefit them personally.

Microsystem Assessment

5 P's Assessment:

Purpose: Improve understanding of TL within the middle management team with the goal of improving middle management job satisfaction with an expected outcome to reduce turnover within the microsystem.

Patients: Improved job satisfaction within middle management will improve staff morale leading to improved patient satisfaction scores.

Professionals: Middle Managers will focus on improved communication and leadership skills to support their job satisfaction, leading to improved support for the microsystem.

Process: Education in TL theory, time to participate in education, support from upper management to implement learnings, discuss learnings, and celebrate small changes made.

Patterns: Time to focus on education continually is the barrier to middle managers' professional growth and education along with a lack of support from the macrosystem due to financial constraints.

The project aims to improve communication and leadership within the middle management team, improving department turnover and job satisfaction. The maternal child health department has suffered the effects of turnover in leadership positions, leaving the bedside nurses feeling unsupported resulting in increased turnover. Improving leadership communication will support the patient's feedback in the maternal child health department. Improving rounding communication with the nurses and the patients is imperative for the overall satisfaction of the department. The focus of the professionals involved is the middle management team. The director and manager will continue to support the time allowed to educate middle managers.

Culture Assessment

Using the Institute for Healthcare Improvement (IHI) clinical microsystem assessment tool (Hilton & Andersen, 2018), the findings of the microsystem evaluation of the unit did not produce any one characteristic that did not need some work. When we speak about how staff perceives their job satisfaction, it does not come down to just one area that creates a happy environment. The macrosystem lacks what the middle managers and bedside nurses desire—the time on and off shift to further their education. Lack of support at the macrosystem level directly relates to decreased job satisfaction at the microsystem level. Cultivating influence is essential to enhance leadership and its impact on organizational outcomes (Wei & Horton-Deutch, 2022).

Swot Analysis

A SWOT analysis concluded that the internal strength of the project is that all middle managers of the department will be more confident in their leadership skills and are willing to move toward enhancing their leadership skills (see Appendix B). Middle managers support the TL theory and are receptive to participating. Weaknesses of the microsystem are follow-through amongst middle management once training is provided and that learned skills may not impact bedside nurse satisfaction leading to no improvement in the turnover rate. The overall threat of the project is support in relation to the time allowed for middle managers to participate in a training program. Another threat is that the internal training programs provided by the organization are not accessible for the remainder of the year. The enrollment window has passed, and the program is only offered once a year. A denial from the organization for an outside training consultant due to budget restraints also threatens this project. To be successful, it is essential to support middle managers in a TL training program. Recognizing that middle managers need the time and support to attend the educational opportunity, the organization's

macrosystem threatens the ability to provide the training needed to improve middle management's understanding of TL. The opportunity the project offers to the organization is the perceived improved job satisfaction among middle managers, which will impact the unit's overall turnover rate, decreasing the financial burden of onboarding costs.

Power Interest Grid

Senior leadership was the stakeholder that held the highest power to allow the project to succeed; however, due to competing priorities, the project was of low interest to them at this time. The director and the unit manager were the stakeholders that held high power and interest in the project knowing that education for their middle managers would have a positive outcome. Middle managers were the stakeholders that had the highest interest with the lowest power. Overall the bedside nurse held the lowest interest and held the lowest power even though the project would likely positively affect the overall culture of the unit.

Communication Plan

The NPDS will provide the plan to support furthering education to the middle management team via e-mails and bi-weekly meetings. Designated time will be allotted in meetings to review educational emails sent, role play, and support the barriers middle managers encounter when implementing what has been learned. Reminder notifications to enroll in the leadership academy training programs in the following year will be done by the NPDS. People pulse surveys bi-annually will divulge the progress in leadership style and overall job satisfaction among the microsystem.

Intervention

Utilizing a PDSA cycle for this project helped implement an organized, planned process to support time allowed for participation in a TL style training program for nurse leaders (see Appendix C). Interventions proposed to achieve improved job satisfaction among the leadership team are:

- Blocked time to attend the university academy for classes to improve leadership skills, then allowed time to review critical components of TL.
- Improve communication among the leadership team.
- Track personal goals and discuss barriers to achieving them.
- Create an accountability tool for absences/sick leave.
- Reward middle management on small gains within their job expectations.

Based on a driver diagram created, two essential elements to improving middle management leadership skills are education and time (see Appendix D). A PDSA cycle to identify the process improvement will be carried out to create improvement. The PDSA will continue to plan the implementation of educating middle managers. Supporting middle managers with time to participate, evaluating if the time is being given, and identifying the barriers in supporting the education. The PDSA cycle allowed the identification that time continued to be a barrier to educating middle managers. No additional training hours are currently approved for middle managers, leaving the project at a standstill. The project will improve job satisfaction among middle management, leading to decreased absences and role vacancies, with overall cost savings in onboarding. The average cost of turnover for a bedside RN is \$46,100, resulting in the average hospital losing between \$5.2 million and \$9.0 million.

Each percent change in RN turnover will cost/save the average hospital an additional \$262,300 per year (NSI, 2022).

Healthcare organizations face multiple threats when addressing hospital turnover. These threats are related to multiple factors, such as salary, retirement, commute, workload/staffing ratios, and overall working conditions. Some of the threats are not preventable; however, what can be controlled are working conditions and organizational culture. Job satisfaction should be important for healthcare organizations and their stakeholders. A TL style positively affects job satisfaction. Middle managers are the direct line to our bedside and ancillary help. Therefore, we must invest in and support training for frontline managers, ensuring they emulate TL. Middle managers who are happy and feel supported by their managers lead to a positive change in culture and improved job satisfaction of the whole team. Improved overall job satisfaction will reduce turnover and onboarding costs.

Study of Intervention

Using the IHI psychology of change framework, the PDSA cycle highlights the team involved and the interventions needed to successfully achieve the intended outcome, which is time to attend educational classes and support from the management team. At the microsystem level, successful training will result in leaders utilizing TL tools to support their departments.

The first PDSA cycle used was to determine the motivation of the middle managers, create SMART goals, assess if the team is finding value in TL theory by small group discussion performed bi-weekly, and begin supporting the time needed towards education. We then created another PDSA, which focused on commitment to education by the middle managers, putting the education into action, evaluating if the implementation is making a positive change, and tracking to see if education in TL resulted in fewer sick calls. Due to the

failure of the initial PDSA, which revealed the team was not getting the time for education, but the motivation was present, the PDSA was amended again to focus on short educational pieces that were achievable during the shift.

Measures

A family of measures was developed for the project, and the outcome measure was to improve the middle managers' understanding of TL theory within their practice as measured by a before and after survey from a 10% knowledge base to 50%. The process measure was that 100% of the middle management team received education specific to TL theory with the expectation of improved job satisfaction. The balancing measure was no overtime due to training, and the target was zero overtime hours.

Ethical Considerations

This project was reviewed by faculty and determined to be an evidence-based improvement project and not a research project. Institutional Review Board review is not required for this project, and a statement of non-research determination form is included (see Appendix E). The prioritized goal of this project is to improve leadership at the middle management level by embracing positive and supportive change. The expected outcome is to provide tools to middle management that allow them to feel empowered, supported, and educated positively. TL changes the relationship between leader and follower, supporting personal and aesthetic ways of knowing. Cultivating an *aesthetic way of knowing* environment is vital to behavioral change.

Improving middle management job satisfaction will lead to less turnover, sick calls, and extended personal leaves. TL motivates leaders to create relationships with their teams that model trust, respect, and recognition. TL supports Jesuit values by committing to educating

hearts and minds to cultivate creative excellence in individuals. This improvement will filter among the team and improve job satisfaction, decreasing organizational turnover costs. TL leadership style is based on a theoretical framework, empirical evidence, and ways of knowing, allowing leaders to understand their “why.” The American Nurses Association’s (2015) ethical standards support accountability, advocating for patient safety, and improving the work environment. TL positively supports processes to embrace continuous improvement for our profession.

Outcome Measure Results

The outcome measure focused on a pre-self survey from the middle managers on their perceived preference and comfort level with TL. Participation in the survey was anonymous and not shared. By providing anonymity, the goal was to ensure that honesty was used when answering questions. The overall results of the pre-survey showed a positive knowledge base towards of TL theory. The survey was designed to apply ratings to questions about the participants’ feelings and perceptions of TL. The outcome indicators are divided into categories and number ranking. The survey is only a learning tool to support participants’ understanding of TL. The survey broke down the answers into TL factors. The categories are as follows:

- Charisma
- Social
- Vision
- Transactional
- Delegation
- Execution

The categories exposed the middle managers' strengths and weaknesses when looking at leadership factors. The results of the survey were different from what was expected. The survey utilized a Likert scale assigning numbers to answer the questions. The survey indicates that a score of 54 or higher reflects strong TL leadership factors. Using People Pulse results as a tool for overall job satisfaction of the microsystem, the middle managers' pre-survey results were surprising. Although a recent People Pulse survey indicated that job satisfaction within the microsystem was low, the results of the informal learning survey around TL produced a mean score of 54, which indicated that the middle managers felt they understood TL theory and implement the practice into their daily routine. Multiple studies indicate that TL improves job satisfaction, which is why the pre-results are surprising when compared to the People Pulse survey results. The plan for education for middle managers was amended during the project due to a lack of availability and funding within the organization. As the NPDS I improvised and provided educational information supporting TL theory for four weeks. The post-survey was then given with a surprising decrease in the overall understanding of TL theory. The mean score of the post-survey was 51.5, a slight drop from the pre-survey (see Appendix I). The results of the pre and post-survey indicate that the education provided had little to no impact on the middle managers' perception and utilization of TL theory.

Summary

The key finding of the project is that the focus on improving middle managers' leadership skills and understanding of leadership styles is not always a priority in an organization. The battle to give time to middle managers to become strong TL leaders continues to be a barrier. A positive change that resulted in the project is that excitement from the middle management was created. Although the education had to be amended, the small amount that was provided via

emails and videos was well received by middle management. The team enjoyed discussing the topics at bi-weekly meetings. Although the survey results did not significantly change their knowledge of TL theory, the project did create a desire to explore their educational options.

An important lesson taken away from the project is that when implementing a project to one facility will only sometimes transfer as a priority to another facility. Knowing the priorities of project improvement goals of the facility and department within the organization is imperative to the success of the project.

As the NPDS I plan to continue to provide our middle managers with small educational videos and lessons that entail TL leadership. This small test of change that is being done may not give the middle managers the necessary time and the essential education in leadership that is desired; however, it is a start to supporting their position and strengthening how they perceive themselves as leaders. The goal will be to continue to advocate for our middle managers in their quest to become strong TL leaders resulting in job satisfaction and decreased job turnover.

Conclusion

Improving leadership quality in an organization has many benefits. This project's focus on middle managers was directly related to personal experience. The isolation and lack of support for middle managers continue to be a concerning issue within our organization. As you can see from the evidence provided that strong leaders can have a positive financial impact. Any organization should prioritize reducing turnover and on-boarding expenses. According to NSI, one registered nurse's national average turnover cost is \$50,358.00. Organizations need to prioritize retention and job satisfaction to help reduce this cost. When looking at cost-effective ways to improve retention, building a strong leader that understands TL theory and supports the MAGNET philosophy is a positive step toward impacting job satisfaction and turnover rates.

Although this proposed project was unsuccessful, it does not mean there are no other ways to support our middle managers. I will continue to advocate for support and training for our middle managers. Their leadership role directly impacts our bedside nurses, immensely impacting our patients. Patient satisfaction and safety will continue to drive the quest for improvement within our organization. Transformational leadership has a direct impact on these outcomes.

The next steps as an NPDS will be to continue to work with our middle managers in enrolling them in the leadership programs offered by our organization. When we are together in bi-weekly meetings, time will be allowed to discuss topics of TL theory, what it means, and how to implement the practice in their daily rounding. Once our middle managers enroll in the programs offered by the leadership academy, we expect to see a reduction in turnover and an improvement in job satisfaction via People Pulse scores. This can be tied to sustaining progress that has been made and continuing this could spread to other areas.

Reference

American Nurses Association. (2015). *Code of ethics for nurses*.

<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

Baird Group. (2020). *Nurse turnover. Nurse executives' perspectives on causes and solutions*.

<https://baird-group.com/turnover-causes-and-solutions/>

Clark, D.R. (2015). *Transformational Leadership Survey problem?* Retrieved from:

[Transformational Leadership Survey \(nwlink.com\)](https://www.nwlink.com/~nhlink/webpage/q/jan01/transformational.html)

Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). *Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines* (4th ed.). Sigma Theta Tau International.

Hilton, K., & Anderson, A. (2018). *IHI psychology of change framework to advance and sustain improvement*. Institute for Healthcare Improvement.

Kotter, J. (1996). *Kotter's 8 step model of change*.

<https://www.managementstudyguide.com/kotters-8-step-model-of-change.htm>

Lin, C. P., Xian, J., Li, B., & Huang, H. (2020). Transformational leadership and employees' thriving at work: The mediating roles of challenge-hindrances stressors. *Frontiers in Psychology, 11*, 1400. <https://doi.org/10.3389/fpsyg.2020.01400>

Niinihuhta, M., Terkamo-Moisio, A., Kvist, T., & Häggman-Laitila, A. (2022). Nurse leaders' work-related well-being—Relationships to a superior's transformational leadership style and structural empowerment. *Journal of Nursing Management*. Advance online publication. <https://doi.org/10.1111/jonm.13806>

Nursing Solutions, Inc. (2022). *2022 NSI national health care retention & RN staffing report*.

<https://www.emergingrnleader.com/wp->

[content/uploads/2022/06/NSI_National_Health_Care_Retention_Report-1.pdf](https://www.emergingrnleader.com/wp-content/uploads/2022/06/NSI_National_Health_Care_Retention_Report-1.pdf)

Sabbah, I. M., Ibrahim, T. T., Khamis, R. H., Bakhour, H. A., Sabbah, S. M., Droubi, N. S., &

Sabbah, H. M. (2020). The association of leadership styles and nurses' well-being: A

cross-sectional study in healthcare settings. *Pan African Medical Journal*, *36*, Article

328. <https://doi.org/10.11604/pamj.2020.36.328.19720>

Specchia, M., Cozzolino, M., Carini, E., Di Pilla, A., Galletti, C., Ricciardi, W., & Damiani, G.

(2021). Leadership styles and nurses' job satisfaction. Results of a systematic review.

International Journal of Environmental Research and Public Health, *18*(4), 1552.

<https://doi.org/10.3390/ijerph18041552>

Warden, D. H., Hughes, R. G., Probst, J. C., Warden, D. N., & Adams, S. A. (2021). Current



turnover intention among nurse managers, directors, and executives. *Nursing*



outlook, *69*(5), 875–885. <https://doi.org/10.1016/j.outlook.2021.04.006>


Wei, H., & Horton-Deutsch, S. (2022). *Visionary leadership in healthcare: Excellence in*

practice, policy, and ethics. Sigma Theta Tau International.

Appendix A. Evaluation Table

Study	Design	Sample	Outcome/Feasibility	Evidence Rating
<p>Baird Group. (2020). <i>Nurse turnover. Nurse executives' perspectives on causes and solutions.</i> https://baird-group.com/turnover-causes-and-solutions/</p>  <p>BAIRD-WHITE-PAPER -FINAL-WITH-HYPERL</p>	Expert opinion	None	<p>A common turnover theme is burnout, in which staffing is unpredictable; this article aimed to discover tools to break the cycle of turnover, burnout, and nurse shortages by focusing on improved leadership.</p> <p>This article helps define what transformational leadership looks like and dives into how ineffective leadership leads to management burnout and staff turnover.</p>	Level V B
<p>Lin, C. P., Xian, J., Li, B., & Huang, H. (2020). Transformational leadership and employees' thriving at work: The mediating roles of challenge-hindrane stressors. <i>Frontiers in Psychology, 11</i>, 1400. https://doi.org/10.3389/fpsyg.2020.01400</p>  <p>transformationalarticl ethriving.pdf</p>	Qualitative systematic review	542 questionnaires distributed to different organizations ranging from ordinary employees to senior management	<p>Correlating transformational leadership style to thriving at work. Does TL positively impact challenging stressors at work, and does challenge stressors positively relate to thriving at work?</p> <p>Helpful in supporting TL as a positive method to support senior leaders in coping with the demands of their job. Highlighting that if TL is adopted, the results not only help leaders, the ordinary employee has a positive impact.</p>	Level III B
<p>Niinihuhta, M., Terkamo-Moisio, A., Kvist, T., & Häggman-Laitila, A. (2022). Nurse leaders' work-related well-being—Relationships to a</p>	Qualitative cross-sectional design	155 nurse leaders	Transformational leadership style and structural empowerment have a positive outcome when assessing	Level III A

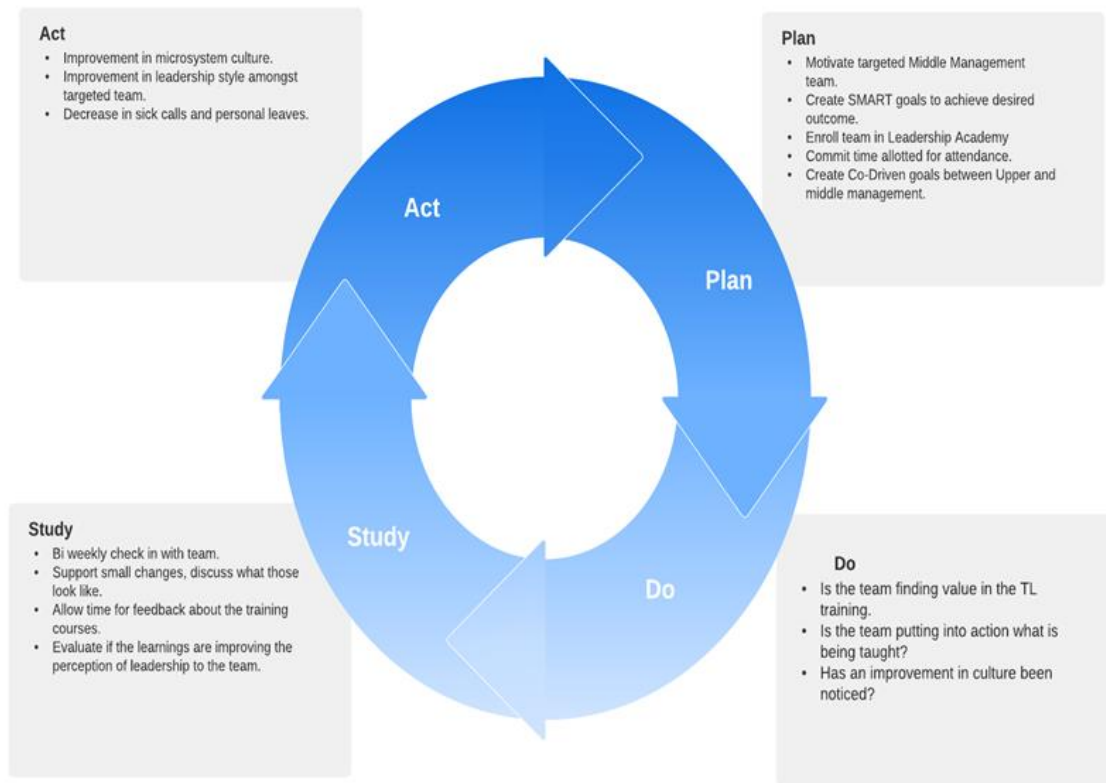
Study	Design	Sample	Outcome/Feasibility	Evidence Rating
<p>superior's transformational leadership style and structural empowerment. <i>Journal of Nursing Management</i>. Advance online publication. https://doi.org/10.1111/jonm.13806</p>  <p>nurseleaderswellbeing.pdf</p>			<p>nurse leaders' perceptions of job satisfaction. The findings support that transformational leadership supports overall work-related well-being. The limitation of the study was based on individual leaders' self-assessment, which weakens the validity.</p>	
<p>Sabbah, I. M., Ibrahim, T. T., Khamis, R. H., Bakhour, H. A., Sabbah, S. M., Droubi, N. S., & Sabbah, H. M. (2020). The association of leadership styles and nurses' well-being: A cross-sectional study in healthcare settings. <i>Pan African Medical Journal</i>, 36, Article 328. https://doi.org/10.11604/pamj.2020.36.328.19720</p>  <p>assocleadershipstyle.pdf</p>	<p>Qualitative cross-sectional design</p>	<p>250/260 RNs completed the survey from 8 Lebanese hospitals</p>	<p>Transformational and transactional leadership were equally strong; those who perceived their leaders as transformational were more motivated, and commitment was achieved. Versus the passive/avoidant leadership style, which correlated negatively. The three questionnaires given had good acceptability, creating nonbiased results.</p> <p>This article is useful for understanding different leadership styles. However, this cross-sectional study needs to establish a relationship between variables and outcomes. Also, the sample size was adequate for analysis; however, more is needed for a more detailed analysis of differences in quality of life.</p>	<p>Level III A</p>
<p>Specchia, M., Cozzolino, M., Carini, E., Di Pilla, A., Galletti, C., Ricciardi, W., & Damiani, G.</p>	<p>Qualitative systematic review</p>	<p>12 studies selected from</p>	<p>Leadership is key in providing effective and efficient care,</p>	<p>Level III C</p>

Study	Design	Sample	Outcome/Feasibility	Evidence Rating
<p>(2021). Leadership styles and nurses' job satisfaction. Results of a systematic review. <i>International Journal of Environmental Research and Public Health</i>, 18(4), 1552. https://doi.org/10.3390/ijerph18041552</p>  <p>Leadership styles.pdf</p>		PubMed and CINAHL	<p>resulting in positive outcomes for nurses, patients, and the work environment.</p> <p>Leadership styles, especially transformational and servant styles, impact job satisfaction positively; whereas, passive-avoidant and laissez-faire styles negatively correlate to job satisfaction.</p> <p>The studies used were not rated as “good” quality, plus there could be potential publication bias, possibly that studies with negative findings have not been published.</p>	

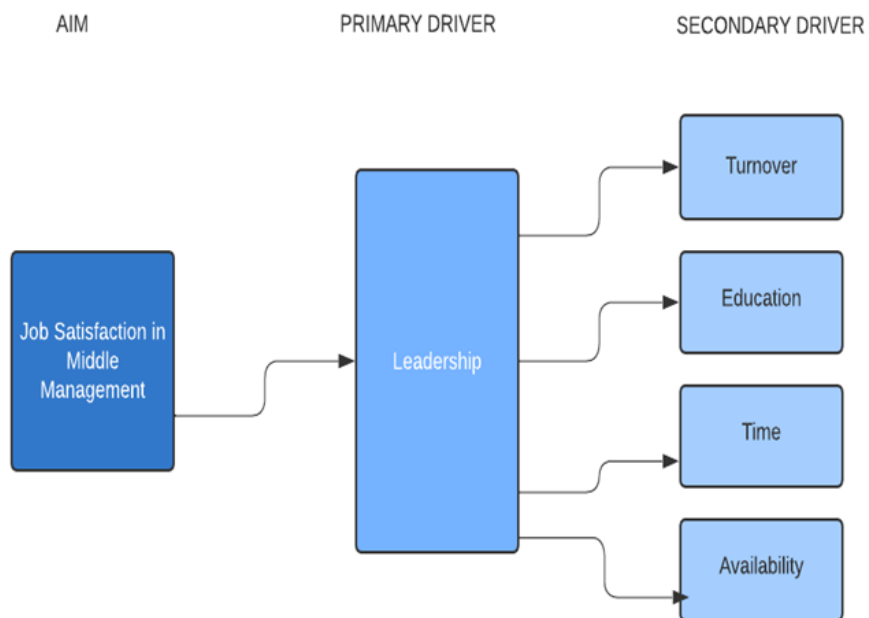
Appendix B. SWOT Analysis

	Favorable/Helpful	Unfavorable/Harmful
Internal (attributes of the organization)	<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Internal strengths of this project are more confident middle management with tools to support staff. • Our organization supports evidence-based practices that are proven to provide cost savings. • Others perceive as this project can directly affect job satisfaction and retention of the bedside nurse. 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • The internal weakness of the project is anticipated to be middle management follow-through and implementation. • Potential decrease in membership due to poor metrics. • Job satisfaction and retention of the bedside nurse would not improve with improved leadership. • The weakness perceived is that middle management will not be willing participants.
External (attributes of the organization)	<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Job satisfaction and retention are imperative to a successful business; onboarding new employees is very costly to a company. With stronger leadership, the employees will not wish to leave and will reduce their sick calls because they are satisfied with their job. • External coaches trained explicitly in transformational leadership are available for hire, and training modules that would complement the hands-on learning. • Increase in membership due to improved metrics, achieving Magnet status. 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • An external threat would be the reaction of the middle management that is being focused upon. • There is no solid financial support for this project; the project training costs can save the organization money if done correctly. • The impact of middle management not following through with training and implementing to their team directly threatens the goal of the project, which is retention and job satisfaction of the bedside nurse.

Appendix C. PDSA Cycle



Appendix D. Driver Diagram



Appendix E. Statement of Non-Research Determination

CNL Project: Statement of Non-Research Determination Form**Student Name:** Andrea Huntsinger**Title of Project: Transformational Leadership Training for Middle Management to Reduce Turnover and Improve Job Satisfaction**

Brief Description of Project: The medical center's Maternal Child Health department comprises ten labor and delivery beds, 22 postpartum beds, and a 16-bed level II NICU. The unit is overseen by 6 Assistant Nurse Managers (ANMs), a manager, and a director. The unit is comprised of approximately 160 employees, most being bedside RNs. The hospital prioritizes achieving MAGNET status, where nurse job satisfaction is prioritized. The concern that the culture in the department is not aligning with MAGNET guidelines has led to inquiries about how changes can be made to increase overall job satisfaction along with fewer sick calls and turnover. Transformational and effective leadership is associated with a better quality of life for nurses and increased job satisfaction.

A) Aim Statement: The project aims to increase the confidence level of the management team, which consists of eight individuals. Utilizing a pre- and post-survey to determine their self-confidence in their current leadership skills from a baseline of 10% to 50% by utilizing a TL-focused education program by July 31st, 2023.

B) Description of Intervention: This project intends to support time to participate in a training program to nurse leaders, supporting the transformational leadership style. Interventions proposed to achieve improved job satisfaction amongst the leadership team are.

1. Blocked time to attend the University academy for classes to improve leadership skills, then allowed time to review critical components of TL.
2. Improve communication amongst the leadership team.
3. Track personal goals and discuss barriers to achieving them.
4. Create an accountability tool for absences/sick leave.
5. Reward middle management on small gains within their job expectations.

C) How will this intervention change practice? The project will improve job satisfaction among middle management, leading to decreased absences or role vacancies, with overall cost savings in onboarding and job satisfaction.

D) Outcome measurements: Pre and post-surveys will be utilized to determine the improvement of the overall leadership perspective within the middle management team. With an overall improvement from 10% to 50% by July 21, 2023.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:

(<http://answers.hhs.gov/ohrp/categories/1569>)

This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	YES	NO
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and is a part of usual care . ALL participants will receive standard of care.	X	
The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.	X	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: <i>“This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board.”</i>	X	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print): Andrea Huntsinger

Signature of Student: Andrea Huntsinger **DATE:** 8/1/2023

SUPERVISING FACULTY MEMBER NAME (Please print): Dr. Liesel Buchner
Signature of Supervising Faculty Member

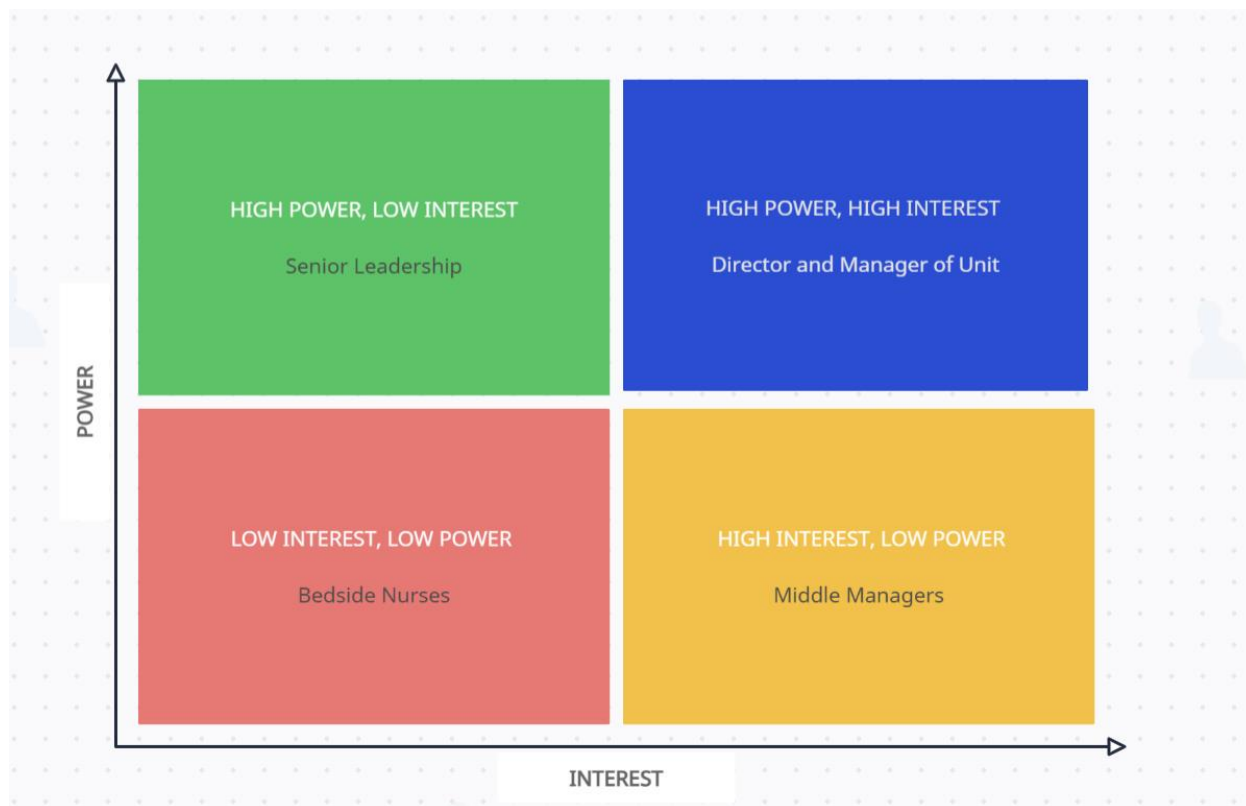
_____ **DATE** _____

Appendix F. Budget and ROI

Improvement Revenue (Cost Avoidance)	Hours/day	Days per Month	Cost per Month	Year 1	Year 2
Total sick days results in the need for an on-call nurse (\$85/hour) + 30% benefits (\$85x30%=\$110.5)	8	15	13,260.00	\$159,120.00	\$159,120.00
Total overtime costs to cover sick calls at time and plus ½ (\$127.50)	8	15	\$15,300.00	\$183,600.00	\$183,600.00
Cost of coverage, hiring, and orientation of new nurses (x3) (\$150,000/nurse)			\$37,500.00	\$450,000.00	\$450,000.00
Total Cost:			\$66,060.00	\$792,720.00	\$792,720.00
Improvement Costs	Cost per month	Year 1	Year 2		
Monthly food budget (snacks, drinks, pastries)	\$250.00	\$3,000.00	\$1,500.00		
Transformational Leadership, face-to-face interaction with leader x 4 hours per month, plus modules to complete at the designated pace.	One-time purchase of modules focused on leadership @ \$10,000.00 4 hour over ANM FTE to use towards education 8 ANMs x 4hrs \$95/hr \$3,040.00	8 ANMs x \$95.00/hr - 4 hrs \$9,120.00 \$36,480.00	ANM face-to-face interaction reduced to 2 hrs per month to maintain leadership practices. \$18,240.00		
Monthly meetings to assess the leadership program and provide support x 8 ANMs	\$95.00 /1 hours x 8 ANMs \$760.00	\$9,120.00	\$18,240.00		
Hourly wage of RHC (relief of higher class) to cover ANMs while in leadership classes plus 30% benefits	4 hours @ \$123.50 coverage for half of shift x 8 ANM's 3,952.00	47,424.00	\$23,712.00		
Total Cost:	\$8,002.00	\$96,024.00	\$45,276.00		
Project Savings/Cost Avoidance (ROI)	Year 1 Annual Cost Savings	Year 2 Annual Cost Savings			
Net savings = Cost avoidance - Improvement cost	\$696,696.00	\$747,444.00			

Appendix G. Transformational Leadership Style Implementation

Power Interest Grid



Appendix H. Project Charter

Project Charter: Introduce a transformational leadership style training program to help middle managers improve their job satisfaction, which will help improve the bedside nurses' job satisfaction and retention rates.

Global Aim: To improve middle management leadership, with an expected outcome of improved job satisfaction and retention in a maternal child health unit within a 140-bed medical facility. The training program expects to reduce overall onboarding costs to the medical facility.

Specific Aim: Implement a leadership training program for assistant nurse managers in a maternal child health unit, focusing on effective leadership with an emphasis on transformational leadership to increase overall job satisfaction and nurse retention by 1% from the national average in 1 year.

Background:

Middle managers are the frontline support to bedside nurses. Poor or ineffective leadership is the cause most frequently associated with turnover (Baird Group, 2020). The increased number of nurses leaving the bedside due to job dissatisfaction, not feeling supported, and not feeling like they have balance in their life is increasing at an alarming rate in the registered nurse profession. The 2020 NSI National Health Care Retention & RN Staffing Report found that the average cost per nurse turnover is \$44,000. A 1% reduction adds \$306,000 to the bottom line. Giving middle management the tools to support the bedside nurses by encouraging the team through transformational leadership skills to have a voice, be involved with improvements to the unit, and have empathetic listening skills will support job satisfaction and retention.

Sponsors

Chief Nursing Executive	
Director of Maternal Child Health	
Quality Leader	

Team

Nursing Professional Development Specialist	
Assistant Nurse Managers	
Quality Leader	
Director of Maternal Child Health	

Goals

The goal of the project is to train middle managers to adopt a transformational style of leadership. Transformational leadership strengthens nurse leaders' work-related well-being and structural empowerment (Niinihuhta et al., 2022). Strengthening transformational leadership within the department will not only support a reduction in turnover but will also align with the medical center's goal to achieve Magnet status. This will lead to more job satisfaction within

their role; once given tools and support systems to improve their leadership, this will result in job satisfaction and retention of the bedside nurse. Bedside nurses are leaving their profession due to burnout and feeling unsupported.

Expected Outcomes and Benefits

Giving middle managers tools to become better leaders will help support their job satisfaction and acquire essential tools to engage staff, to have crucial conversations, and to empower their team. A supportive leader who understands the balance between work and life can facilitate their staff's participation in project improvements and support joy in the department, improving overall job satisfaction and increasing retention.

Outcome Measure(s)

The outcome measure is to improve the middle managers' understanding of TL theory within their practice, measured by a before and after survey, from a 10% knowledge base to 50%.

Process Measure(s)

The measure is that 100% of the middle management team will participate in education and 100% will participate in before and after surveys.

Balancing Measure(s)

The balancing measure was no overtime due to training, and the target was zero overtime hours.

Measurement Strategy

Background (Global Aim)

Implement a leadership training program for assistant nurse managers in a maternal child health unit, focusing on effective leadership education emphasizing transformational leadership to increase overall knowledge of TL theory from 10% to 50%.

Population Criteria

Assistant Nurse Managers

Data Collection Method:

Pre- and post-surveys will be implemented to assess job satisfaction, their perception of effective leadership, how they feel supported, and if the training provided useful tools to improve their leadership skills.

Data Definitions

Data Element	Definition
Pre-survey evaluation	An anonymous questionnaire given to assess the overall perception of their leadership skills
Post-survey evaluation	An anonymous questionnaire given to assess if focused leadership support given proved valuable

Measure Description

Measure	Measure Definition	Data Collection Source	Goal
Pre-survey	N = middle management	Anonymous survey via Microsoft forms	100%
Post-survey	N = middle management	Anonymous survey via Microsoft forms	100%

Initial Activities

Direct observation and anonymous surveys will allow a starting point to measure the result. The change process will be gradual, intending that the leadership skills that the middle managers learn throughout the training can implement the change in real-time as they learn.

Change Ideas

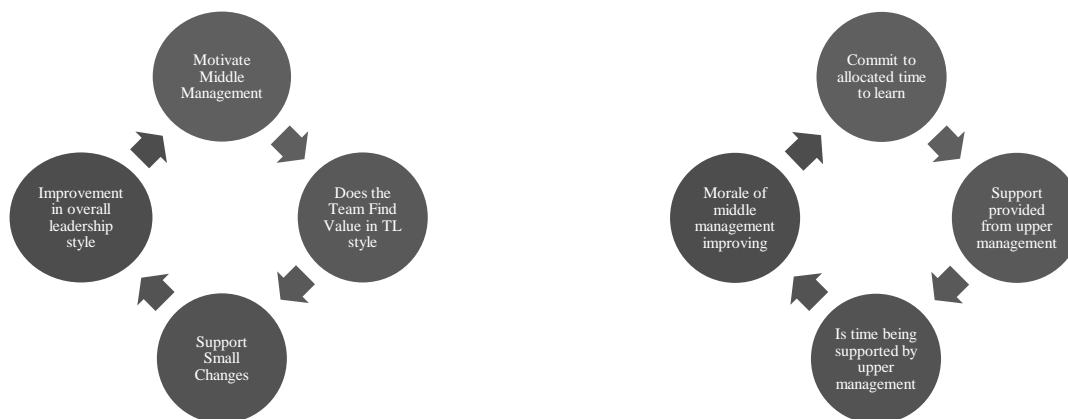
Plan – Initiate a focused leadership training program to improve unit job satisfaction and nurse retention.

Do – Middle management will train and implement as the learning occurs. Evaluation will be by direct observation and evaluation of job satisfaction through the survey results.

Study – Analyze the implementation of the change in the leadership style and adjust, where needed.

Act – As middle management becomes more confident in the change in style, provide surveys to staff to evaluate if the change has been effective. Once data are collected, changes can be made, and the process can be started again with the necessary adjustments.

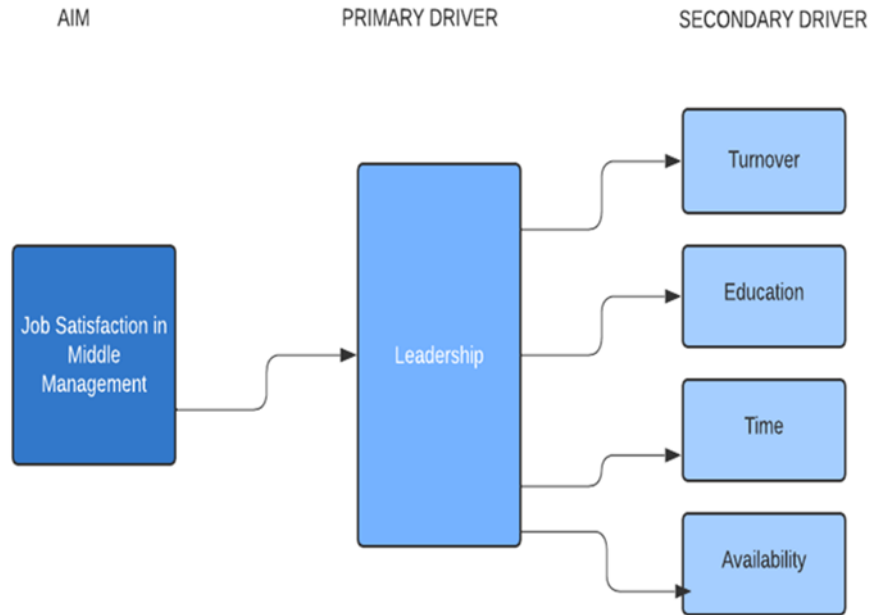
PDSA CYCLES



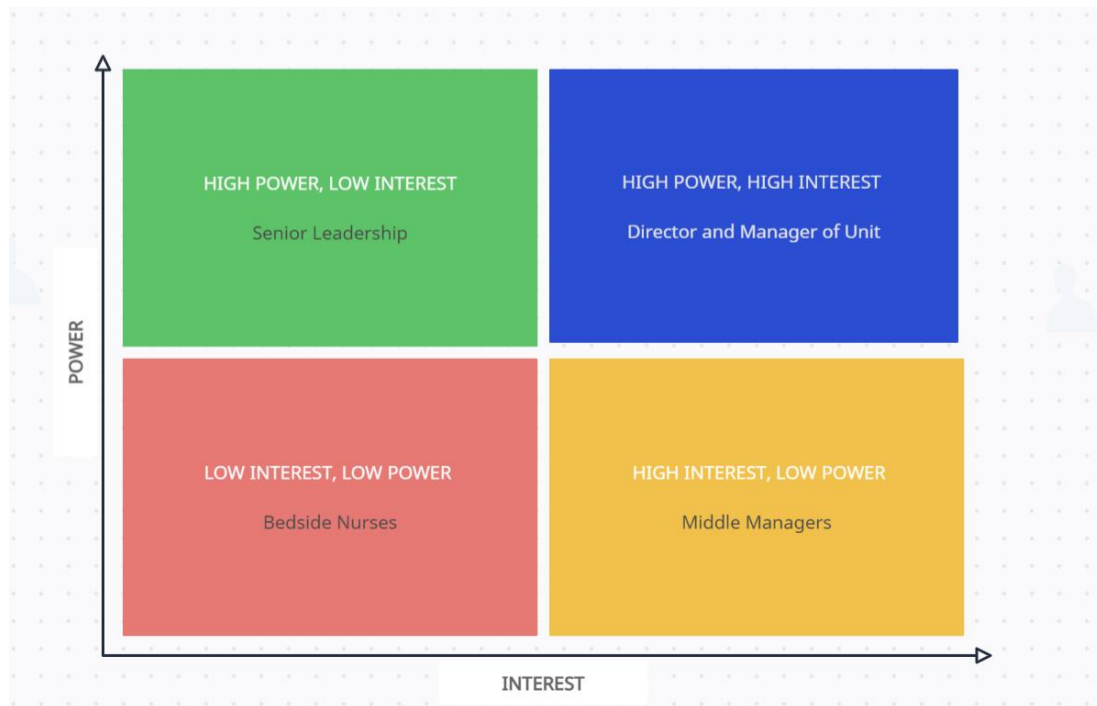
SWOT ANALYSIS

	Favorable/Helpful	Unfavorable/Harmful
Internal (attributes of the organization)	<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Internal strengths of this project are more confident middle management with tools to support staff. • Our organization supports evidence-based practices that are proven to provide cost savings. • Others perceive as this project can directly affect job satisfaction and retention of the bedside nurse. 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • The internal weakness of the project is anticipated to be middle management follow-through and implementation. • Potential decrease in membership due to poor metrics. • Job satisfaction and retention of the bedside nurse would not improve with improved leadership. • The weakness perceived is that middle management will not be willing participants.
External (attributes of the organization)	<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Job satisfaction and retention are imperative to a successful business; onboarding new employees is very costly to a company. With stronger leadership, the employees will not wish to leave and will reduce their sick calls because they are satisfied with their job. • External coaches trained explicitly in transformational leadership are available for hire, and training modules that would complement the hands-on learning. • Increase in membership due to improved metrics, achieving Magnet status. 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • An external threat would be the reaction of the middle management that is being focused upon. • There is no solid financial support for this project; the project training costs can save the organization money if done correctly. • The impact of middle management not following through with training and implementing to their team directly threatens the goal of the project, which is retention and job satisfaction of the bedside nurse.

DRIVER DIAGRAM



POWER INTEREST GRID



COST-BENEFIT ANALYSIS/BUDGET

Improvement Revenue (Cost Avoidance)	Hours/day	Days per Month	Cost per Month	Year 1	Year 2
Total sick days results in the need for an on-call nurse (\$85/hour) + 30% benefits (\$85x30%=\$110.5)	8	15	13,260.00	\$159,120.00	\$159,120.00
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Project Savings/Cost Avoidance (ROI)	Year 1 Annual Cost Savings	Year 2 Annual Cost Savings			
Net savings = Cost avoidance - Improvement cost	\$696,696.00	\$747,444.00			

Appendix I

The survey consisted of 18 questions, rated on a Likert scale of rarely (1), sometimes (2), often (3), and almost always (4). The totals from Questions 1, 7, and 13 related to Charisma; Questions 2, 8, and 14 related to Social; Question 3, 9, and 15 related to Vision; Questions 4, 10, and 16 related to Transactional; Questions 5, 11, and 17 related to Delegation; and Questions 6, 12, and 18 related to Execution.

Pre Survey Results: Transformational Leadership Survey

Participants	Charisma	Social	Vision	Transactional	Delegation	Execution	TOTAL SCORE
1	10	12	11	12	7	12	64
2	9	12	12	11	5	12	61
3	11	9	8	10	11	8	57
4	6	7	7	6	9	7	42
5	10	10	11	10	4	10	55
6	8	6	9	8	7	7	45
7	11	9	8	8	11	8	56
8	8	8	11	11	10	10	58

Scale: 1=Rarely 2=Sometimes 3 = Often 4 = Almost

The highest scoring factors in the chart are your strong leadership factors, while the lower scoring factors are your weak ones. Scoring 9 or less are the areas for growth opportunities.

These results give a mean score of 54.75 –

Scoring over 54 indicates strong transformational leadership understanding

Pre Survey Results: Transformational Leadership Survey

Participants	Charisma	Social	Vision	Transactional	Delegation	Execution	TOTAL SCORE
1	10	11	11	12	7	10	61
2	9	11	12	11	6	9	58
3	6	11	8	10	8	8	51
4	8	7	8	7	6	6	42
5	8	11	9	9	10	9	56
6	8	8	6	7	7	9	45
7	9	9	7	8	11	9	53
8	7	7	8	9	8	9	48

These results give a mean score of 51.75