A COMPARISON OF AIR FORCE NURSE MANAGERS' LEADERSHIP STYLES AND CIVILIAN NURSE MANAGERS' LEADERSHIP STYLES

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The blow was hard; the shock, severe, although we knew his time was near;
Only those who have loved and lost can tell the pain of parting without a farewell.
God saw that he was suffering. And the hills were hard to climb so he closed his eyes and whispered "Peace Be Thine." Author unknown.

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CHAPTER I

INTRODUCTION

According to Kouzes and Posner (1997), leadership is the art of motivating others to want to compete for shared goals. Kouzes and Posner suggested that managers have been proving for years that it is fairly simple to get people to do something if there are extrinsic rewards to offer. Managers may accomplish their goals by promising subordinates favorable rewards. They may offer extrinsic rewards and pressures to intrigue the person to react in a positive way or may choose to punish the employees who fail to perform. However, one should remember that excellence comes from within. People must have a willingness to give a maximum effort for a just cause. In nursing, each employee must be motivated by something other than self-interest, or a patient's life may be jeopardized. Individuals in positions of authority can influence people to perform tasks because of the power they possess, but leaders motivate others to want to act because of their credibility and actions. Leaders maintain their credibility by their actions.

Bennis (1994) revealed that our quality of life depends on the quality of our leaders. There are three reasons why leaders are important. First, leaders are responsible for the effectiveness of organizations. The organizations' success depends on the perceived quality at the top. Second, people need anchors in their lives, a

guiding purpose. Third, there is a pervasive, natural concern about the integrity of our organizations.

Bennis and Nanus (1985) identified a difference between managers and leaders. "Managers are people who do things right and leaders are people who do the right things" (p. 20). Management is defined as working with and through people and groups to achieve organizational goals (Trofino, 1995, p. 43). Jobes and Steinbinder (1996) revealed that nurse managers' roles are changing drastically. The traditional nurse manager's role was focused on nursing care rather than on their ability as leaders. Emerging leadership roles in nursing call for a manager who is a nurse and who possesses effective leadership qualities. In Keighley's (1997) interview with Callista Roy, Roy emphasized that to be a leader one has to be a good person and has to possess a good liberal education in order to have a broad base of knowledge. According to Maloney (1994), effective leadership in nursing is vital to the delivery of quality nursing care. Meighan (1990) emphasized that the future of nursing depends on excellent leadership, but until now the practice of promotion to a leadership role has consisted of selecting the best staff nurse to become head nurse.

Jobes and Steinbinder (1996) stated that corporatization of health care, along with new technology and nursing opportunities, offers challenges and risks for the novice as well as the experienced nurse managers in the civilian sector. Air Force nurses must also be prepared to meet the challenges of today's healthcare challenges. They are expected to lead or take command as line officers have for decades.

Statement of the Problem

There is a need for Air Force nurses to possess effective leadership traits, especially in the midst of tailoring, the military forces as well as corporate. All nurses must be prepared to manage in today's society. There is limited research available on Air Force and civilian nurse managers' leadership styles. The information obtained from this study will be helpful in the educational training of nursing personnel and improvement of their leadership styles. Nurse educators will be able to prepare nurses who are not only proficient nurses but also effective leaders in nursing.

Purpose of the Study

The purpose of this study was threefold; first to describe the leadership styles and behaviors of Air Force nurse managers and civilian nurse managers. A second purpose was to compare the Air Force and civilian nurse managers' leadership styles and behaviors and to determine if there was a difference. A third purpose was to describe the staff nurses' perceptions of the managers.

Assumptions

For the purposes of this study, the investigator accepted the following assumptions:

1. Both Air Force and civilian nurses possess the effective leadership styles required to manage in today's healthcare environment.

2. Air Force nurses and civilian nurses have similar leadership styles and behaviors.

Research Questions

1. What are the leadership styles and behaviors of Air Force nurse managers and civilian nurse managers?
2. Do Air Force nurse mangers and civilian nurse managers have similar leadership styles and behaviors?

Limitations

The following limitation might affect the extent to which any results might be generalized:

The findings of this study may not be applicable to all Air Force and civilian nurse managers.

Scope of the Study

The scope of this study included:

1. The study dealt with Air Force and Civilian nurse managers in management positions for at least one year and their staff nurses.
2. Data was collected over a 3 month period from the managers and their staff nurses.

Definition of Terms

For this study the following terms were defined:

1. Air Force nurse manager -- A registered nurse who is currently serving in the Air Force on active duty and has been in a management position with the title of nurse manager for at least one year.
2. Civilian nurse manager -- A registered nurse who is working in a non-military hospital and has been in a management position for at least a year.

CHAPTER II

REVIEW OF LITERATURE

According to Andrews-Evans (1997), when most nurses consider nurse leaders of the past, they usually think of Florence Nightingale as an important figure, although Ethel Bedford-Ferwick's contributions to nursing have been more significant and have a greater influence on nursing today. Andrews-Evans reported that Bedford-Ferwick fought for the professional nurse status for nurses through a system of registration. This system has regulated and governed the nursing profession in order to ensure that nursing standards remain high and to protect the public. Nightingale did not approve of registration and neither did physicians during the 1800s. Andrews-Evans (1997) revealed that nurse leaders were the elite few who were trained at the right place and had the right background. The view was that leaders were born with the skills required and therefore needed no specific training in managerial skills beyond the basic nursing education (p. 10). Sashkin (1996b) emphasized that this concept is called the "great person" approach to leadership; find out the characteristics that are shared by the leaders and look for those factors when selecting leaders.

According to Ferguson (1998), never before in the history of nursing has there been a greater need to develop leaders in nursing. With our health care system rapidly transforming, leaders are needed who can anticipate and define the new games, interpret

the new rules, and assist the evolution of health care. Over the past decade, various solutions to ensuring effective nursing leadership to meet health care needs have been initiated. Yet, nursing leadership programs continue to lag behind in developing people with a vision for improving health care in our communities (Ferguson, 1998). Macilwaine (1997) stated that "nursing failed to establish a suitable educational base at the onset of this century and developed a toxic leadership style, which repressed and marginalized mavericks" (p. 10). Nursing was challenged to produce adequate management in the 1980's but failed to do so. Eventually, general managers took over operational management of services with varying success.

Nursing leadership has become a popular subject in the health care arena within the last decade. Pressure has been placed on nurse managers to provide a high level of patient care while carrying out numerous managerial functions (Meighan, 1990, p. 63).

Morrison, Jones and Fuller (1997) emphasized that leadership is the ability to influence an individual or group to work in order to achieve its goals. According to Sashkin (1996a), early research on management and leadership went through three phases. First, earlier researchers attempted to identify specific traits of leaders. Second, researchers turned to leadership development and behaviors that would guarantee leadership effectiveness. Finally, researchers sought to explore what effective leaders do under certain circumstances. Stogdill (1974) recognized a set of complex patterns of traits that were disregarded. Early literature on leadership was concerned with the theoretical issues.

Leadership in nursing has been continuously investigated and debated over the past century. Meighan (1990) conducted a qualitative study with 14 staff nurses to

determine what they considered to be the most important characteristics of nursing leaders. The staff nurses viewed the most important characteristics of nursing leaders as experience, clinical competence, expertise, and advanced knowledge. They believed that the leader was above subordinates in ability and should be looked up to. The majority of the nurses viewed the leader as an official leader such as their head nurse, although over 40 % of them regarded other personnel as the leader. Meighan found that in the absence of the official leader, unofficial leaders tend to take the lead. The majority of the staff nurses selected relationship-oriented leader's traits though they considered task-oriented traits as well. Seventy-nine percent of nurses surveyed preferred a leader to be good organizer, while 64 % selected being responsible and assertive as important traits. All the nurses agreed that clinical experience was important, and a majority of the staff nurses felt that a leader should rank higher in knowledge and ability than the staff.

Naish (1996) viewed leadership as something a person learns over time from good and bad experiences. People who display leadership qualities have often experienced violent or extremely challenging experiences. They improved their skills and learned to deal with adversity. These individuals are able to emerge and shape their abilities to lead as they start to understand more about themselves and their desires. Meighan (1990) proposed a debate regarding whether leaders are born with their leadership traits and abilities or whether they learn them as a result of environment, inheritance, or opportunity (p. 64).

For many years nurses have held a pivotal role in the coordination of patient care. However, nursing has not broken away from the medical discipline. Trofino (1995) revealed that the present health-care environment requires leaders who can persuade

people committed to action, permit followers to be an empowered workforce, and transform leaders into change agents in order to bring new visions for health care to reality. Nursing leaders have a significant obligation to ensure a steady flow of quality managers. According to Torfino (1995), a combined effort between formal educational programs and employment agencies is required to prepare nurses who are both strategic and critical thinkers to meet this demand. Failure to produce effective leaders in sufficient quantities is documented in nursing social and political history (Girvin, 1996). Nursing leaders must seek to improve self-confidence and the belief of others in a leadership role, by striving for clear directions and providing a personal development plan.

McNesse-Smith (1995) compared two research studies conducted in different hospital settings in Los Angeles and Seattle to determine if certain leadership behaviors demonstrated by nurse managers made a difference in subordinates' job satisfaction, commitment to the organization, and productivity. The Leadership Practices Inventory for self and others was used to determine manager mean scores for the use of certain leadership behaviors. The Seattle managers and staff members and Los Angeles managers rated managers highest in enabling others to act and lowest in inspiring a shared vision. Los Angeles nurses rated the managers highest in modeling the way and enabling others to act and lowest in inspiring a shared vision.

A study by Medley and Larochelle (1997) investigated the effects of head nurses' leadership styles on staff nurses' job satisfaction. A total of 122 nurses returned the questionnaires. The investigation indicated that staff nurses in acute care settings perceived their head nurses as demonstrating transactional and transformational

leadership styles. The authors revealed that transformational leadership styles promote retention and prevent turnover. There were no significant relationships found between transactional leadership style and job satisfaction. Drucker (1996) emphasized that leaders of the future will request feedback performance and solicit new ideas.

Transformational Leadership

According to Bryman (1992), transformational leadership includes raising others' motivation. The leader and follower goals are the same, and they are colleagues in achieving them. Bowles (1997) explained that transformational leaders stimulate, motivate, inspire, and develop employees. When Martin Luther King, Jr., encouraged his followers to assist the United States to achieve the dream of democracy, he offered them the chance to become part of the mission (Chemers 1997, p. 90). The followers had a chance to do something important, to participate in the mission.

Trofino (1995) revealed that transformational nursing leaders should be persuasive, intuitive, and creative in order to enhance the novice nurse skills and to nurture future nursing leaders. An important attribute of a transformational leader is integrity. Critical to the power of a transformational leader is the need to promote and support the purpose that is in the best interest of the leaders and followers. Sashkin (1988) described the transformational leader as extremely sensitive to the environment and adaptive to changes. Curtin (1997) argued that transformational leaders are charismatic, "full of grace" (p. 8). This individual is a great communicator and capable of communicating his or her vision to others.

According to Taccetta-Chapnick (1996), characteristics associated with a transformational leader are mentoring, empowering, risk taking, coaching, decision-making, being an intellectual stimulator and coach. Sashkin (1988) identified five charismatic behaviors a transformational leader must have in order to achieve organizational transformation:

1. Focusing on planned actions;
2. Encouraging risk taking to promote creativity;
3. Listening to subordinates' suggestions and providing feedback;
4. Demonstrating consistently trustworthy behavior that establishes commitment to the vision of the organization;
5. An expression of concern for others.

Phillips (1992) viewed Abraham Lincoln as a model of a transformational leader; during his presidency Lincoln aimed at the elevation of man. Lincoln accomplished tasks with a naturalness and intuitiveness in leading people that was centuries ahead of his time. Leadership qualities often displayed by Lincoln were quiet and subtle influence, seeing followers and others face to face. He lifted people out of their everyday selves and into a higher dimension of performance, achievement, and awareness. He maintained a respect for the dignity of people at all times. Lincoln was considered to be the essence of leadership (Phillips, 1992, p. 173).

Visionary Leadership

According to Sashkin and Burke (1990), effective transformational leaders envision that they can have a sufficient impact on the organization by using influence and

power to empower organizational members to bring about the leader's long range organizational visions. They refer to this type of approach as "visionary leadership" (p. 307). According to Kouzes and Posner (1995), visions are mirror images of our basic beliefs and assumptions about technology, science, politics, ethics, art, and human nature. Visions flow from the reservoir of our experience and knowledge. They blend with our conviction and are filtered through our assumptions. Visions take shape when we open the doors of opportunity. Sheldon and Parker (1997) advocated that visions are critical to the success commencement. Phillips (1992) emphasized that visions are what distinguish leaders from mere managers. Kouzes and Posner (1995) suggested that leaders envision the future, creating unique images of what the organization can become. The most significant role of visions in an organizational environment is to deliver focus to human energy. Leaders strengthen others by sharing information and providing guidance. They are efficient at delegating authority, making others feel competent and responsible. Bowles (1997) emphasized that a vision can influence and motivate staff. The involvement of staff in setting the vision is essential. The leader's role is to keep the vision focused.

Communicative Leadership

When a leader is clear and decisive, according to Curtin (1994), the organization is dynamic and vital. Being decisive is about setting a clear course and remaining focused in order to complete the course. According to Medley and Larochelle (1997), today's health care environment demands leaders who can inspire others and communicate a vision of what can be accomplished within an organization. For example,

George Patton's use of aggressive and belligerent verbal imagery was designed to inspire and arouse his troop's motives consistent with destroying the enemy. Communication creates meaning for people (Phillips, 1992, p. 152).

Kouzes and Posner (1995) revealed that successful leaders use figurative expressions, give examples, or tell stories to illustrate a point. For example, Abraham Lincoln or Martin Luther King would paint visual images in their speeches.

Organizational Leadership

According to Rawls-Bryce, Rangel and Janson (1995), hospitals have been forced to create and maintain a competitive edge in order to survive because of health care reform. Kouzes and Posner (1995) conceptualized that organizations may go through changes and achieve goals, and still maintain a strong culture of shared values, beliefs, and assumptions. According to Curtin (1994), change is an emotional as well as an organizational process. People value the past if for no other reason than because it is their history and they will mourn its loss. Leaders enact their visions by creating and/or modifying organizational cultures, that is, by defining shared values and beliefs that form the foundation supports for the organizational reality the leaders envision (Sashkin & Burke, 1990, p. 307).

Consistent Leadership

Mouser (1993) suggested that a leader's attitudes and actions are the key to success. A leader's personal integrity promotes consistency and stability in an unstable organization. Curtin (1994) indicated that when leaders' actions match their words,

people learn to trust them when they cannot trust the present situation. Curtin (1994) suggested that leaders should give the greatest recognition to those who do the hardest work. Leaders should have people leave their presence thinking how great they are, not how great the leader is. This will inspire them to endure more, and to do extra work.

Caring Leadership

Sashkin (1996c) suggested that leaders must constantly express concern and care for others and their feelings. Sashkin (1996c) emphasized that a visionary leader consistently expresses concern for others and their feelings. Visionary leaders take care of their feelings for self first in a positive sense (p. 20). When a leader has a high self-regard it makes it possible to have a high regard for others. Staub (1996) revealed that "supporting others is the sufficient thread that leads to being supported by them." Unless a leader is willing to offer personal support, corrective feedback, emotional awareness, appreciation, caring confrontation, and courage, then the leader can never expect to really be in touch with the true needs and concerns of others. Visionary leaders exhibit self-respect as well as respect for others. Nurses must feel cared about themselves before they can be expected to care for others with commitment and excellence.

Empowered Leadership

Trofino (1995) defined empowerment as self-direction, allowing people to take responsibility and authority for decisions that affect them (p. 42). Teal (1996) stated that managers most admired are those who delegate their authority and make their subordinates feel powerful. According to Costello and Nickitas (1997), when a leader

establishes an environment where nurses feel and act empowered, this facilitates in cultivating high quality patient care. It involves enabling others to recognize and feel their strengths, abilities, and personal power. Nurses' freedom to make patient care decisions and to control professional practice is vital to their empowerment.

Morrison, Jones, and Fuller (1997) revealed that during the dramatic changes in healthcare delivery, nursing leaders must understand the social process that affects subordinates' work related attitudes. Nurse managers are responsible for ensuring that patient care and changes in care delivery are implemented successfully.

Empowerment allows for speed in decision-making, permits people to collaborate freely, and promotes creativity, quality, and liberation of human spirits. According to Trofino (1995), most nurses do not see themselves as adequately empowered and competent to become necessary agents to bring new visions for health care to reality. McNesse-Smith (1995) revealed that in the midst of cost-cutting, rightsizing, reorganizing, and merging, healthcare leaders continue to express confidence about their roles. Privately, these same leaders express professional dissatisfaction and loss of control in their jobs.

Empowerment increases behavior potential of individuals and teams within the organization. According to Sashkin (1996c), empowerment can be illustrated through increased problem-solving abilities, improved communication skills, greater job satisfaction and increased autonomy, self-esteem, and responsibility. A fully empowered team offers a number of benefits, such as personal fulfillment, self-efficacy, a sense of mastery, control, and togetherness.

According to Bennis and Townsend (1995), when a leader creates an atmosphere in which staff feels free to speak the truth, an empowered work environment is created. The leader is often rewarded for creating an environment based on empowerment. Effective leaders may use their power to empower others. Leaders can empower people by expecting more of them than they think they can possibly achieve. People can accomplish unbelievable tasks if the leaders motivate them effectively. This will instill a sense of self-assurance and confidence in the others.

Confident Leadership

A leader must possess confidence in his or her ability and be able to paint his or her followers an attractive image of the future. The followers must believe that the leader has the ability to take them safely where no person has ever ventured before. This may be a difficult task for some leaders. Even the best of our great leaders had concerns or doubts about their leadership abilities. Andrews-Evans (1997) emphasized that nurses need to be articulate and confident, strategic thinkers, problem solvers, politically astute, and be able to interpret and understand information in order to make wise decisions.

Clear Leadership

Sashkin (1996c) stated that Bennis found that effective visionary executives pay close attention to people with whom they communicate. Leaders are concerned with clear expression of ideas. They focus on the main issues or idea and assist others to see these issues clearly. They also have clear ideas about most importance or priority of this behavioral strategy as the ability to manage one's attention and to direct the attention of

others. Effective visionary leaders grab people's attention, and get their points across quickly and clearly.

Creativity Leadership

According to Stogdill (1974), leadership is the creative and directive force of morale. Kerfoot (1998) suggested that leadership is effective only if it can create a positive, supportive environment that allows employees to do their best creative work. According to McDermott, Laschinger, and Shamian (1996), by the leader recognizing and inspiring creative talent, one can increase efficiency, and ultimately contribute to the organization's welfare. Creative people are self-starting and self-directed. Sashkin (1996b) stated that visionary leaders create challenging opportunities so that others can feel a sense of accomplishment. Drucker (1996) emphasized that the energy that motivates leaders and establishes enthusiasm in others is born out of strong personal conviction. Such people actually breathe life into the organization. Bennis (1994) postulated that curiosity and daring are two of the basic ingredients of leadership. The question that faces health care in the future is to be innovative or die. Kerfoot (1998) advocated that successful leaders encourage employees to express their knowledge, skills, and talents. However, it is difficult for creativity to exist in a hostile environment when one's time is spent thinking about survival. According to Kouzes and Posner (1996), creative leaders take threats and use them as challenges and opportunities.

Culture leadership

According to Chemers (1997), leadership is a process that involves social interaction; the question of what behaviors are desirable should be understood within the organization. Culture is the way a social unit adapts to its environment over time (Chemers 1997, p. 10). Sashkin (1996c) defined organizational culture as a stable set of beliefs, assumptions, and shared values by its members. Many values, beliefs, and assumptions are more apt to support effective functioning and implementation of an organizational vision than others. Chemers (1997) argued that culture is the way a social unit adapts to its climate over time. Curtin (1995) suggested that an organization's most important asset is its people, and that they should be treated well. Followers are the ones who will carry a leader through hard times. According to Maloney (1994), effective nursing leadership is critical to the delivery of health care. There will be an increased demand for leadership competence in achieving healthy outcomes for society.

Air Force Nursing

Military nursing has existed in some form since the very first war, however, the Air Force Nurse Corps was established as a vital part of the Air Force Medical Service in July 1949. In 1955, male nurses were allowed to be commissioned and now approximately one quarter of the corps consists of males. Sixty nine percent of Air Force nurses have a baccalaureate degree. Thirty percent of the Air Force nurses have masters' degree; fifteen nurses have completed doctoral degrees. Air Force nurses have two

professions, they are professional officers and professional nurses. The ranks of Air Force nurses range from second lieutenant to brigadier general.

According to Abdellah (1997), readiness is the number one priority for the Air Force. The change from objective medical group organizational structure has opened opportunities for all disciplines to command at group and squadron levels. Nurses are involved in health-promotion and environmental programs. Air Force nurses have also entered into predeployment, training missions, and equipment standardization. Nurse researchers are strategically placed at the four major medical centers to initiate and apply research findings on Air Force nursing.

With the vital need to tailor the cost of health care, organizational structures have become a target for change within the Air Force. According to Adams-Ender (1995), Air Force nursing is a reflection of pride in service to their nation and to their profession, their determination and persistence to fulfill their role as citizens, and their legitimate need to ensure the highest quality of care to their patients.

In summary, leadership is an art of motivating others to accomplish shared goals. Naish (1996) viewed leadership as something a person learns over time from good and bad experiences. Leadership goes back for centuries, while research was begun in the 20th century. According to Ferguson (1998), there is a need for the development of leaders in nursing. Nurses of the future will have to lead a more diverse workforce. Our health care system needs leaders who can assist in the transformation of this workforce. Nurses today need to be confident in their abilities while being politically astute. Our leaders must possess integrity and can "walk the walk" most of the time. Nursing needs leaders who will accept responsibility and accountability for their outcomes, leaders who

are not afraid to take risks and speak their ideas. Over the past decade, various solutions to ensuring effective leaders to meet health care needs have been initiated.

According to Sashkin and Burke (1990), successful transformational leaders envision that they can have a positive effect on the organization by using influence and their power to empower organizational members to bring about the leader's long range organizational visions. This type of approach is called "visionary leadership" (p. 307). According to Curtin (1994), the organization can be dynamic and vital when a leader is clear and decisive. Curtin suggested that a leader's actions should match their words; people learn to trust them even when they cannot trust the situation. Effective leaders are crucial to the delivery of health care. There will be an increased demand for leadership competence in achieving healthy outcomes for society.

CHAPTER III

METHODOLOGY

Design of the Study

The purpose of this study was to identify and describe the leadership styles and behaviors of Air Force nurse managers and civilian nurse managers. The second purpose was to compare the Air Force and civilian nurse managers' leadership styles and behaviors and to determine if there was a difference. A third purpose was to describe the staff nurses' perceptions of the managers. A descriptive design was used to examine the leadership styles and behaviors of Air Force and civilian nurse managers. Random sampling was used in subject selection. Each Air Force nurse manager and two of their staff nurses were contacted by their nurse executive and asked to participate in the study. Civilian nurse managers and two of their staff nurses were contacted by the nurse executive and asked to participate in the study.

Population

The study population consisted of a total of 45 Air Force and 37 civilian nurse managers and 54 Air Force and 40 civilian staff nurses. Facilities were selected from the Hospital Association guide located in the library consisting of all accredited civilian and Air Force hospitals. A list of all Air Force facilities with their addresses was obtained

from the staff development department at Tinker Air Force Base. The questionnaires were sent to the civilian facilities if the nurse executives agreed to participate in the study. The Air Force nurses were located in Oklahoma, Mississippi, Florida, Washington, California, Arkansas, South Carolina and Germany. The civilian nurses are located in the states of Alabama, Virginia, Oklahoma, Florida, and South Carolina. One Air Force facility failed to return any of the questionnaires. Two questionnaires were discarded due to incomplete data. The subjects met the following criteria: (a) a practicing nurse who is currently working in a management position and has been in a supervisory position for at least one year, (b) a staff nurse who worked under the manager's supervision for at least six months. Approval was obtained prior to the study being conducted from the nurse executive at each facility (see Appendix E).

Sampling Procedures

The Nurse Executives at 10 civilian and 10 Air Force facilities were contacted and asked to distribute questionnaires to 10 nurse managers and two staff nurses under the supervision of each selected manager at their facilities. Randomization of the nurse managers was done by the researcher putting all the letters of the alphabet in a container, drawing out letters, and placing the letters on the cover letters of each selected nurse manager. Each nurse manager and staff nurse was given a cover letter requesting each nurse to complete the Leadership Behavior Questionnaire (LBQ) Self or Other, along with a demographic questionnaire. All participants were assured that their responses would be strictly confidential. Each nurse was also provided a stamped self-addressed envelope.

Instruments

Early literature on leadership was concerned with theoretical issues rather than behaviors. Recent studies by Kouzes and Posner (1995) and Saskin (1990) have focused on leaders and leadership. The LBQ was first developed as a 24-item research and training instrument, based on work by Bennis (1984) on the characteristics of effective executives across a wide range of organizational settings (Sashkin & Burke, 1990, p. 308). The initial studies to determine and improve the scale reliability were conducted using graduate students and managers. This led to the first available published version of the LBQ in 1984. In this study, the LBQ Self and Other was used as the measuring instrument. The LBQ was based on the research of Bennis and Nanus (1985). Bennis (1989) identified behavioral competencies that consistently characterized exceptional leaders. The LBQ was designed with a self-report instrument for managers and a subordinate version for staff nurses' report of the nurse manager's leadership style.

The LBQ was developed to study and provide individuals with personal feedback concerning transformational leadership, often referred to as "visionary leadership." The instrument was also designed to measure perceived leadership styles from the perspective of either the leader or subordinates of the leader. The LBQ is a 50 item instrument (10 scales with 5 items in each scale) and can be defined conceptually as well as behaviorally. Conceptually, leadership is a transactional and transformational process in which individuals are permitted to influence and motivate others to promote the accomplishment of group and individual goals. Behaviorally, leadership requires relationship behaviors that improve interpersonal relations within the group and task behaviors that help the

group complete its tasks. The ten scales are 1) clear, 2) communicative, 3) consistent, 4) caring, 5) creative, 6) confident, 7) empowered, 8) visionary, 9) organizational, and 10) cultural. In each scale, two items are negatively stated and three items are positively stated. The first five behavioral scales of the LBQ provide reliable measures of transformational leadership behavior. The LBQ attempts to assess visionary leadership within an organization.

Sashkin provides an extensive discussion of the reliability of the instrument. To examine the reliability of an instrument one might administer it to the same person on two different occasions. A problem with doing this with the LBQ is that it is designed to help individuals increase their scores. Another technique for showing reliability is to divide the scales into two equal parts and find out if the halves reveal similar scores. This is not ideal because the LBQ scales each have five items that are not divisible by two. The 1996 edition of the LBQ was revised to increase inter-term scale reliability. Cronbach's alphas scores reported by Stoner-Zemel (1988) yielded .52 for Scale One - Clear Leadership, .74 (Scale Two - Communicative Leadership), .75 (Scale Three - Consistent Leadership), .71 (Scale Four - Caring Leadership), .60 (Scale Five - Creative Leadership). The latest reliability tests involving a small sample (N=31) of the LBQ-Other responses, Scale One lowest inter-item reliability score .52 improved to .83. For scales Six through Ten the Cronbach's alphas are .68 for (Scale Six - Confident Leadership), .33 (Scale Seven - Empowered Leadership), .77 (Scale Eight -Visionary Leadership), .88 (Scale Nine -Functional Leadership), and (Scale Ten -Cultural Leadership).

The first step in scoring the LBQ involves adding up the five single-digit numbers to obtain scale scores. The first five set of scores are added to obtain the Visionary Leadership Behavior Score. The sum of the next three scores present the Visionary Leadership Characteristics Score. The sum of the final two scales is the Visionary Culture Building Score. For further information on the scoring the LBQ instrument refer to the "Visionary Leader Trainer Guide" by Marshall Sashkin.

The researcher prepared a 13 item demographic questionnaire for the Air Force nurse managers and their subordinates (see Appendix A) and civilian nurse managers and their staff members (see Appendix B). The demographic instrument included questions to obtain the participants' job position, educational level, age, and prior management seminars or courses, along with years of experience as a nurse and as a manager.

Data Collection

Data for the study were obtained from civilian and Air Force nurse managers using the LBQ Self and a 13 question demographic questionnaire. Two staff members under the supervision of the nurse manager were also asked to complete a 13 item demographic questionnaire (see Appendix B) and the LBQ Other.

The LBQ Self (see Appendix C) was used to collect the data from nurse managers in this study. The LBQ Other (see Appendix D) was used to collect data from staff nurses under supervision of the nurse managers. Permission to use the tool was obtained from its author (see Appendix F). Permission was obtained from the United States Air Force Survey Branch to administer the questionnaire to Air Force nurses (see Appendix G). Approval was obtained from the Institutional Review Board (IRB) to conduct the study

(see Appendix J). Approvals to administer the questionnaire to civilian and Air Force nurses were obtained from their respective nurse executives (see Appendix E). Each nurse manager and staff nurse was given a demographic questionnaire to complete.

Data Analysis

A combination of descriptive, nonparametric, and parametric statistics was used to report and interpret findings. Mean scores were determined for both the LBQ Self and Other rating instruments. Raw scores were used for data analysis. The t-test was calculated to determine if a difference existed between the scores of the managers, between the Air Force managers and Air Force staff nurses and civilian managers and civilian staff nurses. The significance level was set at $p. <.05$. The standard deviation of each group was also calculated.

CHAPTER IV

FINDINGS

Demographic Data

Fifty one percent of the Air Force nurse managers returned the questionnaires, while there was a 41 % return rate for the civilian nurse managers. Two of the Air Force staff nurses' questionnaires were not used due to insufficient data. Seventy percent of the civilian nurse managers were over 41 years of age. Fifty-eight percent of the Air Force managers' ages ranged from 36 to 45 years and only 16 % were over 46 years of age (See Table I and Figures 1, 2 and 3). Forty-eight percent of the Air Force nurse managers possess a master's degree in nursing or in another field. Forty-three percent of the civilian nurse managers possess a master's degree in nursing or in another field. Twenty-five percent of the civilian nurse managers hold an associate or diploma degree only. Air Force nurses must possess a baccalaureate degree prior to entering the Air Force.

Seventy-three percent of the civilian nurse managers have been registered nurses for over 16 years. Air Force nurse managers' average years as registered nurses ranged from 11 to 15 years. All Air Force nurses must take management courses either in residence by attending a Air Force sponsored classes for six to eight weeks, by correspondence, or in seminar.

Thirty-six percent of the Air Force staff nurses returned their questionnaires, while 22 % of the civilian staff nurses returned their questionnaires. Forty-five percent of the civilian staff nurses were 46 years of age or over while 58 % of the Air Force staff nurses' age were between 20 and 35 years of age. Five of the civilian staff nurses held master's degree while seven Air Force staff nurses had obtained master's degree. Fifty-five percent of the Air Force staff nurses have worked as a registered nurse for 5 years or less and 33 % of the civilian staff nurses have been registered nurses for 5 years or less.

TABLE I

DEMOGRAPHIC DATA OF AIR FORCE AND CIVILIAN NURSE MANAGERS AGES

AGE	CIVILIAN	AIR FORCE
Between 36-45	54%	62%
Over 40	67.5%	45.9%
Over 46	32.4%	18.9%

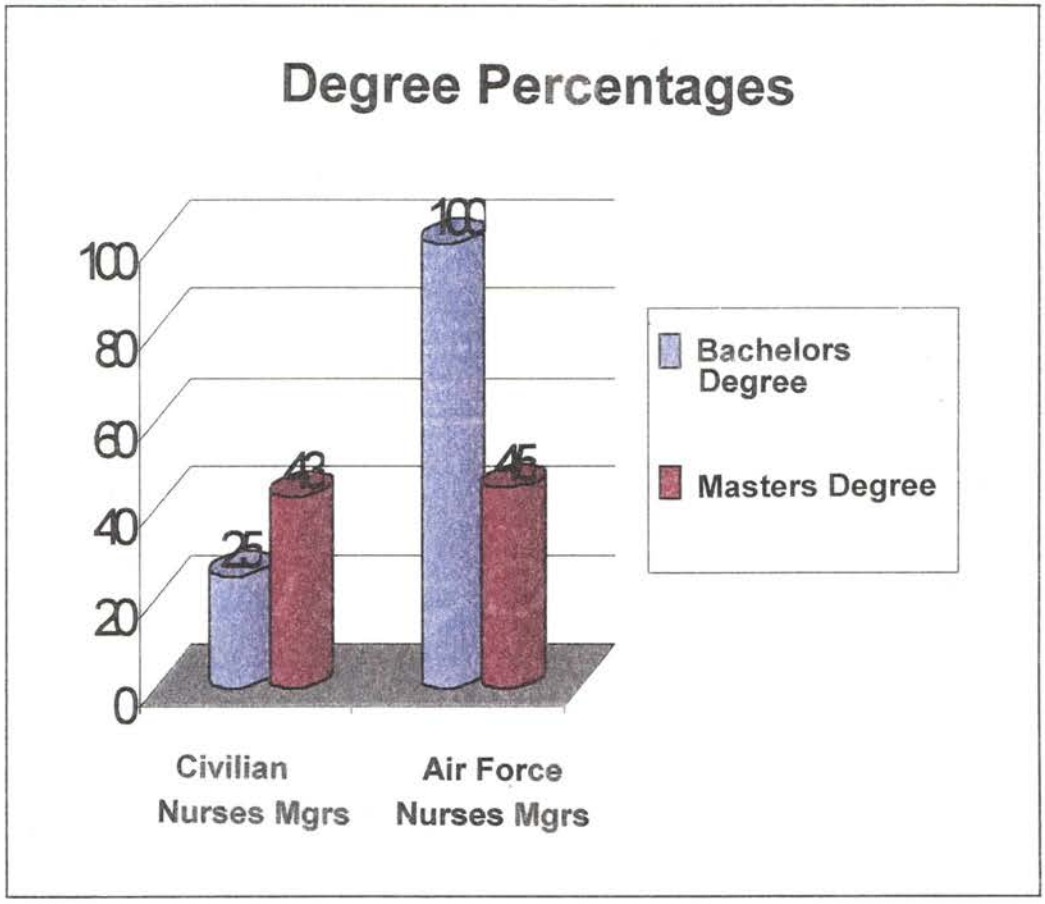


Figure 1. Demographics Table on Air Force and Civilian and Nurse Manager's Degrees.

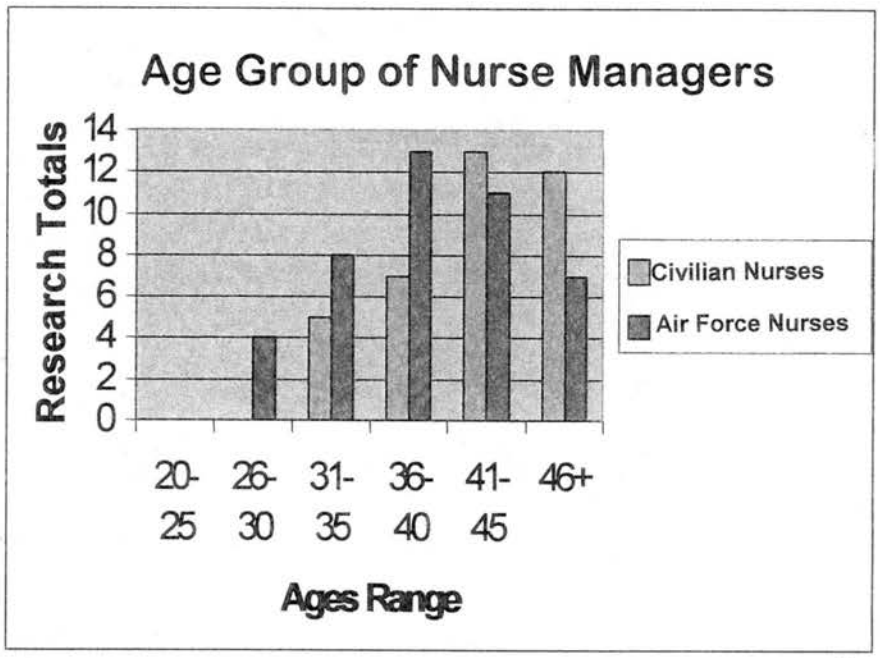
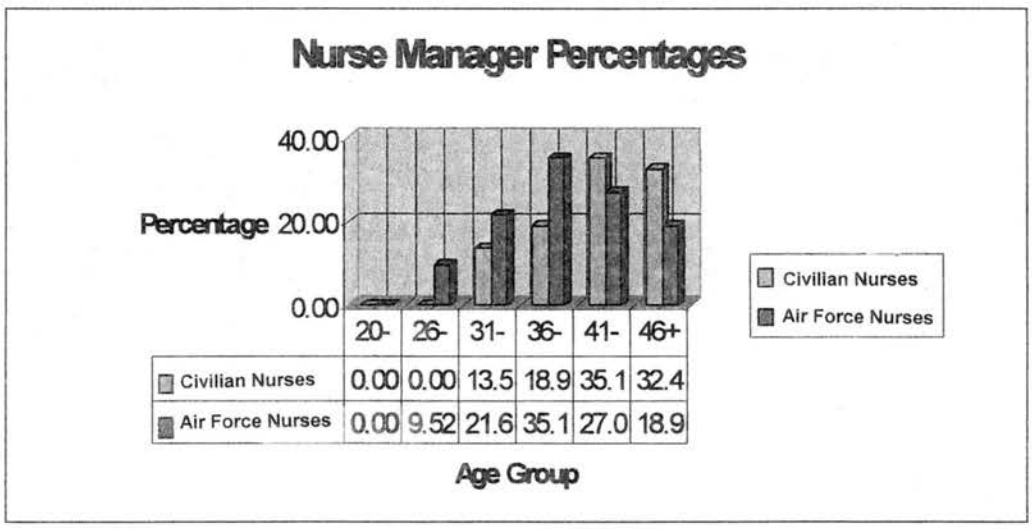


Figure 2. Demographic Data Civilian and Air Force Nurse Managers' Age Ranges.



	20-	26-	31-	36-	41-	46+
Civilian Nurses	0.00	0.00	13.5	18.9	35.1	32.4
Air Force Nurses	0.00	9.52	21.6	35.1	27.0	18.9

Figure 3. Manager's Age Group Percentages.

The LBQ has ten scales. Each scale consists of five items with a numerical score ranging from 1 to 5 which yields a scale score. Scales One through Five assess the visionary leadership behaviors, which were first identified by Bennis (Clear Leadership, Communicative Leadership, Consistent Leadership, Caring Leadership, and Creative Leadership). These five scale scores are added to a Visionary Leadership Behavior Score. Scales Six, Seven and Eight were designed to assess the leaders' belief that they can make a difference. Scale Six: Confident Leadership, emphasizes a leaders' desire for power and influence (Scale Seven: Empowered Leadership), and leaders' time span of vision, the typical time span over which the leader can comfortably think and plan (Scale Eight: Visionary Leadership). The three scales make up the Visionary Leadership Characteristics Score. The final two scales assess the leader's culture-building effectiveness. Scale Nine measures the degree to which the leader makes a positive contribution to organizational functioning. Scale Ten assesses the extent to which the leader is able to instill values among followers and within the organization that support an organizational culture associated with excellence. These two scale scores are added to generate a Visionary Leadership Score. On each scale 40 % are negatively stated and 60 % are positively stated. This is done to help reduce the tendency to give highly positive responses to questions.

Data analyses of responses to the Questions with a significant difference are as follows:

Scale I, refers to Clear Leadership. The following question numbers related to Clear Leadership: 1,11 and 21, 31, and 41. Question 31, I literally grab people's attention to focus them on the important issues in a discussion. There were significant differences

in how the nurse managers perceived themselves with a t-test = .000 ($p < .05$), civilian and Air Force staff nurses with t-test = .002 ($p < .05$). A difference also existed between the Air Force managers and the Air Force staff nurses with a t-test = .000 ($p < .05$) and civilian managers and civilian staff nurses with a t-test = .013 ($p < .05$). McFarland, Senn, and Childress (1994) emphasized that organizations are characterized by command-and-control type of leadership, where power resides in top positions and titles.

There was no significant difference in question number 21, the manager having a clear set of priorities. Air Force nurse managers' mean score was 4.27 and civilian nurse managers' mean score was 4.25 with a t-test = .837 ($p < .05$). Although there was a significant difference between civilian staff nurses and Air Force staff nurses with a t-test = .005 and Air Force managers and their staff nurses a t-test = .019 ($p < .05$) with how they perceived the managers in not having a clear set of priorities. Both groups of managers portrayed a high score on having a clear set of priorities. A significant difference existed between the managers with question 11, I have a hard time getting others to understand me clearly. There was a significant difference between the managers with t-test = .38 ($p < .05$) and how Air Force managers and Air Force staff nurses perceived how their managers are able to make people understand them when they are speaking t-test = .20 ($p < .05$). There were no significant differences in how the civilian managers and civilian staff nurses perceived the managers ability to get people to understand them with a t-test = .59 ($p < .05$).

Scale three consisted of questions 3, 13, 23, 33, and 43, which relate to Consistent Leadership. Question 43, I am someone people feel they can depend on. There was a significant difference in nurse managers with a t-test = .003 ($p < .05$). There were

significant differences between Air Force managers and civilian managers with questions 3 t-test = .000, question 13 t-test = .000, question 23 t-test = f .006, and question 33 t-test = .041 ($p < .05$). This scale assesses the leaders' reliability, the extent to which the leader can be trusted to be consistent with the absence of surprises. Kerfoot (1998) suggested that trust lead to professional and social collaboration. Some leaders create trust in an organization and others cannot. One of the key factors in the leaders' perceived trustworthiness is shown by the willingness to take a clear position, to avoid "flip-flop" shifts in position. Consistency implies trust; even if one disagrees with the leader, the person stills knows where that leader stands. Consistency relates to telling the truth. Visionary leaders communicate the same essential message no matter whom they are speaking, though they sometimes do so in different ways, using terms and images that certain followers understand. Kouzes and Posner (1995) found that when leaders are perceived to have high credibility and strong philosophy, employees are more apt to:

1. Be proud to tell others they are part of the organization.
2. Speak proudly of the organization with friends.
3. Identify their values with those of the organization.
4. Feel a sense of ownership for the organization (p. 22).

Scale five refers to Creative Leadership. The questions are 5, 15, 25, 35,and 45. According to Sashkin (1996c), scale five relates to the personal side of avoiding any risk or making an effort to create opportunities for others to be involved. There were significant differences between Air Force nurse managers and civilian nurse managers in answering questions 5 with a t-test = .000 ($p < .05$), question 15 with a t-test = .201 ($p < 0.05$), 25 with a t-test = .003 ($p < 0.05$), and question 35 with a t-test = .321 ($p < .05$).

According to Stogdill (1974), one of the values derived from membership in an organization is a feeling of identification and belonging. Scale seven Empowered Leadership consists of questions 7, 17,27,37, and 47. Question 7, I find that some of the most significant aspects of my position are the little "perks" that demonstrate my importance to the organization and its members. There were significant differences between the Air Force managers' and civilian managers' perception of their importance within the organization. Questions 7 t-test = .061 ($p < .05$), and question 17 t-test = .148 ($p. < .05$). Also there were significant differences between managers with question 27 with t-test = .026 ($p. < .05$), question 37 with a t-test = .00 ($p < .05$), and question 47 with a t-test = .16 ($p < .05$). According to Sashkin (1996c), visionary leaders attempt to obtain rewards for everyone by achieving organizational goals. There was a significant difference in the perception of how the civilian and Air Force nurse managers' felt concerning their importance within the organization. Air Force and civilian managers' mean score were 3.34 and 3.63, respectively. The Air Force and civilian staff nurses mean scores were 3.63 and 3.64, respectively. Question 37, I seek power and influence in order to attain organizational goals that everyone agrees are important. The civilian nurse managers' mean scores were low 2.10 and the civilian staff nurses mean score was 3.00.

Questions 9, 19, 29, and 39, and 49 relate to scale 9, Organizational Leadership. Question 39, I express and support a set of basic values about how people should work together in this organization to solve common problems and reach shared goals. Sashkin (1996c) emphasized that this scale addresses the extent to which a leader is able to have a positive impact on four key functions that organizations must perform effectively to survive and prosper. Organizations must deal with change while achieving goals based

on the client's demands, while coordinating the activities of individuals and teams, and maintaining a system of shared values and beliefs. There were significant differences between the managers with question 19 with a t-test = .025 ($p < .05$) civilian managers and civilian nurses with a t-test = .081. There were no significant differences between the Air Force managers and Air Force staff nurses with a t-test = .94 ($p < .05$). There were significant differences with question 29 between the managers with a t-test = .168 ($p < .05$), and between Air Force managers and staff nurses with t-test = .12 ($p < .05$). There was no difference between civilian managers and civilian staff nurses with a t-test = .90 ($p < .05$).

According to Sashkin (1996c), some beliefs and values are more likely to support the attainment of the organizational vision shared by most of its members than other beliefs and values. The Cultural Leadership scale measures the degree to which the leader is able to develop values that enhance organizational functioning. These are values that support adapting to change, working together, accomplishing goals, and maintaining the culture. There was a significant difference between the questions 10, 30, 40, and 50. Question 50, I encourage others to pursue their individual work goals and compete with co-workers to see who is the best. There was a significant difference between the managers with t-test = .17 ($p < .05$). There was a significant differences between the staff nurses' perception of their managers encouraging others to pursue their individual work goals and to compete with co-workers to see whom is better t-test = .63 ($p < .05$). Question 50 had two parts, one concerning encouraging individualism, the other promoting competition. The aim is to identify the manager whose action worked to

defeat a collaborative, team centered culture. The managers' mean score was low on this question.

Question 30, addresses the length that the managers contribute to strengthening the basic cultural fabric that holds together the members of the organization. Question 30, I help others develop a shared sense of what is important to us in this organization. There was a significant difference between the managers with a correlation of t-test = .048 ($p < .05$). Question 10, I encourage people to support their views and positions with concrete evidence. According to Sashkin (1996c), this item relates to whether the person contributes positively to the organization's culture by expressing and inculcating the value that people should have concrete evidence to support their views. There was a significant difference between the managers' scores with a correlation of t-test = .005 ($p < .05$).

Research question 1: What are the leadership styles and behaviors of Air Force nurse managers and civilian nurse managers?

Air Force and civilian nurse managers in this study portrayed similar leadership styles. There were no significant differences in the scores of the civilian and Air Force nurse managers (t-test = .488531) and there were significant differences between how the staff nurses perceived the nurses managers' leadership styles (t-test=0.000682) $p< .05$). Nurse managers' scores were similar in the following questions:

Question 1, relates to Clear Leadership. I pay close attention to what others say when we are talking. Both groups of managers thought that they paid close attention to others when they are speaking to them. Figure 4 depicts the number of nurses who marked *mostly true to completely true to the question.* Air Force managers' mean score was 4.20 and the civilian managers' mean score was 4.30 with t-test = .57 ($p< .05$).

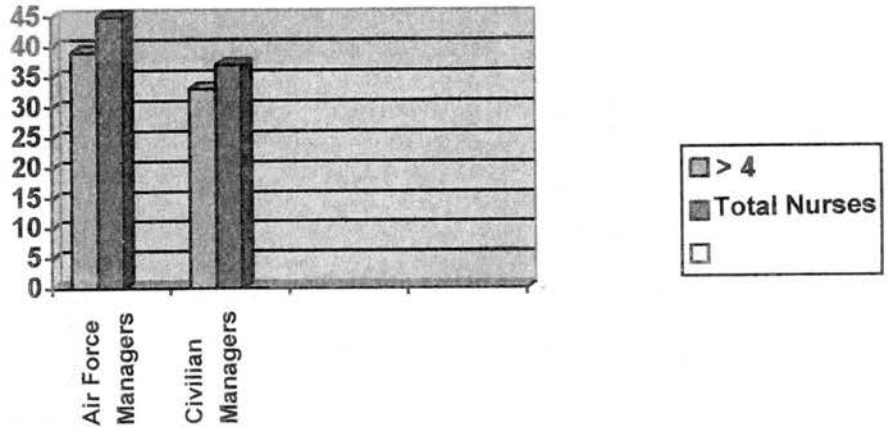


Figure 4. Question 1 – Clear Leadership.

Question 3, pertains to Consistent Leadership. The character of a leader is very important. According to Curtin (1994), in these rapidly changing times and in difficult times, the leader's character is important because it can be one source of predictability, and thus present security (pp. 7-8). According to Curtin, when the leaders' actions match their words, people learn to trust them. Question 3, I am extremely dependable. The managers' mean score was high Air Force managers' mean score was 4.55, while the civilian managers' mean was 4.69. Both groups thought that they could be trusted (see Figure 5). Figure 5 depicts the managers' who marked *mostly true to completely true* to this question. Staff nurses showed a significant difference in their mean score to this item. Air Force staff nurses' mean score was 2.00 and civilian mean score was 3.07. Their scores indicated that the Air Force and civilian staff nurses' lack complete trust in their leaders.

Questions 4, 24, and 44 are concerned with Caring Leadership. These questions are related to how the leader treats others in daily interactions. Sashkin (1996c) emphasized that visionary leaders constantly and consistently express concern for others and their feelings, as well as "taking care" of their personal feelings about themselves in a positive way. Question numbers 4 and 24 revealed that the nurse managers perceived themselves as being very caring (see Figure 5). There was no significant difference in the responses between the civilian managers and the civilian staff nurses with question 4, I show that I really care about other people t-test = .77 ($p < .05$). Question 24, I recognize others' strengths and contributions (See Figure 6). This question taps a key issue: does the visionary leader make the follower feel important, worthwhile or valued? Phillips (1992) emphasized that making your followers feel important includes being in touch with your people.

According to Sashkin (1996c) visionary leaders show people respect simply because they are people. A leader may disapprove of some behaviors that a person engages in, but that do not change the leader's positive attitude toward the person. Question 44, I show little concern for other peoples' feelings. There was no significant difference between the Air Force and civilian managers' response to this question t-test = .000 ($p < .05$).

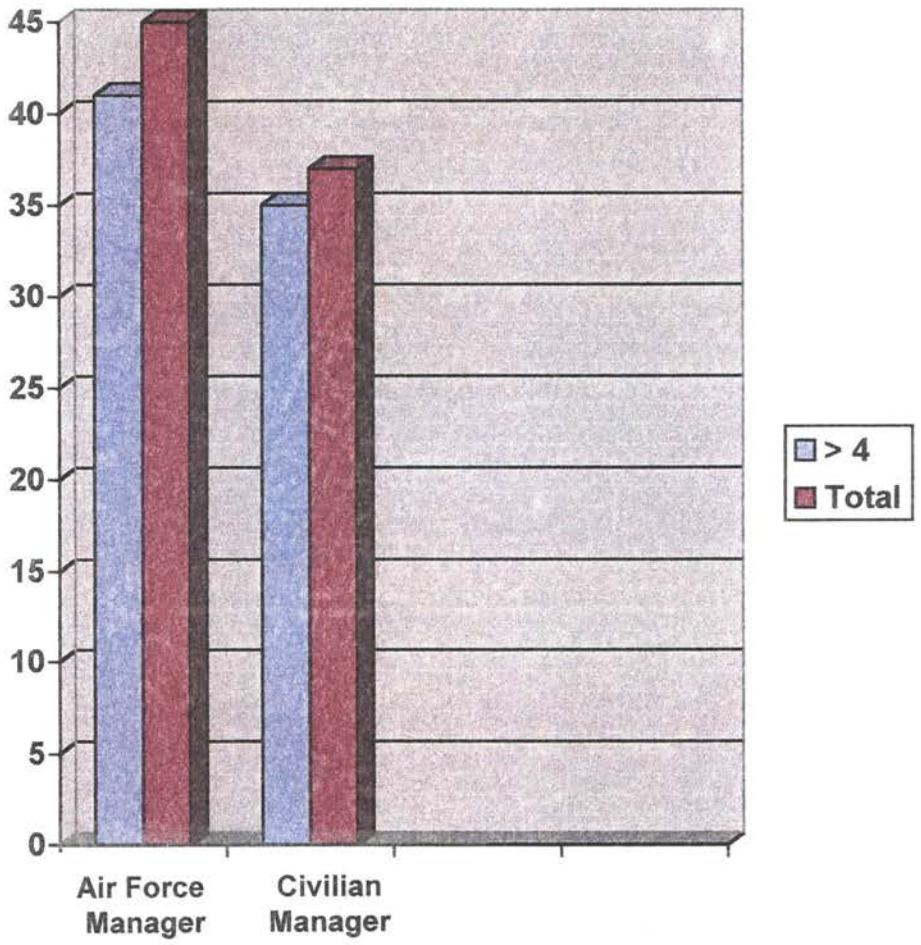


Figure 5. Question 4 – Caring Leadership

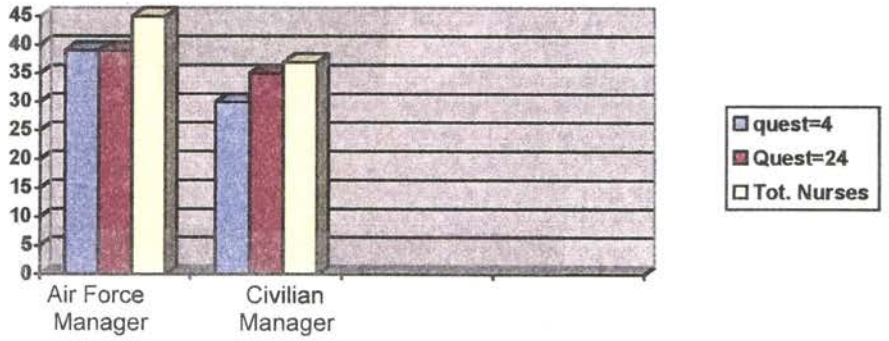


Figure 6. Question 24 – Strength, Contribution

Question numbers 8 and 28 relate to Visionary Leadership (See Figure 7). Sashkin (1996) emphasized that effective visionary leaders are able to think clearly over long spans of time, with specific goals along the way. The leaders' visions and goals along the way are not short-term to-do lists but are conditions that they are committed to over the long run. Visionary leaders can clearly explain their long-range views. They can conceive of how a vision might be expanded beyond its current boundaries (Sashkin, 1996c, p. 25). Visionary leaders think through complex chains of cause and effect and then act to produce the long-term effects. Question 8, I often consider how a specific plan I've developed might be extended to benefit my entire organizational unit. There was a significant difference in how the managers perceived they consider how a specific action or plan they had developed may benefit their entire organization t-test = .003 ($p < .05$).

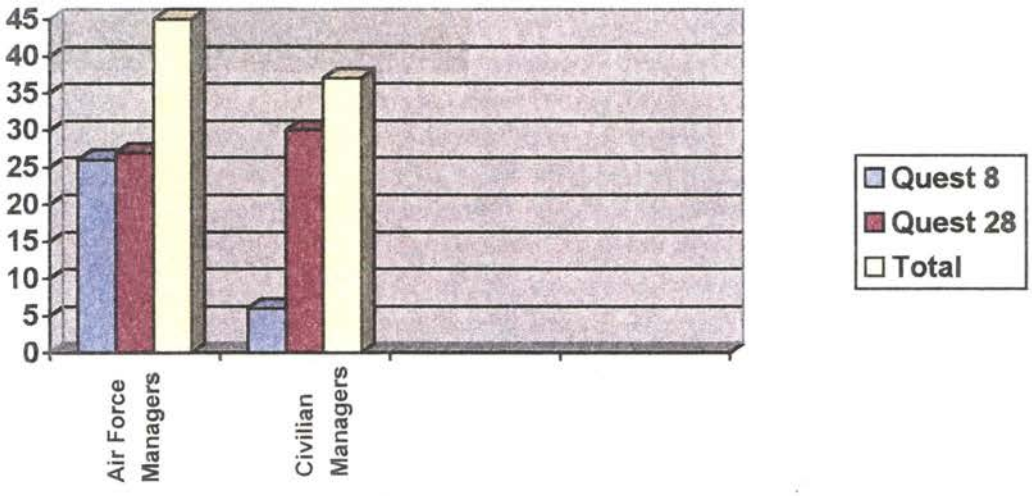


Figure 7. Questions 8 and 28 – Visionary Leadership

Question 42, I am able to get complicated ideas across clearly. This question relates to Communicative Leadership. Communicative Leadership is associated to the leader's interpersonal communication skills. Sashkin (1996c) emphasized that item 42 assesses clarity of dealing with complex issues and clearly expressing one's ideas effectively to others (See Figure 8). Effective communicators are able to devise an innovative or unusual way to ensure that their ideas are understood. Skills involved include asking appropriate questions, rephrasing for clarification, giving feedback effectively, and summarizing major points. There was a significant difference in the managers' perception of how well they are able to effectively communicate to others. The Air Force managers' t-test = .03 ($p < .05$). There were significant differences in the way the staff nurses perceived their nurse managers' ability to effectively communicate civilian staff t-test = .35 and Air Force staff t-test = .00 ($p < .05$).

Scale nine relates to Organizational Leadership. Question 19, I haven't generally been able to help the organization attain its goals (See Figure 9). This scale assesses the extent to which the leader connects with the organization and its four crucial functions. There was a significant difference between the Air Force nurse managers' and civilian managers' t-test = .028 and civilian managers and staff nurses scores .081 ($p < .05$). There were no significant differences in the Air Force managers' and staff nurses' scores t-test = .94 and the civilian managers' and staff nurses' t-test = .89 ($p < .05$).

Organizations must deal with change in their environments, achieving goals based on client demand; organizing the activities of individuals and teams, and supporting a system of shared values and beliefs. Effective leaders are able to have a positive impact on the organization and able to adapt more effectively within and between teams.

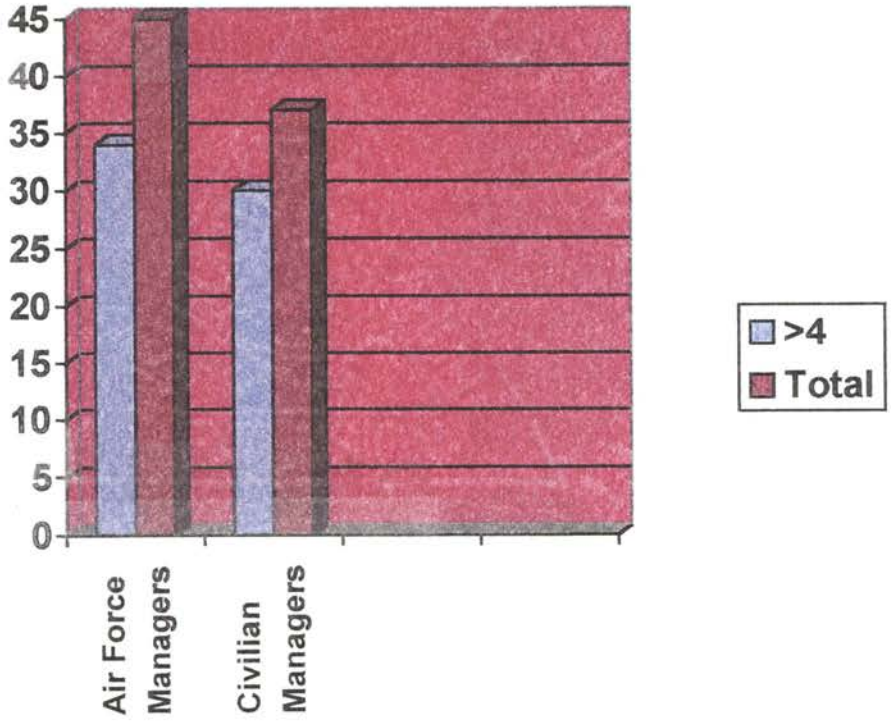


Figure 8. Question 42 – Communicative Leadership

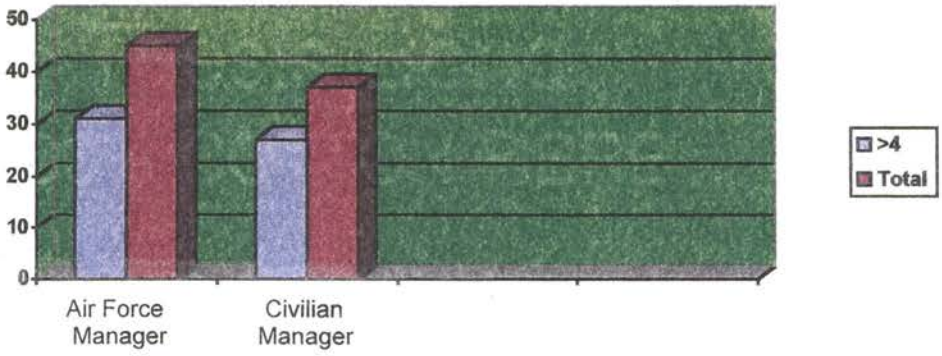


Figure 9. Question 19 – Organizational Leadership

Research Question II: Do Air Force nurse managers and civilian nurse managers have similar leadership styles and behaviors?

The Air Force and civilian managers' leadership styles were average in the Visionary Leadership Behaviors, Characteristics, and Culture Building (see Appendixes K and L). According to Sashkins (1996b), people whose profile is average in all three areas of the visionary leadership are in an excellent position for development and growth. The aspiring manager is more apt to have sound managerial capabilities and likely to be looking toward the challenge of leadership (p. 14). According to Sashkin these managers may feel a degree of frustration, having some idea of what they are reaching for but unable to see a clear path to their goal. Sashkin emphasized that often this type of person attempts harder as a manager to succeed, but this often leads to frustration. Visionary leadership calls for actions quite different from those needed for effective management.

The civilian staff nurses viewed the civilian managers as close to an aspiring leader the same as the managers viewed themselves (See Appendix M). The Air Force staff nurses perceived the Air Force nurse managers as being close to an underdeveloped manager (See Appendix N). Sashkin (1996b) revealed that a manager with this balance profile no matter which direction one chooses, there is a clear path to personal development (p. 14). There are no strong imbalances for the manager to overcome; one must determine whether the job calls for a leader or a manager. The next step for this person is to assess one's effectiveness and make plans for developing those skills. If leadership is required and the person is already a good manager, then one's awareness of the nature of leadership would need to be raised.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Purpose

The purpose of the study was to describe the leadership styles and behaviors of Air Force and civilian nurse managers. The second purpose is to compare the Air Force and civilian nurse managers' leadership styles and behaviors and to determine if there was a difference. A third purpose is to describe the staff nurses' perceptions of the managers.

Research Questions

To achieve the purpose of the study, responses to the following questions were obtained:

1. What are the leadership styles and behaviors of Air Force nurse managers and civilian nurse managers?
2. Do Air Force nurse managers and civilian nurse managers have similar leadership styles and behaviors?

Conclusion

The following conclusions evolved from the data analyses:

Air Force nurse managers are younger than civilian nurse managers and they attend leadership courses and seminars more than civilian nurse managers. This may be due to the fact that Air Force nurses are required and encouraged to attend funded leadership courses throughout their careers. Other educational opportunities are available to Air Force nurses. Nurses may apply for courses, workshops, or institutes in various specialities conducted at military or civilian institutions. In this study, nurse managers were similar in the desire to have additional degrees.

There was a significant difference in the way the Air Force and civilian nurse managers viewed themselves in question 5 worrying a great deal about the possibility of failing t-test = .000 ($p < .05$). There was a significant difference in the way the Air Force staff nurses viewed nurse managers concerning worrying about the possibility of failing t-test = .019 ($p < .05$). Civilian staff nurses' and civilian nurse managers' t-test =. 42.

Worrying over failure suggests a need to avoid failure at all costs. This may indicate that instead of an individual striving toward difficult but attainable goals, an individual picks low, safe goals without any risk. Many of the Air Force nurse managers and civilian nurse managers answered true to the question about worrying about the possibility of failing. The Air Force nurses may have answered true to this question because there is great emphasis placed on succeeding in ones career in the Air Force. That is a criterion for a person getting promoted to the next rank. Civilian nurses may also worry about succeeding because of the downsizing occurring in the civilian sector. There was no significant difference in question number 21 in the managers having a clear

set of priories. Air Force nurse managers and civilian managers demonstrated having a clear set of priorities with a t-test = .84 ($p < .05$).

Question 8, I often consider how a specific plan I've developed might be extended to benefit my entire organizational unit. There was a significant difference in how the managers perceived a specific action or plan they developed might benefit their entire organization t-test = .003 ($p < .05$). The Air Force nurse managers scored higher on this item than the civilian managers. This may be related to the fact that Air Force nurses are encouraged to share their projects throughout their organizations and many times throughout the Air Force system.

The Air Force and civilian managers' revealed to have leadership styles that were average in the Visionary Leadership Behaviors, Characteristics, and Culture Building. Sashkin (1996b) revealed that when people's profile is average in all three areas of the visionary leadership they are in an excellent position for growth and development. Both groups of managers tended not to concentrate on a particular area. Their scores reflected that they resemble an aspiring manager profile. An aspiring manager is more apt to have sound managerial capabilities and likely to be looking toward the challenge of leadership (p. 14). According to Sashkin, these managers may feel a degree of dissatisfaction, having some idea of what they are searching for but unable to see a clear path to their goal. Often this type of person is more zealous to succeed as a manager, but this often leads to frustration. Visionary leadership calls for actions quite different from those needed for effective management.

The civilian staff nurses viewed the civilian managers also as being an aspiring leader the same as the managers viewed themselves. The Air Force staff nurses perceived

their nurse managers as being close to an underdeveloped manager. Sashkin revealed that those managers with this profile, no matter which direction they chose, had a distinct path to personal development. There are no strong imbalances for the manager to overcome; one must determine whether the job calls for a leader or a manager. The next step for this person is to assess one's effectiveness and make plans for developing those skills. If leadership is required and the person is already a good manager, then one's awareness of the nature of leadership would need to be raised. Then one should consider the leadership development planning, starting with a focus on the three personal characteristics needed for effective visionary leadership.

Recommendations

The following recommendations are offered:

1. A study should be conducted using a qualitative methodology of interviewing outstanding managers and analyzing their responses using phenomenological or ethnographic methods in order to gain more insight into what type leadership qualities outstanding leaders possess.
2. A study should be replicated using only Air Force managers and their staff nurses.
3. This study should be replicated using civilian managers.
4. The study should be conducted using qualitative and quantitative methods.

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APPENDIXES

APPENDIX A

AIR FORCE DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC INFORMATION

Instructions: Please complete the following questions by marking an X in the appropriate bracket.

1. **What age range are you?**

   20-25----------01 [ ]
   26-30----------02 [ ]
   31-35----------03 [ ]
   36-40----------04 [ ]
   41-45----------05 [ ]
   46+----------06 [ ]

2. **What is your gender?**
   Female----------07 [ ]
   Male---------- 08 [ ]

3. **What is your rank?**
   2nd Lieutenant----09 [ ]
   1st Lieutenant---- 10 [ ]
   Captain----------11 [ ]
   Major----------12 [ ]
   Other----------13 [ ]

4. **Prior enlisted?**
   Yes------14 [ ]
   No-------15 [ ]

5. **Which of the following degrees do you hold?**
   Baccalaureate in Nursing---------16 [ ]
   Baccalaureate in another field--- 17 [ ]
   Masters in Nursing ---------- 18 [ ]
   Masters in another field---------- 19 [ ]
   Doctorate in Nursing---------- 20 [ ]
   Doctorate in another field---------21 [ ]
   Please specify if other than nursing _____

6. **Number of years as a registered nurse?**
   1-5----------22 [ ]
   6-10----------23 [ ]
   11-15----------24 [ ]
   16-20----------25 [ ]
   21+----------26[ ]

7. **Number of years as an Air Force nurse?**
   1-5----------27 [ ]
   6-10----------28 [ ]
   11-15----------29[ ]
   16-20----------30[ ]
   21 or more years-31[ ]

8. **What is your present position?**
   Nurse Manager----------32 [ ]
   Staff Nurse----------33 [ ]
   Other----------34 [ ]
   Please specify:_____ 35 [ ]

9. **How many people do you supervise**?
   0 ----------36 [ ]
   1-5----------37 [ ]
   6-10----------38 [ ]
   11-15----------39 [ ]
   16-20----------40 [ ]
   21+ Please Specify _____-41 [ ]

10. **How many years have you held a supervisor position in which you wrote an enlisted, officer, or civilian performance evaluations?**
   0----------42 [ ]
   1-4----------43 [ ]
   5-9----------44 [ ]
   10-14----------45 [ ]
   15+----------46 [ ]

11. **Did you attend Nursing Service Management in Residence?**
   Yes----------47 [ ]
   No----------48 [ ]
   If yes, what year did you attend? _____

12. **Did you complete Nursing service Fundamentals or Nursing Service Management by correspondence?**
   Yes----------50 [ ]
   No----------51 [ ]
   If yes, what year did you complete the course? _____[52]

13. **What type of nursing are you practicing?** _____[53]

APPENDIX B

CIVILIAN DEMOGRAPHIC QUESTIONNAIRE

CIVILIAN DEMOGRAPHIC INFORMATION

Instructions: Please complete the following questions by marking an X in the appropriate bracket.

1. **What age range are you?**

   20-25----------01 [ ]
   26-30----------02 [ ]
   31-35----------03 [ ]
   36-40----------04 [ ]
   41-45----------05 [ ]
   46+----------06 [ ]

2. **What is your gender?**
   Female----------07 [ ]
   Male----------08 [ ]

3. **Prior nursing experience?**
   Nursing assistant--09 [ ]
   LVN or LPN------ 10 [ ]
   Other---------- 11 [ ]

4. **Which of the following degrees do you hold?**
   Associate Degree in nursing-----12 [ ]
   Baccalaureate in Nursing---------13 [ ]
   Baccalaureate in another field---14 [ ]
   Masters in Nursing ----------15 [ ]
   Masters in another field----------16[ ]
   Doctorate in Nursing----------17 [ ]
   Doctorate in another field---------18[ ]
   Please specify if other than nursing _____19 [ ]

5. **Number of years as a registered nurse?**
   1-5----------20 [ ]
   6-10----------21 [ ]
   11-15----------22 [ ]
   16-20----------23 [ ]
   21+----------24 [ ]

6. **Number of years in another career?**
   1-5----------25 [ ]
   6-10----------26 [ ]
   11-15----------27 [ ]
   16-20----------28 [ ]
   21 or more years-29 [ ]

What was the other career? _____- 30 [ ]

7. **What is your present position?**
   Nurse Manager----------31 [ ]
   Staff Nurse----------32 [ ]
   Other----------33 [ ]
   Please specify:_____34 [ ]

8. **How many people do you supervise?**
   0 ----------35 [ ]
   1-5----------36 [ ]
   6-10----------37 [ ]
   11-15----------38 [ ]
   16-20----------39 [ ]
   21+ Please Specify _____-40 [ ]

9. **How many years have you held a supervisor position in which you wrote performance evaluations?**
   0----------41 [ ]
   1-4----------42 [ ]
   5-9----------43 [ ]
   10-14----------44 [ ]
   15+----------45 [ ]

10. **Have you ever attended any Management training?**
    Yes----------46 [ ]
    No----------47 [ ]
    If yes what course did you attend? _____ 48 [ ]

11. **Have you taken a Management seminar?**
    Yes----------49 [ ]
    No----------50 [ ]

12. **What type of nursing are you practicing at present?** _____[51]

    If yes, what year did you complete the course?_____[52]

APPENDIX C

LEADERSHIP BEHAVIOR QUESTIONNAIRE SELF

QUESTIONNAIRE

I

1. Pay close attention to what others say when we are talking.
2. Don't always communicate clearly.
3. Am extremely dependable.
4. Show that I really care about other people.
5. Worry a lot about the possibility of failing.
6. Believe that what I do is important because of the impact of my actions on people's behavior and on achieving organizational aims.
7. Find that some of the most significant aspects of my position are the little "perks" that demonstrate my importance to the organization and its members.
8. Often consider how a specific action plan I've developed might be extended to benefit my entire organizational unit.
9. Haven't generally been able to help the organization attain it's goals.
10. Encourage people to support their views and positions with concrete evidence.
11. Have a hard time getting others to understand me clearly.
12. Make points in strikingly clear and even unusual ways.
13. Follow through on commitments.
14. Don't always show respect for myself as a result of my actions.
15. Avoid taking risks.
16. Can see the effects of my actions.
17. Believe that the advantage of having a position of authority is being able to get people to do as one wishes without pointless discussion or debate.
18. Focus on clear short-term goals rather than being concerned with longer-range aims.
19. Have been able to help this organization adapt to changing conditions.
20. Act to reach goals rather than trying to keep things the way they are.
21. Have a clear set of priorities.
22. Sometimes don't notice how others feel.
23. Often find it desirable to change or alter my position.
24. Recognize others' strengths and contributions.
25. Find ways to get people fully committed to new ideas and projects.
26. Do what is called for but realize that my actions are not likely to make much of a difference.
27. Show that the real value of power is being able to accomplish things that benefit both the organization and its members.
28. Have a hard time explaining long-range plans and goals to others in the organization.

29. Have difficulty dealing with problems of conflict and coordination.
30. Help others develop a shared sense of what is important to us in this organization.
31. Literally grab people's attention to focus them on the important issues in a discussion.
32. Communicate feeling as well as ideas.
33. Avoid committing to a position, preferring to remain flexible.
34. Know and can say exactly how I fit into this organization.
35. Learn from mistakes, treating errors as opportunities for learning rather that as disasters.
36. Act on the principle that no one person can make very much of a difference in how this organization operates.
37. Seek power and influence in order to attain organizational goals that everyone agrees are important.
38. Look for ways the plans and programs I've developed in my own unit might be expanded to benefit the entire organization.
39. Express and support a set of basic values about how people should work together in this organization to solve common problems and reach shared goals.
40. Help others understand that there is often little we can do to control important factors in the environment.
41. Find it difficult to get others' attention when speaking with them.
42. Am able to get complicated ideas across clearly.
43. Am someone people feel they can depend on.
44. Show little concern for other peoples' feelings.
45. Communicate excitement about future possibilities.
46. Believe that I can make a difference to this organization.
47. Want influence to create programs and attain organizational goals that will benefit everyone in the organization.
48. Have plans for this organization that extend over a period of several years or longer.
49. Contribute to the organization's effective operation in terms of adapting to changes, attaining objectives, and coordinating the work activities of individuals and groups.
50. Encourage others to pursue their individual work goals and compete with their co-workers to see who is the best.

APPENDIX D

LEADERSHIP BEHAVIOR QUESTIONNAIRE OTHER

QUESTIONNAIRE

This Person

1. Pays close attention to what others say when talking to them.
2. Don't always communicate clearly.
3. Is extremely dependable.
4. Shows that he or she really cares about other people.
5. Appears to worry a lot about the possibility of failing.
6. Shows he or she believes that what he or she does is important because of the impact of my actions on people's behavior and on achieving organizational aims.
7. Acts like some of the most significant aspects of his or her position are the little "perks" that demonstrate his or her importance to the organization and its members.
8. Often consider how a specific action plan he or she has developed might be expected to benefit the entire organizational unit.
9. Hasn't generally been able to help the organizational unit.
10. Encourages people to support their views and positions with concrete evidence.
11. Has a hard time getting others to understand him or her clearly.
12. Makes points in strikingly clear and even unusual ways.
13. Follows through on commitments.
14. Doesn't always show respect for him or her as a result of his or her actions.
15. Avoids taking risks.
16. Can see the effects of his or her actions.
17. Acts as though the advantage of having a position of authority is being able to get people to do as one wishes without pointless discussion or debate.
18. Focuses on clear short-term goals rather than being concerned with longer-range aims.
19. Has been able to help this organization adapt to changing conditions.
20. Acts to reach goals rather than trying to keep things the way they are.
21. Has a clear set of priorities.
22. Sometimes don't notice how others feel.
23. Often finds it desirable to change or alter his or her position.
24. Recognizes others' strengths and contributions.
25. Finds ways to get people fully committed to new ideas and projects.
26. Does what is called for but realizes that his or her actions are not likely to make much of a difference.

27. Shows that the real value of power is being able to accomplish things that benefit both the organization and its members.
28. Has a hard time explaining long-range plans and goals to others in the organization.
29. Has difficulty dealing with problems of conflict and coordination.
30. Helps others develop a shared sense of what is important to us in this organization.
31. Literally grab people's attention to focus them on the important issues in a discussion.
32. Communicates feeling as well as ideas.
33. Avoids committing to a position, preferring to remain flexible.
34. Knows and can say exactly how he or she fits into this organization.
35. Learns from mistakes, treating errors as opportunities for learning rather that as disasters.
36. Acts on the principle that no one person can make very much of a difference in how this organization operates.
37. Seeks power and influence in order to attain organizational goals that everyone agrees are important.
38. Looks for ways the plans and programs he or she has developed in his or her own unit might be expanded to benefit the entire organization.
39. Expresses and support a set of basic values about how people should work together in this organization to solve common problems and reach shared goals.
40. Helps others understand that there is often little we can do to control important factors in the environment.
41. Finds it difficult to get others' attention when speaking with them.
42. Is able to get complicated ideas across clearly.
43. Is someone people feel they can depend on.
44. Shows little concern for other peoples' feelings.
45. Communicates excitement about future possibilities.
46. Believe that he or she can make a difference to this organization.
47. Wants influence to create programs and attain organizational goals that will benefit everyone in the organization.
48. Has plans for this organization that extend over a period of several years or longer.
49. Contributes to the organization's effective operation in terms of adapting to changes, attaining objectives, and coordinating the work activities of individuals and groups.
50. Encourages others to pursue their individual work goals and compete with their co-workers to see who is the best.

APPENDIX E

NURSE EXECUTIVE PERMISSION LETTER

Captain Lola Casby
601 Robert S. Kerr Apt. 202
Oklahoma City, OK 73102

Dear Nurse Executive

My name is Lola Casby a graduate student under the direction of Dr. McClure, a professor at Oklahoma State University. I am conducting a research study entitled "What Are the Leadership Styles of Air Force Nurse Managers and Civilian Nurse Managers." The purpose of this study is to explore the leadership styles of Air Force Nurse Managers and compare them with Civilian Nurse Managers. I would like permission to conduct my study with the Nurse Managers and two each of their staff nurses at your facility.

I would like for you or someone you designate to distribute the questionnaire to the nurse manager and two of their subordinates. Please distribute the questionnaires to nurse manages whose first or last names match the alphabet on the questionnaire then give two of the manager's staff nurses a questionnaire to complete. If you have questionnaires left over, distribute them to nurse managers who were not selected. Please distribute all of the questionnaires.

The nurses' participation is voluntary and will involve completing the enclosed questionnaires. The questionnaires will take approximately twenty minutes of their time. Participants' names will not be released in written or verbal form. Participants will remain confidential and will not be disclosed.

The study will increase the understanding of the leadership styles of nurses. The survey has been approved by the Air Force with a survey number of USAF SCN 98-69. If you have any questions concerning the study feel free to call me at (405) 736-2211 or DSN 336-2211 or 336-4750 from 7 a.m. to 5 p.m. or emailCasby@nstar.net. Thank you for your time and contributions to this research.

Sincerely,

LOLA R. CASBY, CAPT, USAF, NC

Graduate Student

_____

Nursing Director

APPENDIX F

PERMISSION TO USE THE SELF AND OTHER LEADERSHIP BEHAVIOR INSTRUMENTS

HRD Press

HUMAN RESOURCE DEVELOPMENT

May 14, 1997

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The following is a permission agreement between HRD Press, Inc. and Lola R. Casby to reproduce materials from the HRD Press publication, *Visionary Leader, Leader Behavior Questionnaire, Self,* by Dr. Marshall Sashkin (specifically, the 50 questions that make up the questionnaire, and the response form).

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Accepted by: Lola Casby Date: 22 May 98

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APPENDIX G

AIR FORCE SURVEY PERMISSION LETTER

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE PERSONNEL CENTER
RANDOLPH AIR FORCE BASE TEXAS

25 September 1998

MEMORANDUM FOR CAPTAIN CASBY

FROM: HQ AFPC/DPSAS
550 C Street West, Suite 35
Randolph AFB TX 78150-4737

SUBJECT: Request for Survey Approval (Your Fax, 25 Sep 98)

Your request to administer the "Leadership Behavior Questionnaire" to Air Force Nurse Managers and their staff members has been reviewed and is assigned a Survey Control Number (SCN) USAF SCN 98-69. This number and authorization will expire on 31 December 1998.

With regard to the survey and its associated results, it is important to draw your attention to the provisions of the Freedom of Information Act (FOIA). Under the FOIA, the results of your survey can be requested by the public. Please ensure that the SCN appears either in the cover letter or on the face of the survey itself.

Questions or concerns can be directed to me at DSN 487-5680. Thank you and good luck with your data collection efforts.

V/R

MICHAEL J. BENSON, Lieutenant, USAF
Personnel Survey Analyst

APPENDIX H

PARTICIPANTS COVER LETTER

STAFF NURSES

Captain Lola Casby
601 Robert S. Kerr 202
Oklahoma City, OK 73102

Dear Participants:

My name is Lola Casby and I am a graduate student under the direction of Dr. McClure, a professor at Oklahoma State University. I am conducting a research study entitled "What are the leadership traits of Air Force Nurse Managers and Civilian Nurse Managers." The focus of this study is to explore the leadership styles of Air Force Nurse Managers and Civilian Nurse Managers.

You were selected to participate in this survey because of your nurse manager's management experience. Your participation is voluntary and will involve completing the enclosed questionnaire. This will take approximately twenty minutes of your time. There are no direct benefits and no harm will occur to you if you decide to or not to participate. Participant's names will not be released in written or verbal form. Please return the completed questionnaire in the provided self-addressed envelope as soon as possible.

Your participation will increase our understanding of nurse's leadership styles. Your input is important to me. This study has been approved by the Air Force, the survey approval number is USAF SCN 98-69. Please mail your responses in the enclosed postage paid envelope by 15 November 1998. If you have any questions concerning the study feel free to call me at COMM (405) 736-2211, DSN 336-2211 or 335-4750 from 7 am to 5 pm or e-mail Casbyl@nstar.net. Thank you for your time and contributions to this research.

Sincerely

LOLA R. CASBY, CAPT, USAF, NC
Graduate Student

APPENDIX I

PARTICIPANTS COVER LETTER

NURSE MANAGERS

Captain Lola Casby
601 Robert S. Kerr 202
Oklahoma City, OK 73102

Dear Participants:

My name is Lola Casby and I am a graduate student under the direction of Dr. McClure, a professor at Oklahoma State University. I am conducting a research study entitled "What are the leadership traits of Air Force Nurse Managers and Civilian Nurse Managers." The focus of this study is to explore the leadership styles of Air Force Nurse Managers and Civilian Nurse Managers.

You were selected to participate in this survey because of your management experience. Your participation is voluntary and will involve completing the enclosed questionnaire. This will take approximately twenty minutes of your time. There are no direct benefits and no harm will occur to you if you decide to or not to participate. Participant's names will not be released in written or verbal form. Please return the completed questionnaire in the enclosed self-addressed envelope as soon as possible.

Your participation will increase our understanding of nurse's leadership styles. Your input is important to me. This study has been approved by the Air Force, the survey approval number is USAF SCN 98-69. Please mail your responses in the enclosed postage paid envelope by 15 November 1998. If you have any questions concerning the study feel free to call me at COMM (405) 736-2211, DSN 336-2211 or 335-4750 from 7 am to 5 pm or e-mail Casbyl@nstar.net. Thank you for your time and contributions to this research.

Sincerely

LOLA R. CASBY, CAPT, USAF, NC
Graduate Student

APPENDIX J

INSTITUTE REVIEW BOARD FORM

OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
HUMAN SUBJECTS REVIEW

Date: 09-14-98 **IRB #: ED-99-019**

Proposal Title: A COMPARISON OF MILITARY NURSE MANAGERS' LEADERSHIP STYLES AND CIVILIAN NURSE MANAGERS' LEADERSHIP STYLES

Principal Investigator(s): H.C. McClure, Lola Casby

Reviewed and Processed as: Exempt

Approval Status Recommended by Reviewer(s): Approved

Signature: _____ Date: September 23, 1998

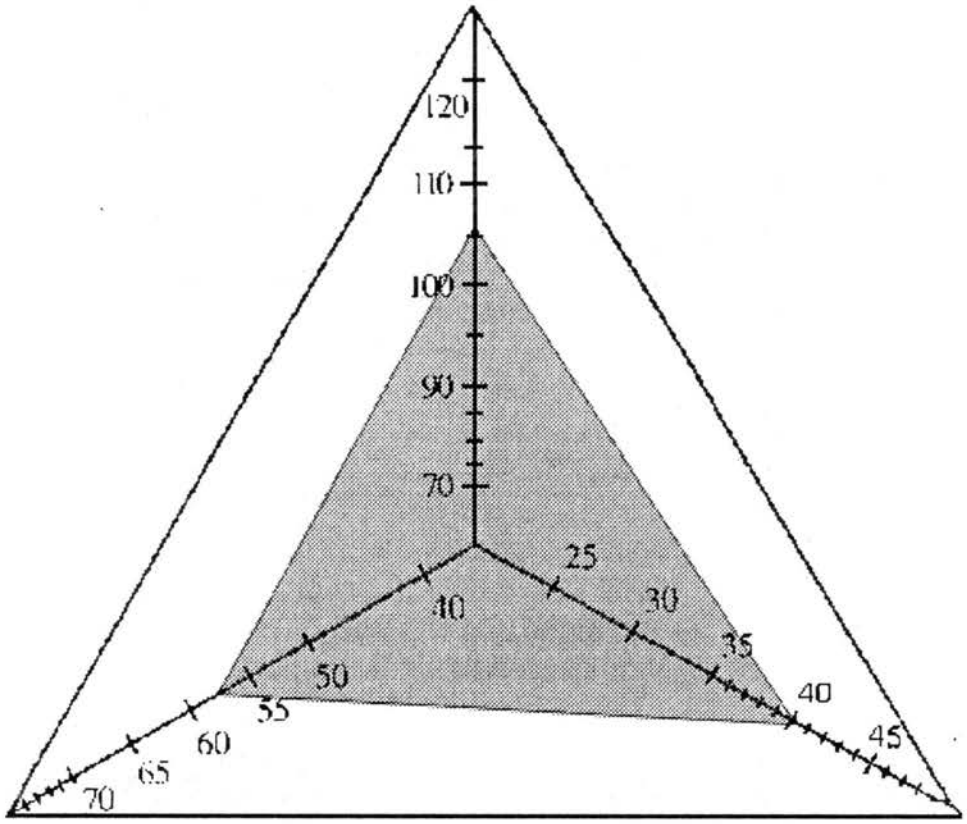
Director of University Research Compliance
cc: Lola Casby

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modification to the research project approved by the IRB must be submitted for approval. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

APPENDIX K

AIR FORCE NURSE MANAGERS' LEADERSHIP ASSESSMENT DIAGRAM

VISIONARY
LEADERSHIP
BEHAVIOR



VISIONARY
LEADERSHIP
CHARACTERISTICS

AIR FORCE
NURSE
MANAGERS

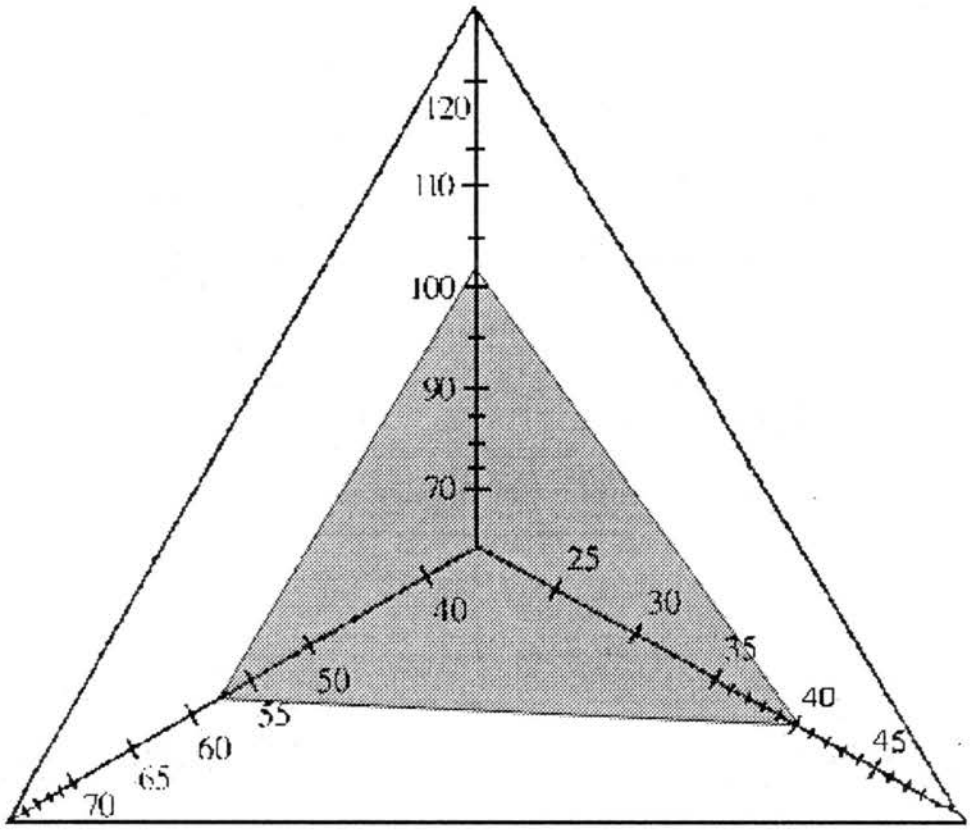
VISION IN
BUILDING
ORGANIZATIONAL
CULTURES

APPENDIX L

CIVILIAN NURSE MANAGERS'

ASSESSMENT DIAGRAM

VISIONARY
LEADERSHIP
BEHAVIOR



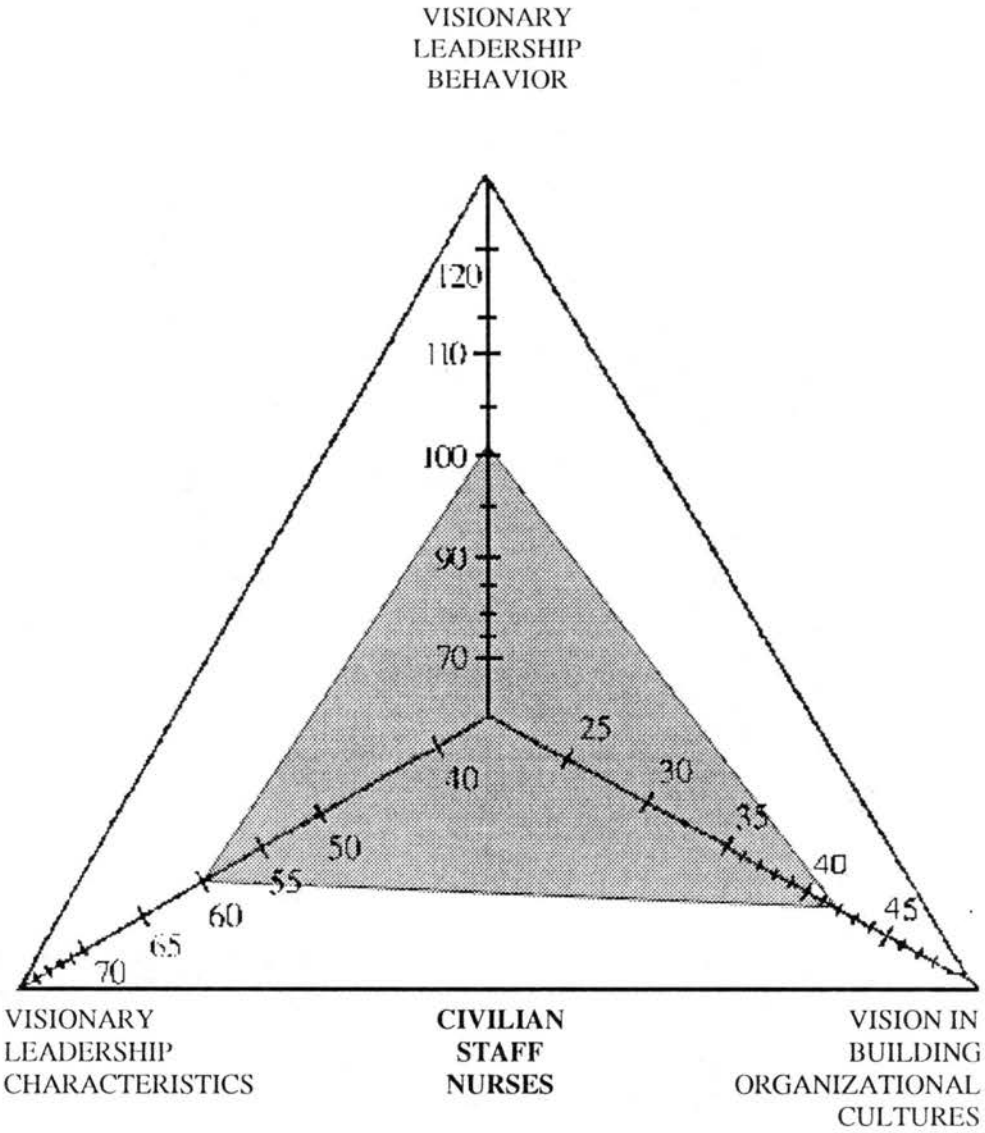
VISIONARY
LEADERSHIP
CHARACTERISTICS

CIVILIAN
NURSE
MANAGERS

VISION IN
BUILDING
ORGANIZATIONAL
CULTURES

APPENDIX M

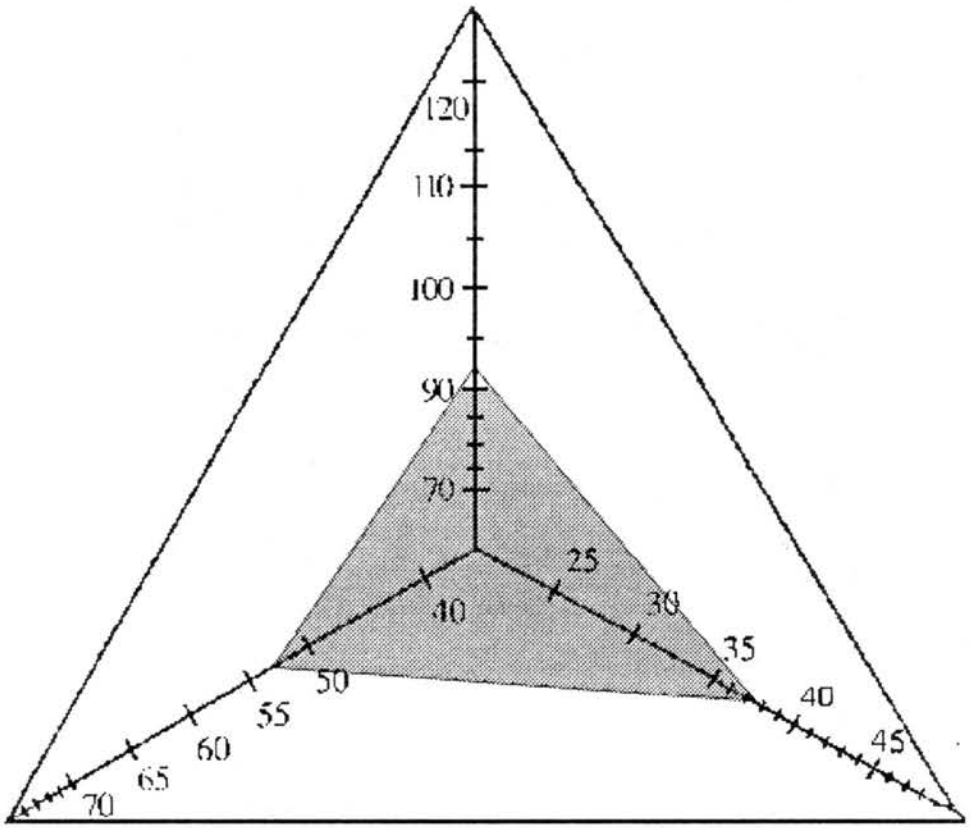
CIVILIAN STAFF NURSES' ASSESSMENT OF MANAGERS' LEADERSHIP


VISIONARY
LEADERSHIP
BEHAVIOR
120
110
100
90
70
25
30
35
40
45
40
50
55
60
65
70
VISIONARY
LEADERSHIP
CHARACTERISTICS
CIVILIAN
STAFF
NURSES
VISION IN
BUILDING
ORGANIZATIONAL
CULTURES

APPENDIX N

AIR FORCE STAFF NURSES' ASSESSMENT OF MANAGERS' LEADERSHIP

VISIONARY
LEADERSHIP
BEHAVIOR



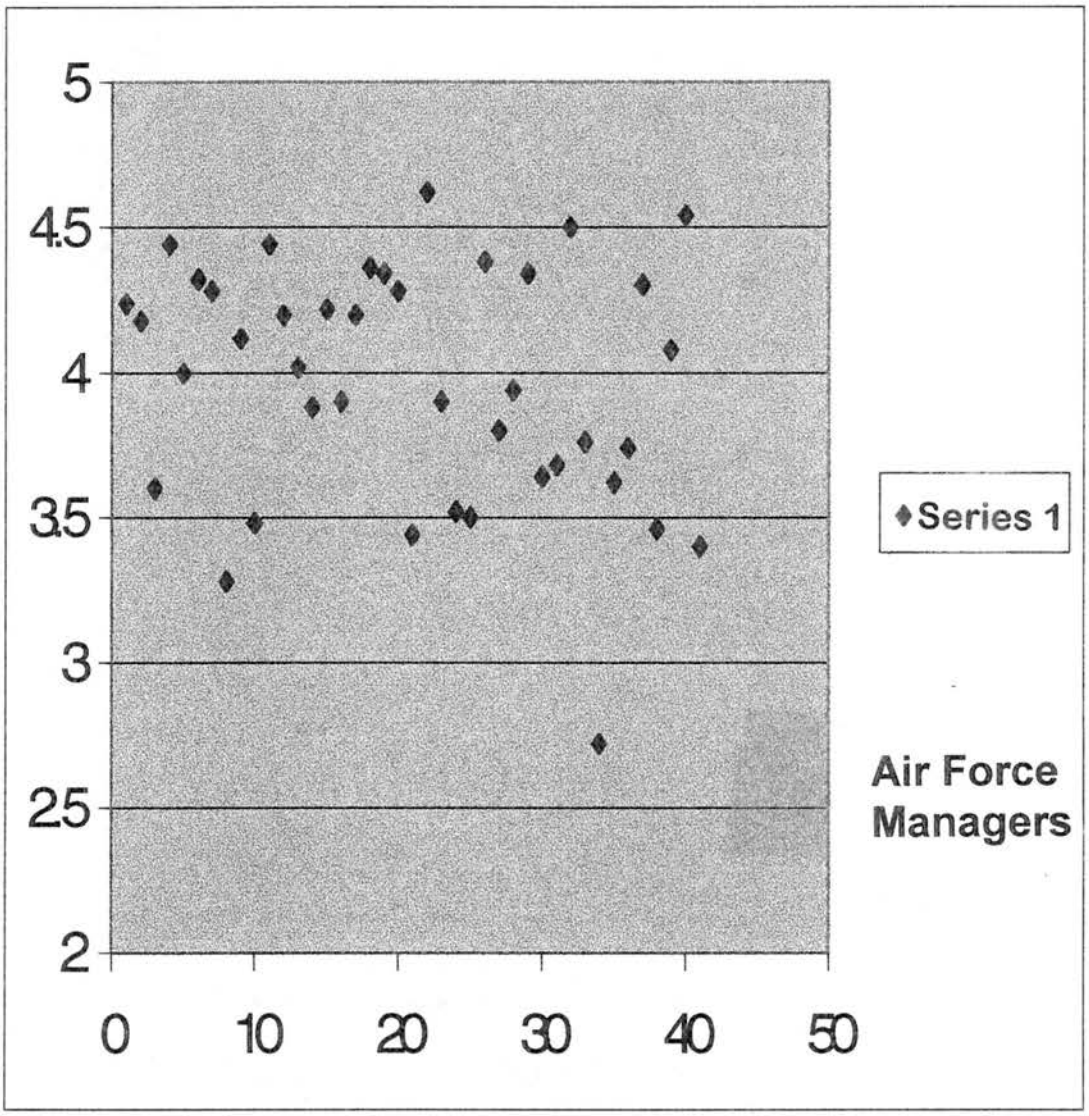
VISIONARY
LEADERSHIP
CHARACTERISTICS

AIR FORCE
STAFF
NURSES

VISION IN
BUILDING
ORGANIZATIONAL
CULTURES

APPENDIX O

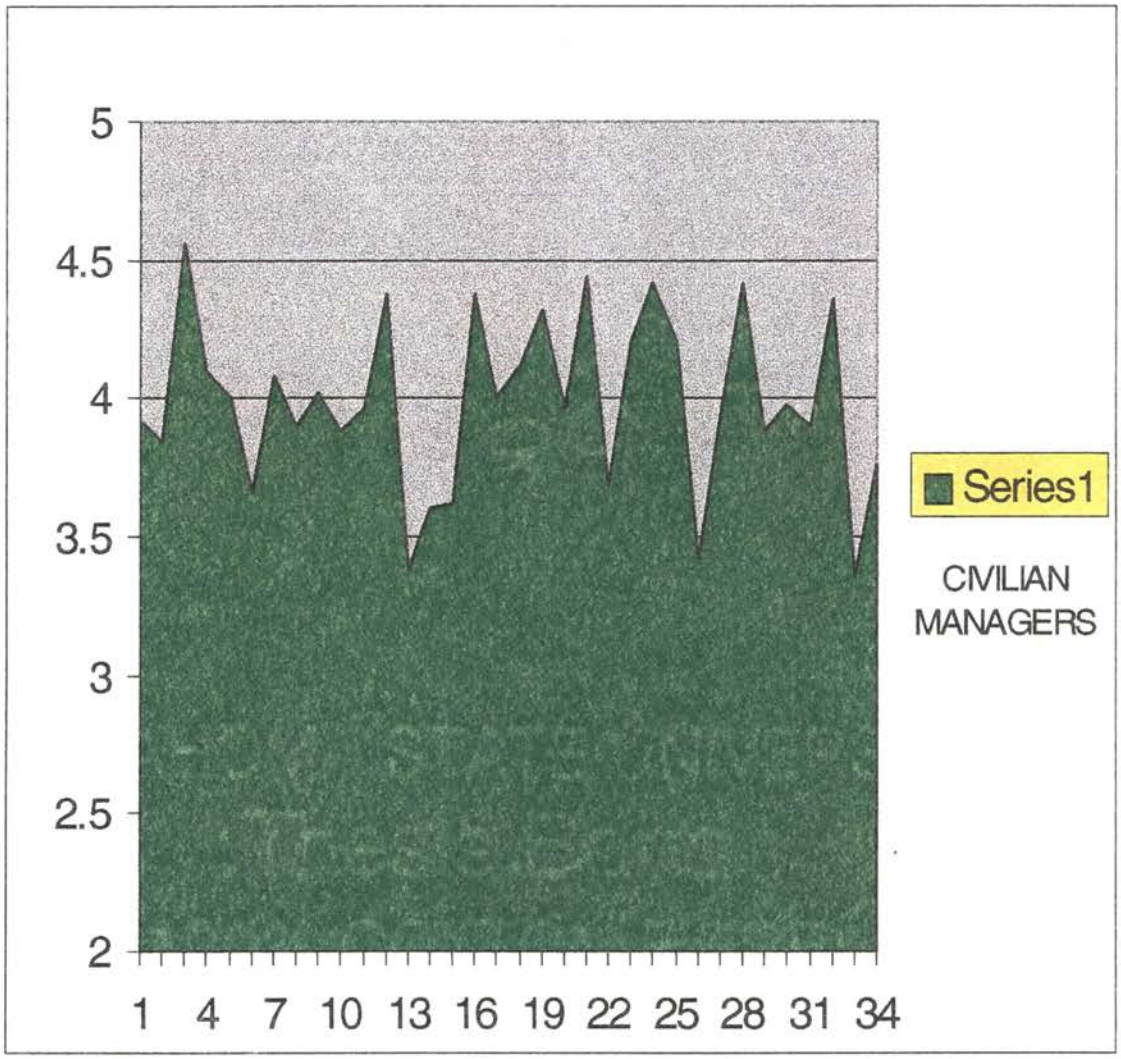
AIR FORCE MANAGERS' GRAPH ON LEADERSHIP BEHAVIORS


5
4.5
4
3.5
3
2.5
2
0
10
20
30
40
50
Series 1
Air Force Managers

APPENDIX P

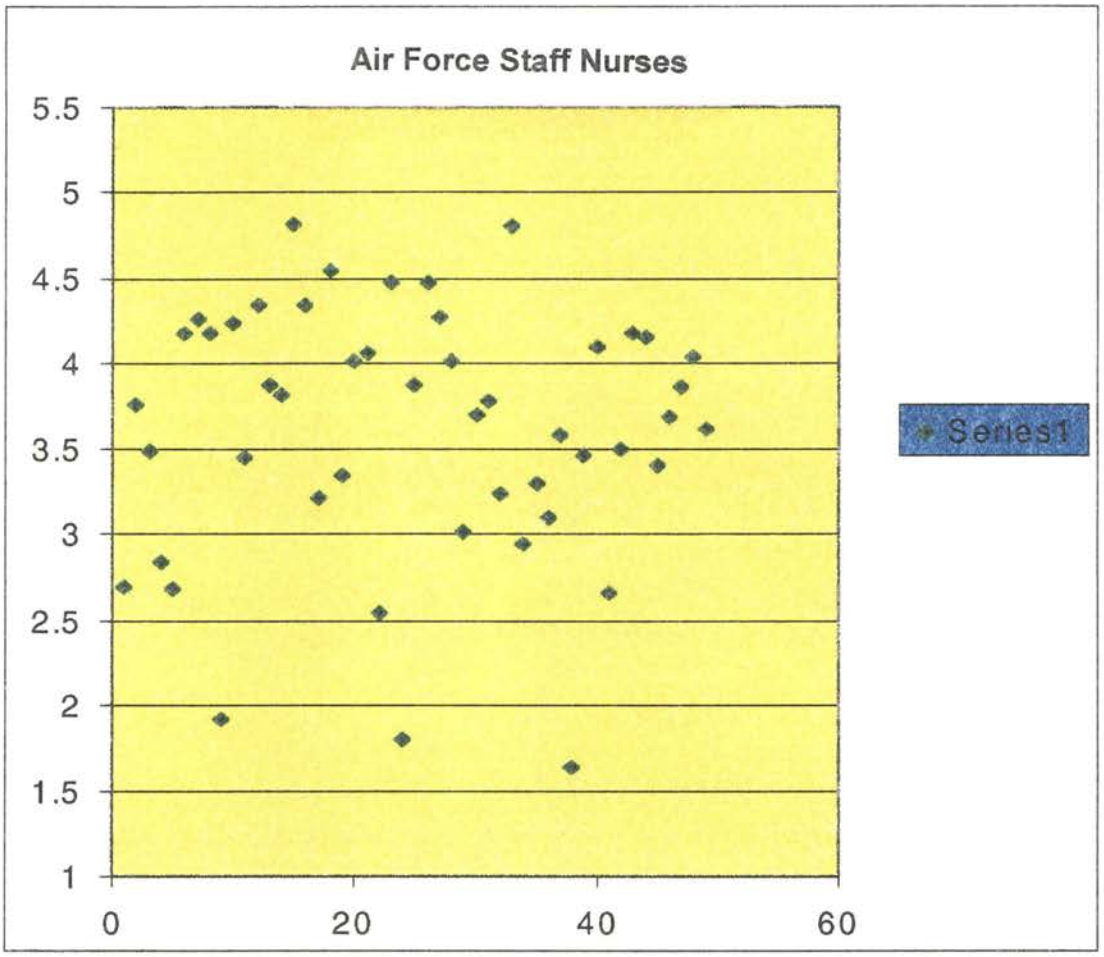
CIVILIAN MANAGERS' GRAPH ON

LEADERSHIP BEHAVIORS


5
4.5
4
3.5
3
2.5
2
1 4 7 10 13 16 19 22 25 28 31 34
Series1
CIVILIAN
MANAGERS

APPENDIX Q

AIR FORCE STAFF NURSES' GRAPH ON AIR FORCE MANAGERS LEADERSHIP STYLES


Air Force Staff Nurses
5.5
5
4.5
4
3.5
3
2.5
2
1.5
1
0
20
40
60
Series1

VITA

Lola R. Casby

Candidate for the Degree of

Doctor of Education

Thesis: A COMPARISON OF AIR FORCE NURSE MANAGERS" LEADERSHIP STYLES AND CIVILIAN NURSE MANAGERS' LEADERSHIP STYLES

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Biographical:

Personal Data: Born in Montgomery Alabama, On January 24, 1955, the daughter of Frank and Mary Casby.

Education: Graduated from Carver High School, Montgomery Alabama in May 1973; received Licensed Practical Nursing degree from Trenholm Technical School in May 1976; Associate and Bachelor degrees from Troy State University in December 1980 and June 1984, respectively. Received a Master of Science in Nursing degree in December 1988 from the University of South Alabama. Completed the requirements for Doctor of Education degree at Oklahoma State University in May 1999.

Experience: Raised in Montgomery, Alabama; employed as a Licensed Practical Nurse for four years and as a Registered Nurse at Jackson Hospital for six years; as an officer in the Navy for four years rising to the rank of Lieutenant. Presently an Air Force nurse at Tinker Air Force Base as a nurse manager in the Family Practice Clinic and Immunization and Allergy Clinic from January 1998 to present. Captain Casby was nurse manager of Same Day Surgery and Preadmission Clinic from June 1996 to January 1998.

Professional Memberships: Sigma Theta Tau, American Nursing Association, and Oklahoma State Nurses Association.