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This doctoral project, directed and approved by the candidate's committee, has been accepted by the College of Graduate and Professional Studies of Abilene Christian University in partial fulfillment of the requirements for the degree

Doctor of Nursing Practice

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Transformational Leadership Training for Leaders

A doctoral project submitted in partial satisfaction
of the requirements for the degree of
Doctor of Nursing Practice

by

Kristie M. Gilliland

November 2023

Acknowledgments

I thank my Lord for providing me with the fortitude and patience to enter and complete the Doctor of Nursing Practice program. Thank you to my husband for his unwavering support and understanding. He supported me through understanding of the time I needed to get the work done and would always find a way to take off the pressure through laughter and necessary breaks from the work. Thank you to my mother for her support and understanding when there was just not enough time in the day or week to spend time together on the weekends or evenings.

I thank Dr. Molly Kuhle, my project chair, and Dr. Robert Koch, my committee member, for their kindness, support, and guidance throughout the process. I learned to stay calm and know that, no matter what, the project would get completed. Dr. Kuhle and Dr. Koch displayed their Christian empathy and support during all interactions, no matter how nervous or unsure I was. Finally, thank you to my leadership, peers, and frontline leaders for your willingness to support this project and participate in it to contribute to the greater nursing and leadership literature.

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Abstract

The purpose of the study was to evaluate the impact of transformational leadership training on improving a leader's skills and knowledge in performing daily operations and interacting with frontline staff, decreasing attrition. Ineffective leadership contributes to staff dissatisfaction, poor performance, and attrition. The literature supports transformational leadership is effective in leading teams of nurses and contributes to staff autonomy, staff satisfaction, decreased attrition, and improved patient outcomes. A quasi-experimental research study was completed on a leadership team in a managed care organization. Fourteen leaders with anywhere from 1 to more than 6 years of leadership experience were evaluated. Lewin's change theory was the theoretical framework used in this study. The Global Transformational Leadership questionnaire was utilized in a pre- and posttest format to evaluate the effectiveness of transformational leadership training. The training occurred over a 3-month time frame. The results showed a statistically significant improvement in leader skills and knowledge. The findings of this study showed leaders can be trained in transformational leadership and have a positive change in leadership style and performance. Therefore, implementation of transformational leadership training curriculum would improve leadership knowledge, skills, and understanding, improving their daily interactions with staff, and contribute to decreased staff attrition.

Keywords: transformational leadership, training, attrition, satisfaction

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Chapter 1: Introduction

Leadership styles have been developed and researched over the last 30 years and implemented in various ways throughout health care settings and other industries (Yang et al., 2020). Following the 2020–21 COVID-19 pandemic, it has become challenging for all companies to attract and retain quality workers. Furthermore, among health care industries, there is also a concern about decreasing nursing turnover percentages to ensure patients get safe, quality care from seasoned practitioners well versed in their workflow processes. The problem of interest evaluated was implementing a transformational leadership model and its effectiveness in decreasing nursing turnover.

According to Arnold and Connelly (2013) and Messmann et al. (2022), leadership plays a key role in decreasing employee stress and burnout and increasing innovative behavior. Effective communication and support between a leader and their employee allow for decreased stress levels and correlate to improved performance and commitment (Buil et al., 2019). Helping establish a healthy work climate, transformational leadership contributes to psychological safety through creating a culture that allows for the employee to share ideas that challenge the status quo and can help in improving processes (Messmann et al., 2022). Leadership styles studied within the nursing profession have shown that creating a positive, supportive work environment allows for nurses to thrive in their performance and achieve psychological safety through innovation and commitment (Fischer, 2016).

This chapter covers information pertaining to the project of teaching transformational leadership theory to a group of leaders in a health care case management organization. Included

is an overview of the problem, background, significance, and nature of the project. I included the problem statement, the purpose of the study, research questions, and the definition of key terms.

Overview of Problem Statement

In 2020, a managed care organization in the southwest region of the United States experienced an employee attrition rate of approximately 21.7%, and year to date for 2021, my organization's attrition rate was approximately 13.5% (A. Hoover, personal communication, February 15, 2022). These calculations consider all transitions, including terminations, promotions, transfers, and resignations. According to Nursing Solutions (2021), the average cost of attrition is \$40,038 per nurse. Losing large numbers of employees in a short amount of time can affect the overall profit margins of any organization's administrative costs from rehiring and training (Nursing Solutions, 2021).

Attrition is not always a bad thing for companies. If attrition is spread across various roles and does not occur all at once, it can help to improve the overall performance of a team (Hausknecht & Holwerda, 2013; Laulie & Morgeson, 2021). Positive attrition may be from promotions in the team, company, or outside opportunities, or from poor performers exiting a company (Hausknecht & Holwerda, 2013; Laulie & Morgeson, 2021). Finding a way to reduce attrition numbers in one role can be complicated and unclear, but there are tactics that may be deployed to help mitigate the loss, ensuring that employees who can be a good fit with time, stay and grow. Examining various leadership styles and what, if any, connection they have to attrition is one strategy to assess the current issues in health care systems.

Background

According to Nam and Park (2019), transformational leadership consists of behaviors exhibited by a leader that motivate employees to embrace organizational goals and take their

performance to the next level. Implementing transformational leadership allows for the employee to feel a sense of ownership of processes because it allows them to be part of the implementation process, which improves buy-in and adoption of any processes (Nam & Park, 2019).

Transformational leaders include the “why” during discussions to give clear guidance to the employees, including tying all changes and needs back to the organization’s overall goals (Nam & Park, 2019).

When a leader focuses on goals and builds relationships with the employee, it allows for a sense of belonging and family, making it harder for the employee to disengage and leave a team (Yang et al., 2020). Transformational leaders inspire employees to challenge the status quo, to keep moving the pendulum forward and not become stagnant (Yang et al., 2020). Yang et al. identified two categories that fall under service performance that are positively impacted by transformational leadership: task performance and contextual performance. Task performance is when an employee completes work that fulfills their work duties, and contextual performance is an employee having self-motivated work behaviors that go above and beyond to meet the needs of the patients and organization (Yang et al., 2020).

Internal Factors

Leading a team that engages with customers and has a high documentation requirement, influences task performance and contextual performance. Ineffective leadership was a consistent complaint and frustration of frontline staff; and finding ways to help improve workflows is challenging because many times those changes are slow and difficult due to leadership resistance. A leader cannot always allow staff to have complete control of the decisions that are made, but when the leadership culture foundation is set, the staff are more open to those

instances and embrace the change, knowing the organizational goals are in alignment (Yang et al., 2020). Finding opportunities for employees to engage in the change process helps ensure a positive team culture and allows for retention and engagement.

A second internal factor is affecting staff retention negatively. The executive leadership for the organization set a goal for 2022 to decrease attrition rates by 5% from the 2021 rate. This goal was directly linked to company performance and impacted bonuses paid out to leadership at the beginning of 2023. Asif et al. (2019) explained that transformational leadership can impact staff retention by improved satisfaction in their roles. According to Asif et al., there are four organizational factors that leaders can provide that will allow for staff satisfaction and improved job performance. Providing clinicians with resources, opportunities, support, and information will improve performance and satisfaction, encouraging staying in their roles (Asif et al., 2019).

Often there was feedback that the resources available to the clinicians were outdated and did not speak to the workflow being trained and audited. There was an effort to improve resources, and as the updates were made, leadership saw improvements. When it comes to opportunity and support, this was where the largest gap occurred. Finding ways to support the team from a leadership perspective in a positive manner was the focus of this project, as well as how the team could successfully move to an improved culture of positivity. The opportunities were challenging when there were rules around staff engagement and finding ways that allowed the frontline staff to engage in change conversations giving them opportunity to take ownership and provide input. Relying solely on leaders to make those decisions allows for gaps in process changes and does not address the concerns.

A third internal factor that contributed to the need for effective leadership was that all members of the team—frontline staff and the leaders—work from home. The transition to 100% remote work occurred during the pandemic and was determined to be the permanent postpandemic work location. Prior to March 2020, many staff were displeased with the inability to work from home, which contributed to attrition, and once the transition occurred, this turned into a positive for the team. In an article by Becker et al. (2022), the researchers found that work from home can be beneficial to some staff and detrimental to others. Becker et al. (2022) emphasized the importance of finding ways to connect with staff to increase connectivity through engagement activities. The transformational leader is more likely to engage in these types of events and find ways in the virtual setting to engage with their teams (Sedrine et al., 2021). Supporting the desire for work from home and encouraging trust and engagement to perform at a high-level were imperative to having a successful team.

External Factors

Asif et al. (2019) highlighted that when staff are optimistic about their support and job role, it will contribute to improved patient outcomes. External consultant groups completed clinical performance audits for their clients annually, and the ones that were completed did not have positive evaluations. These audits ended with the creation of an action plan of improvements. The improvements many times were processes already expected but not being executed, and others were new processes. When new tasks were added to the team, without their input, it created dissent and stress. Asif et al. (2019) discussed the importance of frontline staff being involved in change conversations as a key transformational leadership concept that contributed to staff satisfaction. As a company, meeting clients' expectations is a must, as is

supporting the staff providing the care to find a balance that creates a positive outcome for all. This external factor contributed to continued frustrations that led to staff attrition.

A second external factor was the need to meet the expectations set by the United States Office of Disease Prevention and Health Promotion (ODPHP, 2022) through the Healthy People 2030 (HP2030) initiative. This initiative was impacted by clinical staff functioning at a level that allows for improved overall health status for those whom they cared for (ODPHP, 2022). This initiative also corresponded to the expectation of health care systems adopting the Quadruple Aim initiative to assist with reduced costs, improved population health, improved patient experience, and addressing health care team well-being (Arnetz et al., 2020). Arnold and Connelly (2013) highlighted that transformational leadership decreases staff stress, improving psychological well-being and performance. When clinicians are well cared for, they are better equipped to support their patients in obtaining the care and resources needed to maintain their health (Arnetz et al., 2020). Moreover, social determinants of health (SDoH) mitigation is the additional component included in HP2030 from Healthy People 2020 (HP2020) to assist in building a healthier community (ODPHP, 2022). The staff needed to be able to obtain what they needed outside of work, to support themselves fully, and to support the organization in meeting the HP2030 expectations. Transformational leaders provide an environment of safety and well-being that allows for staff to perform at the highest level and ensures those they serve are getting everything they need to be successful in their health journey (Arnetz et al., 2020; Arnold & Connelly, 2013).

Leadership Styles

Among team members, there were variations in leadership styles, creating confusion for the team and leading to dissatisfaction. The variety of leadership styles self-reported by the

frontline leadership team were autocratic, laissez-faire, transformational, and transactional (S. Laski, personal communication, June 15, 2022). There was a need to remove the autocratic style of leadership displayed by many leaders and transition to transformational leadership, or at least a balance of transformational and transactional leadership. Autocratic leadership style operates without employee input and is restrictive, not allowing an employee to thrive and have work-life balance, which has become magnified since the COVID-19 pandemic (Martinuzzi, 2021). Breevaart and Zacher (2019) highlighted that laissez-faire leadership is a passive form of leadership and creates an atmosphere of lack of trust among the team. The component of passive leadership leads to lack of leader-provided resources and support for a direct report, leading to dissatisfaction (Breevaart & Zacher, 2019). Breevaart and Zacher argued there can be benefits to a leader adjusting their leadership style between styles when the adjustment would be beneficial in the moment. There is caution in utilizing this tactic because the authors saw positive outcomes in the data (Breevaart & Zacher, 2019). Inspiring staff from a variety of locations requires trust and communication, and transformational leadership lends itself to being ideal in this situation (Mutha & Srivaastava, 2021; Sedrine et al., 2021).

Significance

Since 2020, the health care managed care organization has rehired 90 positions that had been hired and trained prior to January 2020 due to attrition. The percentages mentioned earlier show the significance of the overall growth as a product, but there was a waste of time and money in the hiring, training, rehiring, and retraining taking place. The frontline staff were managed by a group of 19 leaders in the roles of senior supervisor, unit manager, clinical operations, and senior manager, clinical operations. The team was spread across multiple states that have different cultures and perspectives on what leadership looks like. When an organization

is spread across states, supervisor–employee fit, along with organizational fit, is important, and when the staff sees a conflict of leadership with incongruent messages, this creates distrust and disengagement (Qin et al., 2021; Wang et al., 2021). Transformational leaders excel at assisting in an employee having organizational identification, and with this identification, it has the potential to increase work engagement and inversely improve retention (Buil et al., 2019).

The team needed to take action to move the services offered to the next level, and with congruent leadership, that will set the team up for success and continued relevance in the health insurance industry. Staff retention will decrease overall costs and improve the overall performance of the organization, leading to a higher return on investment for the clients. Happy clients not only brought more business to the organization but also assisted in retaining the ones already on board. The leaders benefited from the training and adoption of transformational leadership by spending less time interviewing and supporting new staff and allowing for greater professional growth. According to Leimbach (2022), there is going to be a continued challenge of leaders keeping employees post the COVID-19 pandemic, and high-performing leadership is imperative to keeping employees within an organization. According to Asif et al. (2019) and Boamah et al. (2018), patient outcomes are improved by staff satisfaction and competency. Implementation of transformational leadership theory allowed for staff to feel empowered by the leaders, retained the experienced clinician, and ensured that the patient was getting the best support possible through staff knowledge and experience.

Nature of the Project

The research design for this project was a pre- and posttest design that included data collection, measurement, and analysis of effectiveness from pre- and postquestionnaires of the

frontline staff leaders. This project consisted of a multifaceted approach to evaluation and implementation. A systematic review of the literature and other resources supplied the framework and foundation of the needed change. The divisional vice president agreed that this project was important in addressing retention issues. She wanted to see that attrition and staff satisfaction improved over the next 1 to 2 years. This was an ongoing company and organizational goal that had not been fulfilled over the last few years.

Once the literature review was completed, I compiled an education and training plan for the leaders to implement and roll out throughout the team. There was a staff satisfaction survey done prior to the implementation of this rollout, and the timing allowed for another to be completed after the education and training for the leaders had occurred. A satisfaction survey before and after assisted in identifying the positive impacts of the transition to transformational style leadership across the entire team. It showed over a 6- to 12-month time frame how retention was going and how the clients felt the team was doing in servicing the members who were engaged in case management.

Taking a team to the next level in a competitive environment improved the team's productivity and improved customer experience. Employees were being asked daily to do more with less, and with transformational leadership, the team felt safe to take on extra work with enthusiasm and fervor (Wang et al., 2021). Customer experience and satisfaction are the backbone of case management, and having a team that has trust in their leadership and ownership of the process allows for success and overall improved performance for the team and the clients served.

Statement of the Problem

Lack of consistent leadership actions and communications creates a culture of dissatisfaction and increased attrition. Various researchers have examined this phenomenon in the literature, with two common themes positively impacting these problems: transformational leadership and leader humility (Arnold & Connelly, 2013; Brewer et al., 2016; Lulie & Morgeson, 2021). The purpose of this study was to educate leaders using transformational leadership training tools to help them learn and implement transformational leadership theory in their daily leadership practices to improve morale and decrease attrition.

A constant state of change contributed to negative staff morale and frustration over constant change. Akkaya and Tabak (2020) highlighted that change was inevitable and transformational leadership contributed to positive adoption of change. Many times, there was a disconnect for the staff regarding why they are being asked to make changes. Andersen et al. (2018) highlighted that transformational leadership improved professional quality and understanding. In completing this project, the leaders have received leadership training that allowed them to perform at a higher level and improved overall staff satisfaction. Leadership training and coaching were key components of improved leadership knowledge and success in supporting staff in a meaningful way (Anthony, 2017; Spiva et al., 2021).

Purpose of the Study

The purpose of this project was to determine if a team's adoption of transformational leadership would decrease staff attrition and improve overall satisfaction for staff and leaders. A team with 19 leaders across multiple states of clinical and nonclinical frontline staff contributed to disagreement and mixed messages to staff. There are many ways to lead a team, and perspectives on what is best and compromising on what is implemented will allow for

consistency among leaders, showing the team a unified message. One voice across all teams shows the staff, who differ in personalities and styles, are joined in unison for the betterment of the team, company, and clients.

Research Question

Did transformational leadership theory training improve practice of leadership principles by all leaders and allow for improved communication and performance measured over a 2-month period?

1. Problem/population—frontline leadership
2. Intervention—transformational leadership training
3. Comparison—none
4. Outcome—improved communication and performance
5. Time—over a 2-month period

Scope and Limitations

The scope of this study focused on 19 clinical and nonclinical leaders within a department that led a team of nurses, social workers, and nonlicensed staff. The frontline staff leaders ranged in experience from brand-new leaders to 3 years of experience within the organization. Some had previous leadership experience. The education was done with evidence-based research training by educating the leaders on supported behaviors and actions to engage staff at a level that allowed for improved engagement and ownership of their work.

A limitation of this study was it was a small group of 19 leaders who were trained. It did not necessarily represent other organizations or similar teams for outcomes. The daily operations and functionality of the team that was studied lead a specialized team that performs higher-quality support than other teams in the organization. A second limitation of this study was the

research design had leaders complete self-assessment surveys, and their direct reports evaluated their leaders. This limitation existed as it was relying on self-report, and this lent itself to information that was skewed due to a leader not being transparent in their weaknesses and a staff member concerned about retaliation for not providing positive feedback of their leader (Terry, 2018).

Definition of Key Terms

Attrition. This is a staff member who voluntarily leaves an organization for other employment opportunities (A. Hoover, personal communication, November 2, 2021).

Direct reports. These are frontline staff who complete the day-to-day work of case management, interact with external providers, and speak directly with patients.

Frontline leadership. These are nonclinical and clinical leaders who have direct reports who complete the day-to-day work of case management, interact with external providers, and speak directly with patients.

Staff satisfaction. This is the overall positive feelings toward leadership, their role, and the organization by frontline staff (Brewer et al., 2016).

Transformational leadership. This leadership theory was defined as a leader inspiring employees to find a place of commitment to organizational goals and contribute to the overall goals through collaboration, ownership of work, and performing at a high level (Buil et al., 2019).

Summary

Leadership effectiveness is a known driver of organizational effectiveness and staff satisfaction. The components of transformational leadership allow for staff to be inspired to contribute to the overall success of the organization and ensure positive outcomes (Breevart &

Zacher, 2022). There was a continued effort to find staff who were a good fit for the team and ensure that leadership equipped them with what they needed to be successful in their roles and engaged in positive process improvements and team growth. Transformational leadership is a proven leadership theory that will meet the goals of the team and improve engagement once implementation has been completed (Breevart & Zacher, 2022).

Chapter 2: Literature Review

The purpose of this chapter is to complete a review of the literature pertinent to answering the PICOT question, Did transformational leadership theory training improve practice of leadership principles by all leaders and allow for improved communication and performance measured over a 2-month period? Discussion of the search methods utilized, theoretical framework, conceptual framework, and completed literature review provide the basis of the project implemented.

Theoretical Framework Discussion

Change Theory Overview

Lewin's change theory, founded in 1947, is a three-step process for change and suggests that if the change is not accepted, things will revert to the previous state (Tran & Gandolfi, 2020; Zand & Sorensen, 1975). The three-step model was originally developed to assist in the resolution of social conflict versus its current day use in organizational change (Burnes, 2019). Burnes (2019) highlighted the beginnings and identification of Lewin's change theory were founded out of his work in behavioral change and child psychology. Lewin's research and work in field theory observing children and evaluating behaviors and how they progressed or regressed contributed to the creation of change theory (Burnes, 2019).

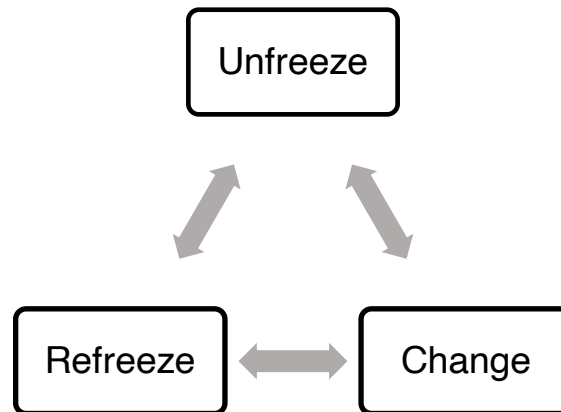
Change Theory Components

The three steps in Lewin's change theory are unfreezing, moving, and refreezing, as displayed in Figure 1 (Burnes, 2019). Unfreezing is the process of confronting the need and educating the team through team building (Tran & Gandolfi, 2020). The next step, known as moving or change, is when new behaviors, values, and attitudes are adopted and implemented in practice (Tran & Gandolfi, 2020). In the final stage of refreezing, the changes are maintained and

monitored to ensure progress and stability (Tran & Gandolfi, 2020). It is important to take into consideration all members of the team and their differences, and how those differences contribute to the change and help make the team successful (Zand & Sorensen, 1975).

Figure 1

Lewin's Change Theory



Note. Lewin's three-step model depicting constant movement.

Project Alignment

The project was focused on changing the leadership culture within a team that has seen attrition and received feedback of frontline staff not feeling valued and heard. Burnes (2019) suggested that Lewin's change theory is an iterative process that requires change in culture and practices that requires a degree of participation from all members of the group. According to Burnes (2019), the change process that occurs within change theory requires compromise and lends itself to the democratic process of operational sustainability and functionality. Comparing the components of democratic participation, compromise, and group culture, this fits the concept of transformational leadership and the goal for staff to feel valued and heard. Hussain et al. (2018) highlighted that though Lewin's change theory has three steps, participant engagement in the process and knowledge sharing among the team are what makes the changes effective and

part of the culture. Additionally, knowledge sharing and positive reinforcement are components of transformational leadership that are considered part of successful change, further allowing for alignment and support for combining the two together (Hussain et al., 2018).

Literature Review

Tran and Gandolfi (2020) were able to implement Lewin's theory of change to allow for improvement in the teaching that was occurring within a school setting and showed improved student satisfaction. Although the implementation of this was done within a group of a diverse staffing population, it showed that many different personalities and levels of understanding can benefit from this transition and that the steps of evaluation, implementation, and reevaluation can work to ensure that proper change is made. In a study by Hussain et al. (2018), the findings showed a positive correlation of utilizing Lewin's change theory in conjunction with transformational leadership to complete the organizational change through employee knowledge sharing and leader behavior during the implementation, which led to positive, ongoing change. According to Mitchell (2013), it is important to pick the right type of change based on the leadership style of the leader and point out this can be challenging.

Literature Search Methods

I used Abilene Christian University (ACU) online databases for the literature search. I used different filters, such as CINAHL, MEDLINE, peer reviewed, and English only, and set dates for 2015 to 2023. The terms used for the search were *transformational leadership*, *nursing retention*, *manager congruency*, *satisfaction*, *improved patient outcomes*, *staff engagement*, and *change theory*. Over 7,000 articles were identified and filtered through using these terms and databases. Articles included in the analysis were from the United States and international

countries. Additional filters were completed to include concepts of concierge service, high-performing teams, virtual leadership, and leadership training.

Findings

Transformational Leadership, Knowledge Sharing, and Reflection

Anselmann and Mulder (2020) examined latent factors that contributed to the relationship created within transformational leadership. This study demonstrated a positive correlation between transformational leadership contributing to a safe work environment and empowering nurses through structured learning opportunities and reflections to build relationships (Anselmann & Mulder, 2020). Cross-sectional validated questionnaire surveys were used to examine the concepts of interest (Anselmann & Mulder, 2020). The researchers completed a chi-square test to verify the modeling to account for the nominal data obtained. The alphas in this study aligned with other studies using Cronbach's alpha (Anselmann & Mulder, 2020).

Anselmann and Mulder (2020) used Cronbach's $\alpha = 0.92$ for transformational leadership and $\alpha = 0.88$ for knowledge sharing. The additional measures of second-order variables showed reflection being $\alpha = 0.68$ – 0.78 and team performance being $\alpha = 0.68$ – 0.77 (Anselmann & Mulder, 2020). The ranges in the second-order variables were due to each variable having two components. The betas aligned with the mediation model utilized, with most being within a lower range than $p < 0.05$ (Anselmann & Mulder, 2020). The data consisted of responses from five validated questionnaires and showed adequate psychometric properties (Anselmann & Mulder, 2020).

The article shows that transformational leadership contributed to a safe team climate that makes knowledge sharing and reflection comfortable, leading to enhanced team performance that

can elicit increased effectiveness and innovation in the workplace. The limitations of this study were that the sample size was small, it focused on a specialty subset of nurses and social workers, and relied on self-reporting by the team, which could result in biases of the results and limit its applicability in groups that have a different staff configuration. More studies are needed to verify their findings. A final implication from this article is having a leadership theory and implementing that behavior within the leadership team can lead to a safe climate, improving team performance and patient outcomes.

Transformational Leadership and Proactive Personality

Yang et al. (2020) evaluated the effects of job embeddedness with transformational leadership and the impact of an employee's actions and performance. The researchers focused on personality characteristics, transformational leadership, and job embeddedness for those working in the hotel industry. The Yang et al. (2020) study included 218 employees and supervisors from 10 different five-star hotels in China. Researchers used a questionnaire in a three-step process, known as time-lagged research. Questionnaires were completed every 2 months. The researchers matched 218 correlated supervisors to employee surveys to complete the analysis. Using structural equation modeling (SEM), each hypothesis was supported for the individual variables and confirmed that if the employee is not proactive, there is a direct correlation to poor performance and evaluation (Yang et al., 2020).

The researchers found that transformational leadership encourages proactive employees to work with their leaders to influence service performance via organizational embeddedness (Yang et al., 2020). A second finding showed that transformational leaders positively influence service performance. An unexpected finding of Yang et al. (2020) was that transformational

leadership and a strong proactive personality did not influence organizational embeddedness. Transformational leadership was most impactful on daily tasks and performance for employees without a proactive personality and had a reverse effect for those with proactive personality traits. Limitations of this study included a small sample size. The industry-specific information was that the study was in China, so cultural differences could have influenced the results. Additional limitations to the study were the small sample size and it being in a single industry.

The implications of this study showed that there is continued opportunity to evaluate how leadership impacts the performance of staff, no matter their engagement or embeddedness, and, in turn, acknowledged that continued research is needed to find what works in each area where leadership and the employees they lead work. An organization's culture and geographical location play a role in perceptions. A final implication is this article supported that leaders can be taught transformational leadership. This finding contradicts the thought process that transformational leadership cannot be taught and follows the mindset that, though not all leaders have the ability to inspire all people, they can inspire a portion of the team and then those members can have that same influence on others around them.

Identification, Engagement, and Proactive Personality

Buil et al. (2019) studied the conditions that contribute to the relationship between transformational leadership and employee performance. The study was an empirical cross-sectional study of hotel frontline employees across Spain. There were 323 participants from 323 different hotels. The reported demographics showed 62.8% of respondents were female, and the average age was 33.45 years. The questionnaire was completed via a telephone interview and included six established questionnaires.

Analysis of the information was completed, and the test showed the goodness of fit for the model, verifying the data were reliable. For the inner model, the researchers confirmed a positive Q^2 value, confirming the predictive relevance of the variables (Buil et al., 2019). A significant, direct positive relationship between transformational leadership and job performance was found ($\beta = 0.253$, $t = 3.692$; Buil et al., 2019). In contrast, the relationship between transformational leadership and organizational citizenship behaviors directed at the organization (OCBO) was insignificant ($\beta = 0.014$, $t = 0.182$; Buil et al., 2019). In testing the mediation effects evaluated, findings showed organizational identification did not mediate the relationship of transformational leadership on job performance ($\beta = 0.008$, $t = 0.169$), and organizational identification had no influence on job performance ($\beta = 0.014$, $t = 0.433$; Buil et al., 2019). There was a positive correlation between organizational identification and citizenship behaviors through transformational leadership ($\beta = 0.091$, $t = 2.291$; Buil et al., 2019). Additionally, it was found that transformational leadership influenced job performance ($\beta = 0.084$, $t = 2.478$) and OCBO ($\beta = 0.047$, $t = 1.972$) through engagement (Buil et al., 2019). The impact of transformational leadership on staff performance and engagement allows for positive organizational identification by the frontline employees (Buil et al., 2019). In evaluating the effect of transformational leadership on staff with proactive personalities, the outcome had a significant, positive correlation for greater organizational identification and work engagement (Buil et al., 2019).

The implications of this study showed that managers need to be evaluated for their leadership style and training needs to be focused on enhancing manager knowledge and ability to lead in a transformative manner. The findings supported the importance of continued training

and development of leaders and the need to communicate a clear vision for the future of the team. Another implication for practice was to look at the interview process and questions to better identify proactive personality traits in frontline employees and build awareness of this trait with all managers on the team. Limitations of this study included the study type, employee self-report, and subjective measures.

Relationship Between Organizational Climate and Nurse Performance

Khadivi et al. (2021) did a descriptive correlation study that looked at the relationship between organizational climate and organizational performance, evaluating the mediating factor of staff satisfaction. The sample of 120 staff members included nurses and nurse managers across multiple teaching hospitals within the city of Tabriz. The researchers found that organizational encouragement had the most significant impact on staff satisfaction with a positive relationship. The positive relationship of organizational encouragement and happy staff led to improved organizational performance. Still, it did not show the significance of management encouragement as a contributing factor to staff satisfaction. The limitations of this study included the sample coming from one system and city, it was all self-report, and the questionnaire used was created for this study.

The researchers collected demographic information in the first section of the questionnaire, and the second section included questions related to the topic of interest. The questions included in the second section were on a 1- to 5-point Likert scale and had three parts (Khadivi et al., 2021). The results showed a significant correlation between job satisfaction and managing incentive, with $r = 0.56$ (Khadivi et al., 2021). The additional correlation coefficients showed a positive correlation with job satisfaction (staff freedom, $r = 0.50$; adequate resources, r

= 0.64; workgroup's support, $r = 0.71$; organizational incentives, $r = 0.81$; absence of organizational obstacles and pressure, $r = 0.73$; manager's support, $r = 0.75$; organizational performance, $r = 0.55$; Khadivi et al., 2021). Researchers utilized multiple direct and indirect effects to analyze the relationships of job satisfaction and the different organizational climate aspects (Khadivi et al., 2021).

The researchers had eight hypotheses. Surprisingly, the one hypothesis rejected was the relationship between manager incentives and job satisfaction (Khadivi et al., 2021). The two hypotheses confirmed were the relationships between organizational incentives and job satisfaction and between job satisfaction and organizational performance (Khadivi et al., 2021). The two findings not expected were that job satisfaction was poorly correlated with staff autonomy, and the second was that manager support did not contribute to employee satisfaction.

The implication of this study was to evaluate the organizational climate to ensure employee satisfaction (Khadivi et al., 2021). Evaluating what incentives employees receive will garner the most significant job satisfaction, along with decreased pressure and strong, supportive workgroups, which will help with organizational performance beyond just the employees (Khadivi et al., 2021). I saw this as applicable for my practice to determine how to decrease the pressure employees feel and build supportive workgroups. In many exit interviews, the pressure of expectations causes staff to leave. Finding a balance between the expectations and implementation will be important in my practice.

Nurse Program to Improve Late-Career Nurse Retention

Haines et al. (2021) utilized job embeddedness as the theoretical framework for their study. The study was a longitudinal mixed-methods study with before- and after-program self-

report skills assessment and qualitative interviews with the same cadence as the skills assessment. The study showed it is important to have a program that creates an environment of connectedness and appreciation to encourage nurses to stay in their roles and the organization. Some of the limitations of this article were the small sample size, self-selecting participants, and lack of demographic data for reporting.

The researchers reported common themes they identified from the questions they asked the participants about what was important to them for staying in their role. The key factors identified were flexible work schedules, supportive work environments, value recognition, training, and recognition (Haines et al., 2021). The next steps for the pilot program would be to expand to a larger group of nurses and determine the validity and reliability of the program created. This article provided a template and support for building a program needed to allow for nurse retention and engagement.

Supportive Leadership Training and Employee Well-Being

Stein et al. (2021) looked at how supportive leadership training (SLT) affects an employee from the perspective of social and hedonic well-being. In the article, the researchers utilized conservation of resources (COR) theory, SLT, and leader–member exchange (LMX) quality (Stein et al., 2021). This study utilized quantitative and qualitative data points to build results and conclusions. The sample size included 266 employees who completed the survey after 1 month and 226 that completed the survey at the 6-month mark (Stein et al., 2021). The researchers used the LMX-7 scale to evaluate the quality of LMX and social well-being within the team. The study spanned over a 6-month time frame. The authors used the analysis of covariance (ANCOVA) approach to evaluate the variable (Stein et al., 2021). The researchers

utilized sign-in forms and monitoring of training to know who attended and how they participated in the training.

SLT was most effective for staff feeling overwhelmed with work ($b = 0.17, SE = 0.08, p = .39$; Stein et al., 2021). After 6 months, the significance of workload no longer existed ($b = 0.09, SE = 0.09, p = .29$; Stein et al., 2021). The study's findings concluded that SLT has a greater impact on employees with a quantitative higher workload than those with lower quantity workloads (Stein et al., 2021). The study's limitations were that not all leaders participated in the three-part training program offered, there were design flaws, and it did not apply to all employees (Stein et al., 2021).

In this study, the researchers were looking to validate the importance of SLT, and their overall findings were conflicting and did not translate to a benefit across the entire population (Stein et al., 2021). I saw this being applicable to practice in that leaders cannot attempt to use a one-size-fits-all approach to leadership knowledge and application. Working with a team that may feel overwhelmed daily and seeing that lead to mental instability and increased leaves of absence, there is value in considering the findings of Stein et al. (2021) by looking at each employee and situation through a different lens. For my practice, instead of working on training one type of leadership theory, each leader should learn a variety of leadership techniques to help make the team stronger. A leader may use different techniques to help the people they manage to become the best version of themselves while still ensuring each person meets the team, company, and clients served.

Benefits of Transformational Leadership

Two articles were reviewed related to the benefits of transformational leadership and staff trust and satisfaction. The article by Perez (2021) and the additional article by Breevaart and Zacher (2019) looked at the benefits of transformational leadership over laissez-faire leadership in the health care setting. In both articles, the researchers discussed additional styles that included transactional and authentic leadership; however, the main two focuses were on transformational and laissez-faire leadership. One variation between the two studies was that Perez (2021) focused on new leaders transitioning from the bedside to leadership, and Breevaart and Zacher (2019) looked at leaders with a range of experience.

Perez (2021) explained the conceptual framework more clearly than Breevaart and Zacher (2019), so at first it appeared they did not correlate. But as one reads the theoretical implications for both, one understands they both considered the intrinsic impact of a leader that provides motivation and clear direction. The most significant difference between the two studies was that Perez (2021) solely did a systematic review of the literature, and Breevaart and Zacher (2019) utilized a weekly survey method of leaders to assess leadership, trust in the leader, and leader effectiveness. Breevaart and Zacher (2019) utilized three questionnaires to address each component through the Multifactor Leadership Questionnaire (MLQ-5X-short), faith in and loyalty to the leader, and a leader effectiveness tool. These two articles utilized different methodologies, but they both came to the same conclusion that transformational leadership allows for leader trust and building high-performing teams.

Transformational Leadership Training

Banta et al. (2021) and Jacobsen et al. (2021) reviewed the impact and benefit of transformational leadership training for frontline leaders. The first variation in the two articles

was that Banta et al. (2021) trained frontline health care leaders, whereas Jacobsen et al. (2021) trained leaders from the welfare and financial service sectors. The second variation in the training was that Banta et al. (2021) administered the training for the attendees virtually, whereas Jacobsen et al. (2021) administered the training in person. A third variation was that Banta et al. (2021) completed their research in the United States, whereas Jacobsen et al. (2021) completed their research in Denmark. An additional component of the training by Jacobsen et al. (2021) was that they did it in the field where the leader worked to ensure compliance with completion and improved compliance. Both studies showed that leaders can learn and implement the transformational leadership style in their practice effectively. The concept that transformational leadership is an innate characteristic and not learned is disproven through both studies. Banta et al. (2021) and Jacobsen et al. (2021) found improved organizational functionality and improved staff satisfaction through the training and practice application. Considering the multiple variations of role and location of the population evaluated, one could argue that transformational leadership is effective across a variety of industries, cultures, and experience levels.

Change and Transformational Leadership

Henricks et al. (2020) completed a longitudinal study to examine the impact of transformational leadership on a person's readiness for change combined with resistance to change. The authors named these states *state-readiness* and *trait-resistance* (Henricks et al., 2020). The two requirements for participation were that the organizations agreed to the timing and design of the study and went through a significant change (Henricks et al., 2020). The organizations were not-for-profit organizations funded by the Australian government (Henricks et al., 2020). The study found that transformational leadership theory had a positive impact when

the change elation, but the positive attitude toward the difference was not long lasting (Henricks et al., 2020).

There were 378 respondents at Time 1 and 208 at Time 2 (Henricks et al., 2020). The readiness scores at both times correlated with resistance scores with $p < .01$ (Henricks et al., 2020). For the final hypotheses, readiness at Time 1, resistance at Time 2, and leadership at Time 2 were associated with readiness at Time 2 (Henricks et al., 2020). A limitation of this study was that the sample sizes changed during the study (Henricks et al., 2020). A second limitation was the organizations were both not-for-profit organizations funded by the Australian government (Henricks et al., 2020). The lack of variety in the type of organization would suggest that this study might not apply to other kinds of organizations. The study had a limitation on self-reported perceptions, and the researchers did not test the observed leadership behavior (Henricks et al., 2020). This article provided an alternate perspective on transformational leadership and how it impacts change readiness when a significant change occurs; however, it did not show a long-term benefit.

Transformational Leadership and Innovation Behaviors

Jun and Lee (2023) studied the relationship between followers' innovative behavior, commitment to change, and organizational support creativity when leading through transformational leadership. The researchers utilized empirical analysis of the data to determine the correlations. The data were collected via a self-report online survey (Jun & Lee, 2023). The researchers surveyed followers using the multifactor leadership questionnaire (MLQ) to determine the followers' perceptions of their leader's leadership style (Jun & Lee, 2023). The participants were workers at a large financial organization in Korea (Jun & Lee, 2023). The study results showed that commitment to change is mediated by transformational leadership, and

the relationship is more robust when there is organizational support for creativity (Jun & Lee, 2023).

In all, 535 middle managers completed the online survey (Jun & Lee, 2023). The questionnaire of the leaders was administered at two different times, with 1 month between the two questionnaires (Jun & Lee, 2023). The first questionnaire focused on leadership style, level of commitment to change, and demographics (Jun & Lee, 2023). The second questionnaire evaluated the middle manager's level of innovative behaviors in the previous 4 weeks (Jun & Lee, 2023). According to Jun and Lee (2023), there was a positive correlation between transformational leadership and commitment to change, with $\beta = 0.38$ and $p < 0.01$. Additionally, there was a connection between transformational leadership and innovative behavior through a commitment to change (Jun & Lee, 2023). The third finding determined that transformational leadership indirectly impacted innovation (Jun & Lee, 2023). Hypothesis 3 showed organizational support for creativity enhanced commitment to change and innovative behavior (Jun & Lee, 2023). The final finding supported there was a moderating effect of transformational leadership on all components evaluated (Jun & Lee, 2023).

A limitation of this study was that it was completed at a large financial institution in South Korea. This limitation suggests that the findings could differ in the United States or other countries and in fields that differ from financial institutions. The study was a cross-sectional research design, making firm conclusions challenging (Jun & Lee, 2023). A final limitation was the self-report survey and the accuracy of participant answers (Jun & Lee, 2023). There are similarities between insurance companies and financial institutions; however, the location of South Korea was the most significant variation compared to the workers at a managed care organization in the United States.

Summary

Leadership style is an influential factor in staff performance and engagement. Depending on the type of employee and organizational structure, transformational leadership can be more effective and successful than other leadership styles (Anselmann & Mulder, 2020; Buil et al., 2019; Khadivi et al., 2021; Yang et al., 2020). Another key factor of staff engagement and job performance is the personality of the frontline employee. Identification of potential employees having a proactive personality can contribute to job embeddedness and organizational commitment (Buil et al., 2019; Khadivi et al., 2021; Yang et al., 2020). Implementation of training for leadership and the frontline staff can build a sense of trust and importance to an organization (Anselmann & Mulder, 2020; Buil et al., 2019; Haines et al., 2021; Khadivi et al., 2021; Jun & Lee, 2023; Stein et al., 2021; Yang et al., 2020). The findings summarized throughout each article review showed value in the proposed PICOT and moving forward with finalization of a plan to implement manager training, staff input in process improvement initiatives, and evaluation of interview tools to help in the identification of employees who are a good fit for the team and display a positive and proactive personality. The combination of positive transformational leadership and positive, engaged staff will propel the organizational performance in an upward trajectory for improved staff retention, performance, and overall improved patient outcomes.

Chapter 3: Research Method

This chapter included the steps taken to complete and meet the goals and objectives of the project. The project design is discussed, as well as how it allowed for the completion of the data collection and analysis of effectiveness. The aim of the project was to assess the knowledge level of transformational leadership of members of a leadership team to decrease attrition rates of employees.

Project Design

The project design for this study utilized a pretest–posttest design to determine the transformational leadership knowledge of a leader prior to training and a second test posttraining to determine impact of the training. According to Gasparrini (2022), pretest–posttest designs are appropriate for case-only analysis of a small data collection over a period. The use of a pretest–posttest design allows for trend evaluation between the multiple respondents prior to the intervention and then after intervention to determine effectiveness of the intervention (Terry, 2018). Gasparrini (2022) explained that a pretest–posttest design provides valuable analytic information that is easily computable and allows for adjustments during the process. One challenge of no control group was the inability to assess for threats of internal validity (Terry, 2018). This design was a way to make the data collection a faster process, meet necessary timelines, and consider the nonrandomized group selected for the study.

Instruments and Measurement Tools

The first set of data collected was demographic information of the participants (see Appendix A). The demographic information included time of leadership experience and age. The evaluation tool that was used was the Global Transformational Leadership (GTL) questionnaire. Permission from Springer Nature was obtained for use of the GTL questionnaire. The

questionnaire is a seven-question Likert scale survey focused on transformational leadership (Carless et al., 2000). The Likert scale is a 1- to 5-point scale, from 1 = *not at all* to 5 = *frequently, if not always* (Carless et al., 2000). The GTL was administered prior to the training to understand the current state of adoption and again after to determine the effectiveness of the training through enhanced adoption of transformational leadership theories.

The GTL is a simple questionnaire that has been proven to be reliable and valid (Fischer, 2016). The reliability and validity for this tool were determined by using the questionnaire on two different leadership teams that also completed previously validated questionnaires: the Leadership Practices Inventory (LPI) and MLQ (Carless et al., 2000). The goodness-of-fit statistics resulted in an RNI = 0.97, and a $\rho = 0.001$ (Carless et al., 2000). According to Carless et al. (2000), the convergent validity had a mean of 0.83, and the divergent validity was confirmed with *t* tests that showed significant discrimination between all groups that took it. The final statistical test completed was the Cronbach's alpha with a result of 0.93, confirming the GTL is reliable (Carless et al., 2000).

Data Collection, Management, and Analysis Plan

IRB approval was obtained from ACU (see Appendix B), and a memorandum of understanding (MOU) was obtained from department leadership. I provided a presentation to the 19-member leadership team about the proposed project and study. The presentation included how the training would be completed, how anonymity would be maintained, the data collection process, and analysis. Once the informational presentation was completed, informed consent was obtained from each leader who chose to participate. The team received an overview of the GTL questionnaire use for data collection, which included the frequency, timing, and how it would be administered. The transformational leadership training was a series of four researcher-led 1-hour

meetings over a period of 3 months. The leadership training modules were developed using evidence-based research on transformational leadership.

For the data collection of the team's understanding of the transformational leadership components being trained, the GTL questionnaire was completed via Microsoft Forms platform before and after training. The results went directly to me to allow for review and analysis. Microsoft Forms has the option to capture anonymous data that are utilized by the organization in many different forms, so there was no formal approval agreement that needed to be obtained for its use. The team that completed the GTL questionnaire included 14 frontline registered nurse leaders and two nonclinical frontline supervisors. The educational sessions were completed virtually using the Microsoft TEAMS platform. Meetings were recorded.

Following the educational training session, the leaders were encouraged to implement transformational leadership in their daily activities and management of their team. After a 1-week time frame, the postsurvey was administered to understand the impact of the training and the leaders' competency posttraining. Three months was chosen to determine implementation efficacy and address additional needs. Staff attrition data were collected by the human resources department and were looked at for comparison and discussion.

Data analysis was completed using a Wilcoxon signed-rank test. Descriptive statistics were used to evaluate the demographics collected for the participants (Hayes, 2022). The decision on using a parametric or nonparametric test was based on the bell curve analysis.

Methodology Appropriateness

The type of method used for this project was a quasi-experimental research design (Terry, 2018). The initial evaluation of the team and their current use of transformational leadership theory was completed by administering the GTL questionnaire electronically. This questionnaire

is based on the 5-point Likert scale, and the data were analyzed to understand the current implementation. The training was completed over a period of 3 months for the participants, and then the GTL questionnaire was sent out electronically for completion. There was an evaluation of the attrition numbers prior to the training and after due to the fact it was implemented in the middle of the year.

Terry (2018) explained that the use of a pretest and posttest design is a good way to determine the effectiveness of the intervention; however, it comes with other risks. Although there can be risks of bias and to internal validity, it is the most practical option to evaluate the effectiveness of the intervention of transformational leadership training and implementation (Terry, 2018). During a review of the literature, there were multiple examples of this form of design being used, including research completed by Buil et al. (2019), Yang et al. (2020), and Stein et al. (2021).

Consent from the leaders was requested to allow them the autonomy of not being included in the research. The leaders were encouraged to fill out the survey to determine if the training was useful, obtain feedback on additional needs, seek opportunities for improvement, and establish overall impact. The most important component of obtaining consent from the team was to make sure they understood the positive intent of the training and the overall goal of the project, which was to help equip them with the knowledge and tools needed to support their team and improve engagement, satisfaction, and retention. Consent was obtained via Dropbox to ensure it was in writing and provided to anyone that may ask for it, with minimal information being shared to protect privacy.

Feasibility and Appropriateness

This project was conducted utilizing Microsoft TEAMS for the educational training sessions, and the training was evidence-based transformational leadership principles. The questionnaire was completed using Microsoft Forms to allow for confidentiality of the leaders participating. The information from Microsoft Forms came to me deidentified and relieved any concerns a leader might have on the information gathered impacting their performance evaluation. The educational material was presented in a PowerPoint format, and the presentations were recorded to allow those who were out of the office during training to receive the training.

The organization had tools for presentations and provided access to research databases and meeting times that could be scheduled. In agreement with the senior leaders on the team, time was set aside to allow all leaders the opportunity to join and participate in the training sessions. For the leaders who chose nonparticipation in the study and were not included in the data, they still received the information to best support the team. The information was shared in standing meetings, decreasing extra meeting burden on the leaders. All leaders had cameras on their laptops, and this allowed for videoconferencing to help with engagement in the information and conversations. Leadership training and staff engagement were high priorities for the leaders of the organization and were placed on the road map for all teams across the organization, and this fully supported the time needed to complete the project and set the team up for success.

IRB Approval and Process

The IRB process was completed through the ACU IRB. Managed care organizations do not complete research in a formal manner. There was an MOU obtained to allow for the research from the organization. The organization did not have any requirements for maintaining study

documents. The IRB best practice of maintaining documents for 3 years was followed. Data were saved to my personal computer and locked for data integrity.

Interprofessional Collaboration

During the development of the material, literature-supported education was utilized. Collaboration with peers in planning and providing their feedback gave each leader the opportunity to support the initiative. Additional collaboration was done with the company learning and development team for additional resources and support. Identification of subject matter experts within the organization for possible presentation support was determined not to be feasible.

Practice Setting

Relias Media (2018) discussed that case managers build leadership skills because of their work to advocate for their patients and work to help providers with management of the patient. As the skills are built, the case manager may be encouraged to take their leadership into a supervisory role for other case managers (Relias Media, 2018). Relias Media (2018) explained that many leaders in case management do not have the training needed to be effective people leaders and the importance of seeking this training to be effective and create an atmosphere of support and belonging.

The practice setting for this project was a large not-for-profit managed care organization in the southwest United States providing insurance coverage to employees and their dependents. The patients served by the nursing staff were employees of 96 different employer groups that benefitted from case management services or needed medical necessity review for a medical procedure, outpatient services, or emergent hospitalization. The chosen population was leaders

focused on improved team performance with stronger leadership and improved retention to drive outcomes.

Target Population

The target population for this project was 17 clinical unit managers and 2 nonclinical supervisors who reported under a divisional leadership structure providing case management and medical necessity review services. The sample size was evaluated utilizing the G*Power calculator and determined that the ideal sample size should be 290 for the data to be statistically relevant (Faul et al., 2007). There were over 500 leaders within the organization, and this small subset was the active participants in the project.

Risks/Benefits

There was minimal risk to unit managers and supervisors who participated in the study. The team had some anxiety about being expected to implement transformational leadership with their teams because the concepts were out of their comfort zone for engagement with their direct reports. There was no increase in time at work because the training occurred during regular business hours over a 3-month time frame.

Timeline

The timeline for this project started at the beginning of the DNP program at ACU in September 2021 and had an expected completion by the end of the program in December 2023. The planned final defense of my project was sometime between September 19 and October 3. Once that was completed, IRB submission was completed. The survey portion and training lasted 3 months in total for the team that participated. The following timeline represented the schedule of events (Table 1).

Table 1*DNP Project Timeline*

Task date (month/year completed)	Project task
February 2023	IRB submission and approval
May 2023	Complete leader pretest
June 2023	Begin leader training
August 2023	Complete leader training
August 2023	Complete leader posttest
August 2023	Analyze data
September 2023	Continue working on final project
July 2023	Meet with chair as needed
October 2023	Defend final project
November 2023	Submit for graduation

Chapter Summary

According to Nursing Solutions (2021), the average cost of attrition is \$40,038 per nurse. Yang et al. (2020) found that improved staff satisfaction may be achieved when implementing transformational leadership within an organization or team. The purpose of my project was to improve the overall satisfaction of the frontline nursing staff by implementing transformational leadership methods throughout the leadership team through training and development of the current leadership team. There was use of evidence-based practice information in transformational leadership and employee engagement survey scores that determined the

effectiveness of the training and implementation of transformational leadership within the organization.

Chapter 4: Results

This project was a nonexperimental research study to determine if transformational leadership training for frontline leaders would improve the knowledge and use of transformational leadership concepts. The study compared pretest and posttest results utilizing the GTL questionnaire to accept the hypotheses (K. Johnson, personal communication, August 18, 2023). Data analysis for this project used the nonparametric Wilcoxon signed-rank test using SPSS. The data met the requirements for the Wilcoxon signed-rank test by having ordinal dependent variables; the independent variable was matched pairs, and the distribution was symmetrical in shape and evaluated the median (Laerd Statistics, 2023). Changes in the pretest and posttest scores of transformational leadership education were assessed.

Purpose of the Project

This project was aimed at determining if a team's adoption of transformational leadership through education improved the communication and performance of the group. Completing the GTL questionnaire as a pretest and then completing the same tool posttraining provided important information on how leaders perceived their current leadership competency before and after training. Completing the training allowed leaders to reflect on their leadership skills, evaluate their perceptions, receive evidence-based training to understand what transformational leadership is, and then reevaluate their newly obtained knowledge and ability after training. There were many different types of leadership styles being used across the team, and having a team that is in alignment with leadership styles improves staff engagement because all leaders have shared a unified message (Anselmann & Mulder, 2020; Buil et al., 2019; Yang et al., 2020).

The method used was having the participants complete the GTL questionnaire before the training and after informed consent was signed to establish a baseline evaluation of their

pretraining skill level. The effectiveness was measured 1 week after the training was administered over 2 months by having the leaders complete the GTL questionnaire after the training. The questionnaire utilized a 5-point Likert scale to rank each GTL questionnaire component (1 = *never*, 2 = *rarely*, 3 = *occasionally*, 4 = *frequently*, 5 = *always*). Table 2 depicts what questions were answered for the pre- and posttest completion. The data analysis included the findings and difference scores between the pre- and posttest from completing the GTL questionnaire. Data analysis for this project used the nonparametric Wilcoxon signed-rank test using SPSS to analyze the data.

Table 2

Global Transformational Leadership Questionnaire

Dimension of leadership	Items
Vision	Communicate a clear, positive vision for the future.
Staff development	Treat staff as individuals, supporting and encouraging their development.
Supportive leadership	Provide encouragement and recognition to staff.
Empowerment	Foster team members' trust, involvement, and cooperation.
Innovative thinking	Encourage thinking about problems in new ways and questioning assumptions.
Lead by example	Demonstrate personal values and practice what you preach.
Charisma	Instill pride and respect in others, and inspire others by being highly competent.

Note. Adapted from “A Short Measure of Transformational Leadership,” by S. A. Carless, A. J. Wearing, & L. Mann, 2000, *Journal of Business and Psychology*, 14(3), p. 396 (<https://doi.org/10.1023/A:1022991115523>). Copyright 2000 by Springer Nature. Adapted with permission (see Appendix C).

The total number of participants who signed the informed consent form was 16 leaders with a range of leadership experience from less than 1 year to 6 or more years of leadership-specific experience. When the pretest was administered, there were 14 leaders who completed the pretest, excluding 2 leaders from completing the posttest. Demographics of age and years of leadership experience were gathered from the participants. Gender was excluded from the demographic data because of the limited number of men on the team and the risk of anonymity violations. At the end of the training, 14 leaders completed the posttest and were included in the statistical evaluation.

Demographics

The targeted population was 17 clinical unit managers and 2 nonclinical supervisors who reported under a divisional leadership structure providing administrative, case management, and medical necessity review services. Of the 19 possible participants, 14 completed the informed consent and pretest and posttest assessments. In considering age and years of experience, the highest age range was from 36 to 45, at 42.9% of participants. Further, 22.8% of participants had 3 or fewer years of experience, and 57.2% of participants had 4 or more years of experience. The practice setting for this project was a large not-for-profit managed care organization in the Southwest providing insurance coverage to employees and their dependents. The patients were served by the nursing staff employees of 96 different employer groups that benefitted from case management services or needed medical necessity review for a medical procedure, outpatient services, or emergent hospitalization. The chosen population was leaders focused on improved team performance with more decisive leadership and improved retention to drive outcomes. The project took more than 3 months to allow time to implement new skills learned.

Data Analysis

The Wilcoxon signed-rank test was used because of the design of the study and how the data were collected, which resulted in ordinal data. This type of data analysis is the nonparametric version of the paired t test. It decreases the risk of a skewed mean when there is an outlier because it evaluates the median of the results. The z score is the difference in the median ranks for the pre- and posttest results in this study (K. Johnson, personal communication, August 18, 2023).

The initial evaluation completed was to determine normality and linearity and evaluate for any outliers. The data met the normality assumption ($p = .141$) per the Shapiro-Wilk test. Linearity of the data was met through evaluation of the Q-Q plot. One outlier was identified, and it was not extreme; therefore, it was not removed. The Wilcoxon signed-rank test determined that the median posttest scores ($Mdn = 31$) were statistically significant over the median pretest scores ($Mdn = 30$). Table 3 shows that the test statistic was $z = 79$, rejecting the null hypothesis with a statistically significant result of $p = .17$.

Table 3

Wilcoxon Signed-Rank Test Summary

Subjects	Findings
Total N	14
Test statistic (z)	79.000
Standard error	14.040
Standardized test statistic	2.386
Asymptotic sig. (2-sided test)*	.017

* $p < .050$.

Question Guiding the Inquiry

The PICOT question was, Did transformational leadership theory training improve the practice of leadership principles by all leaders and allow for improved communication and performance measured over 2 months? The data analysis showed that the training on transformational leadership was statistically significant for improving overall leadership knowledge and skills. The results allowed for the null hypothesis to be rejected.

Chapter Summary

Transformational leadership theory principles have been believed to be innate in a person and cannot be learned or implemented. This study's findings showed an overall improvement in transformational leadership principles in practice and knowledge through training and practice. The results allowed for the null hypothesis to be rejected by the study participants. Chapter 5 discusses the study findings' interpretations, inferences, limitations, and implications. Additionally, recommendations for ongoing practice and future research are addressed.

Chapter 5: Discussion, Conclusions, and Recommendations

This project was a nonexperimental research study to determine if transformational leadership training for frontline leaders would improve the knowledge and use its concepts. The GTL questionnaire was completed before and after training to determine if leaders could learn how to be transformational leaders. If the two sets of scores with training for the participants were significantly different from one another, then this would mean the training was successful and that transformational leadership can be a learned skill. The total number of participants was 14 leaders who completed the pre- and posttests and all training sessions. This chapter discusses the interpretation of the findings and implications for implementation of a training program for other leadership teams. There is also a discussion of limitations and recommendations for leaders and future research.

Interpretation of the Findings

This study focused on training nurse leaders on transformational leadership theory and implementing its principles in managing their team. The overall purpose of this project was to improve leadership skills and staff satisfaction through congruent leadership. There was an overall improvement in leader knowledge and skills, therefore rejecting the null hypothesis. Overall, most leaders ranked themselves higher on the posttest versus the pretest, with most being an improvement of 1 to 3 points. One leader ranked themselves as equal, and 3 ranked themselves lower on the posttest than on the pretest. This finding was interesting because they saw themselves as weaker after the training and practicing the principles of transformational leadership. One leader had an increase of 6 points, making them an outlier in the data.

There was a statistically significant improvement of perceived leadership knowledge and skills after training and education were completed. Leaders with less than 3 years of experience

had the greatest gains in knowledge and skills. Of the seven questions, there were two areas that had the greatest amount of improvement across the team. There was an increase in skills for supportive leadership in the team. Brown and Nwagbara (2021) argued the emotional and supportive connection of a leader to their follower is the most impactful component in times of change, challenge, and uncertainty. Improvement in positive support of the staff can assist in commitment and excellence as the follower feels they have the support needed from their leader (Brown & Nwagbara, 2021).

The second question that had the greatest change in ranking was instilling pride in oneself and performing with competence. One question that showed a decrease in self-reported ability was in relation to doing what they preached. This finding showed that many leaders would say what needed to be said, but their actions were not always congruent with their words. According to Metz et al. (2019), when there is incongruence in words and actions, this can damage the perception of leaders and their ability to lead in moments of change. The scores of the leaders showed that transformational leadership can be trained and can improve overall leader effectiveness. This adds to the body of nursing and leadership evidence on the improvements that can be achieved by a leader with formal training in transformational leadership theory.

Limitations

Limitations of this project impacted overall findings. The first limitation was the sample size of leaders. There was the opportunity for 19 to participate, and only 14 completed the study. A second limitation was the time frame in which the study was completed. There was not adequate time to allow for a complete rollout of the learned skills prior to completing the posttest survey. Delays in getting the MOU completed through the organization limited the amount of time that the entire project could be implemented and completed. The organization did not allow

for the department satisfaction survey results to be used for analysis. This hindered the opportunity to see if the staff saw a difference in their direct leader's performance once the training was completed. Additionally, concern for anonymity and survey fatigue prohibited the ability to survey the frontline staff outside of the quarterly satisfaction survey. A fourth limitation to this study was it was completed in a department where the leaders were all nurses working for a health insurance organization, limiting the applicability to other industries. Finally, the completion of the pre- and posttest survey was self-reported by those who were self-selected to participate in the study.

Implications for Practice

Jun and Lee (2023) found that leaders can be trained to be transformational leaders when there is an organizational focus on a leadership philosophy and commitment to the training. This study supports there can be an improvement in leader performance through training and education, specific to transformational leadership theory. Different components of transformational leadership theory are deployed during instances of change and embeddedness activities, and training these skills to leaders will help them be successful in leading their team through change and maintain a sense of satisfaction through engagement (Buil et al., 2019; Khadivi et al., 2021; Stein et al., 2021). Organizations and department leaders can deploy evidence-based transformational leadership tools into their ongoing educational curriculum for leaders to teach those who are new to leadership and to help build on the skills of experienced leaders.

Essentials of Doctoral Education for Advanced Nursing Practice

Essential I: Scientific Underpinnings for Practice

Leadership style and effectiveness are a driving force in how frontline clinicians perform their duties, handle change, stay in their role and at the organization, and maintain overall satisfaction in their job and leader. The literature review supported the positive relationship between effective leadership and overall staff attrition and commitment to an organization. Research supported the use of transformational leadership theory as a strong leadership style to ensure staff engagement, organizational commitment, improved patient outcome, and staff satisfaction. The research had mixed findings around if transformational leadership style can be trained, learned, and implemented by leaders for leading a team. The findings of this project supported the idea that transformational leadership theory can be trained and implemented effectively for leader growth and development.

The theoretical framework used was Lewin's change theory. Lewin's change theory supports organizational change by unfreezing a current process through implementing an intervention and then refreezing once the intervention is complete and monitoring the impacts of the intervention (Burnes, 2019). In this project, creating a change where leaders learn new knowledge and skills to support their team, and then use those skills to support the staff, assists in improving congruency across the team and all staff hearing the same message. For this change to work, the leaders must use the skills learned, and not revert to previous skills, to have overall effectiveness and congruency in the leadership team. Lewin's change theory may be deployed when there are implementations of new workflows for nurses and in professional growth and learning to support the DNP nurse and add to the evidence-based practice knowledge.

Essentials II: Organizational and Systems Leadership

Transformational leadership is a proven leadership style for improving staff satisfaction in their leader and role. Development of a transformational leadership training curriculum that focuses on the seven components covered in the GTL questionnaire provides the opportunity to train a group of leaders and improve overall leadership effectiveness. Providing this educational program would allow for an organization to build future leaders from the bottom up by following the structure of this project to train them in the style of the organization to ensure they have the knowledge once they move into a leadership role versus learning the components after becoming a leader of an established team. This will ensure less disruption in how leaders are seen by the staff and support the continued message and expectations they are accustomed to. Expanding the training program to be across the larger organization will improve consistency in services and organizational performance when all leaders are aligned, creating a culture of equality no matter the business area.

Essentials III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

Evaluating the impact of transformational leadership training within a managed care organization leadership team shows training can improve effectiveness, staff satisfaction, improved team performance, and cohesion. Using the GTL questionnaire to evaluate the leaders' skills and knowledge prior to training and then after provided an understanding of the impact training can have on overall outcomes of the educational program. The GTL questionnaire can inform where the strengths and weaknesses of a leader are, allow for training to be adjusted for a specific person or team, and highlight all areas to improve and grow skills of experienced leaders. Incorporating the GTL questionnaire at the beginning of training and at the end is a simple and cost-effective tool for any organization or team educational program.

Essential IV: Information Systems and Technology for Improvement

Utilization of technology in the managed care organization allowed for data collection and evaluation of information gathered. Distribution of the GTL questionnaire being completed via Microsoft Outlook allowed for mass distribution of the survey link to all participants. Creation of the GTL questionnaire in Microsoft Forms allowed for a person to be identified by name or assigned number, and once participants had completed the assessment, the data could be accumulated on an Excel spreadsheet and prepared for analysis. Utilizing the SPSS Statistics Version 29.0 software in analyzing the data allowed for putting the findings into a format that could be reported to add to the evidence-based literature for transformational leadership training and effectiveness. Limitations of the study were the small sample size of 14 participants, completion over 3 months, and use of a self-selection and self-reporting process. Implementation of a transformational leadership training curriculum for leaders and future leaders is something I can utilize in my practice to grow their leadership knowledge and skills.

Essential V: Health Care Policy

Leadership is about being an advocate for frontline staff, other leaders, and patients and clients. This project supports that there can be an improvement in a leader's knowledge and skills when they are provided evidence-based transformational leadership training. Dissemination of the information from this project can be utilized as support for creating an educational program at the managed care organization. Providing the information to key stakeholders at the organizational level to determine the sustainability of putting a program in place for continued leadership growth. Opening the training up to frontline staff who aspire to be in a leadership role would be an additional component and support succession planning as other leaders are promoted or leave the organization. This would support the culture of growing internally and

building up others within the organization through training and support for their future aspirations.

Essentials VI: Interprofessional Collaboration for Improving Outcomes

For leaders in a managed care organization, interprofessional collaboration is an expectation and core competency in producing results. The DNP nurse has the ability to collaborate with organizational leaders to understand what additional resources are needed to meet organizational goals and create the needed processes to support ongoing education for leaders to improve outcomes across the organization for continued success and patient improvements through implementation of evidence-based practice. Sharing detailed information on outcomes of having strong leaders who can maintain consistency in staffing will improve patient outcomes and business performance.

Essentials VII: Clinical Prevention and Population Health for Improving the Nation's Health

Improving health outcomes is part of the organizational goals to help support the national call to improve the health and equity of the patients and members served. Nurses are key contributors to improving health outcomes and health equity because of the use of evidence-based literature and the inherent interdisciplinary mindset (Flaubert et al., 2021). Nurses in managed care organizations work with patients to improve their overall health outcomes and collaborate with the patient, family, and their health care providers in evaluating, planning, and maintaining. Telephonic case management is a learned skill and not something that all nurses are equipped for. Competency comes from ongoing practice and consistent support from their leaders (Agency for Healthcare Research and Quality, 2018). This project supports that leaders can be trained in transformational leadership, and this would create a culture of inclusivity and

autonomy to allow the ongoing growth of the team completing telephonic case management support.

Essentials VIII: Advanced Nursing Practice

The DNP-prepared nurse is equipped to evaluate evidence-based literature to guide and mentor other nurses in their personal and professional growth (American Association of Colleges of Nursing, 2006). A leadership educational program for nurses assists in growing, guiding, and mentoring current leaders, no matter their experience, to those who aspire for formal leadership roles. Lewin's change theory supports the effort of creating change in a person or team by evaluating a current process, unfreezing it, implementing a change, and then freezing and monitoring the outcomes of the change. Assisting nurses in being high-quality leaders is not only creating an atmosphere of nursing excellence but also improving the fiscal outcomes of the organization, patients, and communities where their impact is felt. Transformational leadership creates a positive organizational environment that gives nurses the opportunity to engage with patients through their assessments and have the autonomy to support the patient's plan of care by understanding the needs, knowing how to implement the interventions, and providing interdisciplinary support for improved outcomes (Flaubert et al., 2021).

Recommendations for Future Research

Future research is needed to expound on the findings of this project that could address the limitations of this study. A larger study needs to be completed that evaluates the successfulness of an evidence-based transformational leadership curriculum across multiple industries and lines of business. The population in this study was a small subset of leaders in a multistate organization with many virtual employees. Completion of a study that evaluates in-person training and leadership versus virtual training and leadership would provide a thorough picture of

the effectiveness of the training in multiple industries and work environments. A study that utilizes a transformational leadership theory training approach for frontline staff who aspire to be leaders would be useful to understand how this knowledge and skill set would help during the interview process, in interactions with peers, and in perceptions of those who are in leadership positions. Additionally, a study that compares the evaluation of a leader with that of their direct reports could provide a well-rounded evaluation of the leader's skills prior to the training and following the training.

Conclusion

An educational program on transformational leadership and how it can improve the knowledge and skills of clinical leaders was investigated and analyzed for this project. The findings of the study determined transformational leadership theory skills and principles can be trained and utilized in leading frontline clinicians. There was a statistically significant increase in the overall GTL score after training on transformational leadership theory and implementation through practice. For future studies, a larger sample size in a similar or different organization and industry is recommended to determine the transferability of the findings in this study and include staff survey data to have a complete understanding of the impact of the changes. The information from this study could be disseminated across the organization to allow for other teams to know the benefits of the education.

There are opportunities to disseminate this evidence-based research so educators, leaders, and human resources departments know that there is support for educating leaders specific to transformational leadership theory. There should be presentations to others across the industry to show leaders can be taught how to be transformational leaders, versus the current belief of it being a learned skill. The ability to publish this research in a nursing or leadership journal would

allow for others in many different places to know the success found with this project and how it can benefit an organization. This study adds to evidence-based literature and opens more conversation around leadership styles and effectiveness in a postpandemic environment to best support leaders and organizations in retaining staff and improving outcomes.

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Appendix A: Demographic Survey and Global Transformational Leadership Questionnaire

1. How many years of formal leadership do you have *

- <1 year
- 1-3 years
- 4-6 years
- >6 years
- Prefer not to say

2. Select age range *

- 18-25 years
- 26-35 years
- 36-45 years
- 46 years or greater
- Prefer not to say

3. How often do you communicate a clear, positive vision for the future? *

	Never	Rarely	Occasionally	Frequently	Always
Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How often do you treat staff as individuals, and support and encourage their development? *

	Never	Rarely	Occasionally	Frequently	Always
Staff Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How often do you give encouragement and recognition to staff? *

	Never	Rarely	Occasionally	Frequently	Always
Supportive Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How often do you foster trust, involvement and cooperation amongst team members? *

	Never	Rarely	Occasionally	Frequently	Always
Empowerment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How often do you encourage thinking about problems in new ways and question assumptions? *

	Never	Rarely	Occasionally	Frequently	Always
Innovative Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How often are you clear about your values and practice what you preach? *

	Never	Rarely	Occasionally	Frequently	Always
Lead by example	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How often do you instill pride and respect in others and inspiring self by being highly competent? *

	Never	Rarely	Occasionally	Frequently	Always
Charisma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix B: IRB Approval Letter

From: [REDACTED]
Subject: IRB-2022-143 - Initial: Initial - Expedited – ACU
Date: February 1, 2023 at 2:25:19 PM CST
To: [REDACTED], [REDACTED]

Date: February 1, 2023

PI: Kristie Gilliland

Department: ONL-Online Student, 17260-Doctor of Nursing

Re: Initial - IRB-2022-143

Effectiveness of Transformational Leadership

The Abilene Christian University Institutional Review Board has rendered the decision below for Effectiveness of Transformational Leadership. The approval is effective starting February 1, 2023.

Admin Check-in Date: —

Expiration Date: —

Decision: Approved

Category: 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Research Notes:

Additional Approvals/Instructions:

Upon completion of this study, please submit the Inactivation Form within 30 days of study completion. If you wish to make any changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the Modification Form.

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the Incident Report Form. All approval letters and study documents are located within the Study Details in Cayuse IRB.

The following are all responsibilities of the Primary Investigator (PI). Violation of these responsibilities may result in suspension or termination of research by the Institutional Review Board. If the Primary Investigator is a student and fails to fulfil any of these responsibilities, the Faculty Advisor then becomes responsible for completing or upholding any and all of the following:

- If there are any changes in the research (including but not limited to change in location, members of the research team, research procedures, number of participants, target population of participants, compensation, or risk), these changes must be approved by the IRB prior to implementation.
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Portions. Questions from table 1 to assess current team status and then re-evaluate after implementation

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