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How registered nurses perceive their leadership preparedness and leadership skills

Isabella Gordon Hughes
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Hughes, Isabella Gordon, M.S.

San Jose State University, 1991

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HOW REGISTERED NURSES PERCEIVE THEIR LEADERSHIP
PREPAREDNESS AND LEADERSHIP SKILLS

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By

Isabella Gordon Hughes

December, 1991

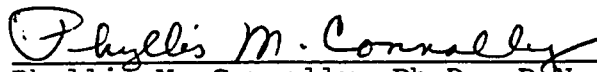
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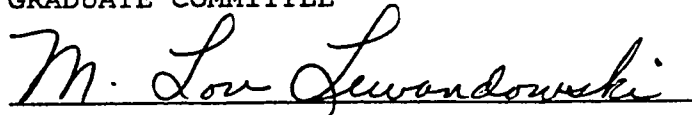
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ABSTRACT

HOW REGISTERED NURSES PERCEIVE THEIR LEADERSHIP PREPAREDNESS AND LEADERSHIP SKILLS

by Isabella Gordon Hughes

This exploratory study used a self-administered questionnaire to examine the attitudes of registered nurses (RNs) (N = 20) presently working in an acute care setting along the central coast of California. The purpose of this study was to explore whether RNs perceive themselves as being effectively prepared for leadership and as having effective leadership skills.

Using Roy's Adaptation Model to study the concepts of role, leadership, and nursing education, the results concluded that there was a need for the basic nursing program to include leadership courses in the curriculum. The subjects of this study did not perceive themselves as being effectively prepared for leadership or as having effective leadership skills. The findings of this study are very important to nurse educators in preparing curricula to meet today's challenges facing future nursing leaders for professional nursing practice.

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CHAPTER 1

Introduction

Leadership skills are required for all positions in professional nursing. Today's arena for nursing practice is complex and changing rapidly. Extraordinary challenges face nursing requiring knowledge of leadership principles and utilization of leadership skills. It is important for nursing education to recognize the value of leadership curricula to prepare graduates to be the future leaders in nursing (Manfredi & Valiga, 1990).

Purpose and Research Questions

The purpose of this study was to explore whether registered nurses (RNs) now working in an acute care setting perceive themselves as having been effectively prepared for leadership and as having effective leadership skills. Effective, in this context, is to be decisive.

The following questions were addressed by this study:

1. Do registered nurses perceive themselves as being educationally prepared for leadership roles?
2. Do registered nurses perceive themselves as having effective leadership skills?
3. Is there a relationship between background characteristics and the perception of having leadership skills?
4. Is there an association between educational

experiences in leadership and the perception of having leadership skills? (Russell, 1985).

The Problem

Contemporary health care organizations mandate the necessity for professional nurses to incorporate leadership and management skills within their realm of practice. Many professional nurses are currently employed in leadership roles yet lack adequate preparation.

The educational preparation of professional nurses for leadership roles is not well documented. Research is needed to determine whether professional nurses have acquired, or have the perception of having acquired, the necessary management and leadership skills within their basic nursing program or other educational programs.

Definition of Terms

For the purpose of this study, the following terms are defined:

1. Acute care hospital is a setting where patients who have a sudden onset of an illness go to receive care from nurses and other health care professionals.
2. Background characteristics are the years employed as a nurse, current job title, current responsibilities, gender, number of years employed at current position, educational preparation, age, and present degree.
3. Basic nursing program is the first/initial nursing (educational) program of a registered nurse. It can be an

associate degree, diploma, or bachelor of science degree.

4. Leadership "is the use of one's skills to influence others to perform to the best of their ability" (Tappen, 1983, p. 74).

5. Leadership role is the function of the RN to influence others working in an acute care hospital.

6. Leadership skill is the ability to influence others.

7. Perceive is the understanding and recognition by the RN of his/her leadership skills.

8. Preparedness is the perception by the RN that he/she is ready to work in a leadership role.

9. Registered Nurse (RN) is a professional nurse who has passed the RN licensing exam in a particular state after any level of basic preparation.

10. Staff position is a level held by a registered nurse in an acute care hospital, and the title may be charge nurse, team leader, or staff nurse.

11. Supervisory position is a level of leadership held by a registered nurse in an acute care hospital, and the title may be assistant head nurse, head nurse, or supervisor.

Research Design

This study examined the attitudes of RNs presently working in an acute care setting. The acute care setting was a private community hospital located on the central

coast of California which employed 182 RNs. The sample for this study was one of convenience, and the target population consisted of the RN staff, RN managers, and RN administrators from this setting. This research study replicated the thesis, How Registered Nurses Perceive Their Leadership Preparedness and Leadership Skills (Russell, 1985).

The study utilized a descriptive survey research design. Those RNs surveyed received a letter briefly describing the study and were asked to complete and return the self-administered questionnaire.

Findings determined the percentage of RNs who perceive themselves as being educationally prepared for leadership and perceive themselves as having leadership skills. The design also determined the relationships among background characteristics, educational experiences and the perception of leadership skills (Russell, 1985). Data analyses included descriptive statistics such as frequencies and percentages. Although the study intended to use chi-square to analyze the relationships between background variables and the perceptions of leadership, the sample was too small to meet requirements for the analysis.

Leadership skills are necessary for professional nurses in today's complex nursing arena. Thus professional registered nurses must be prepared for their role as leaders. The conceptual framework addresses the need for

nurses to adapt to this new role. The important role education plays in preparing nurses for leadership roles is well documented in the literature (Bower, 1989; Brooten, Hayman, & Naylor, 1988; Decker & Sullivan, 1988; Lee, 1987).

CHAPTER 2

Conceptual Framework and Review of Literature

Introduction

The conceptual model is derived from Sister Callista Roy's Adaptation Model (1984). The concepts of person, adaptation, health, environment, and nursing are clearly defined and the relationships are well delineated in Roy's Adaptation Model. Although this model is complex and broad in scope, Roy's Adaptation Model is presently being used in education, research, and practice. Concepts of role, leadership, and nursing education are examined in this framework.

Conceptual Framework

Role Concepts

Key concepts defined from Roy's Adaptation Model (1984) are as follows:

1. Role is a defined set of expectations about how the person occupying one position will behave toward a person occupying another position. These may be determined by society, culture, education, or a combination of these variables.

2. Position is the place in society that a person occupies for the tasks or behaviors of a role to be performed.

3. Role performance defines the actions taken in relation to expected behaviors of a particular role.

4. Role mastery indicates that a person demonstrates both expressive and instrumental behaviors that meet social expectations associated with the assigned roles.

Roy (1984) describes the person as an adaptive system. Professional registered nurses must be adaptive in their roles to meet the changing expectations in contemporary health care organizations. Professional nurses need to exhibit role mastery of leadership.

Leadership Concepts

Key concepts defined from Roy's Adaptation Model (1984) are as follows:

1. Nursing process is a problem-solving procedure used by the nurse to gather data, identify problems, select and implement interventions, and evaluate the results of care aimed at promoting health, enhancing quality of life, and dying with dignity.

2. The nursing model is a set of concepts or images that identify and relate the essential elements of nursing practice.

3. Setting priorities is a procedure inherent throughout the nursing process by which the nurse determines the hierarchy of importance of nursing actions.

4. Goal setting maintains and enhances adaptive behavior and changes ineffective behavior to effective behavior.

5. Evaluation is judging the effectiveness of the

nursing intervention by looking at the effect it had on the adaptive behavior.

Professional registered nurses use the nursing process to assure accountability for their practice. Nursing leaders evaluate the priority setting and goal setting of their nursing staff by continuously observing and measuring actions of the entire team. Nursing leadership roles subsume Roy's concepts.

Nursing Education Concepts

Key concepts defined from Roy's Adaptation Model (1984) are as follows:

1. Culture is the group's design for living, a shared set of socially transmitted assumptions about the nature of the physical and social world, the goals of life, and the approximate means of achieving them.

2. Growth increases knowledge, experience, and function.

3. Development is the orderly change in behavior occurring over a lifetime due to the process of maturation.

4. Developmental task is growth responsibility during a period of change where successful achievement leads to success with later tasks.

One obligation of nursing programs is to teach leadership skills. The educational process must enable the student to develop in the leadership role and to develop role mastery of leadership skills. The adaptation model

provides the necessary framework to give direction to nursing education (Baker & Brower, 1976).

Roy's (1984) conceptual model, an adaptation model, is the conceptual basis for this study. It is important for RNs to adapt to the new role as leaders in an ever changing complex health care environment. Adapting to the leadership role is adaptation in a positive direction. Roy (1984) points out that adapting to a new role is a continuous and ongoing process enhanced by education. Gaining knowledge of leadership during the basic nursing program will enhance effective role transition.

Roy (1984) discusses ineffective role transition and indicates that lack of education, absence of knowledge, or scarcity of role models are the primary reasons for ineffective role transition. Nurses want to be leaders, but they cannot make an effective role transition due to lack of education and scarcity of role models.

Literature Review

"In recently published texts, writers on management state that all nurses need to be leaders and managers. Professional practice based on accountability requires the broader functions of the nurse as a leader in health care delivery" (Carissimi & Genovich-Richards, 1986, p. 36). The literature reflects the changing roles of nurses and the need for education to prepare nurses for leadership roles. Jenkins (1991) states that effective leadership styles

foster healthy personal relationships. Rather than controlling individuals, effective leaders foster open channels of communication, risk-taking, resolution of conflicting perspectives, as well as reasonable functional trust. Ganong and Ganong (1980) discuss the changing role of the nurse manager. The nurse manager is now seen as a true facilitator, coordinator, and leader. The authors discuss the need for specific education if the nurse is to function in the leadership role.

Education is needed to teach leaders how to lead. Losoncy (1985) is concerned that leaders are still utilizing styles of the past based on autocracy, rigid roles, inflexibility, and materialism. The new leader must use a style which motivates others and brings meaning and purpose to people in the organization. Cleland (1990) states that health care institutions in which nursing leadership is professionally oriented, strong, and competent demonstrate enhanced quality of nursing care and enhanced work satisfaction of nurses. Maturity and stability are essential for leaders. Steven (1991) considers having maturity, job knowledge, courage, integrity, and stamina as the secret of success. A leader must be confident in his/her own actions and decisions. Confidence is based on experience and knowledge.

There is a gap between nursing education and practice. Brooten, Hayman, and Naylor (1988) emphasize the difference

between nurse educators and employers concerning knowledge and skills needed by graduates. A nurse manager rarely enters a job having studied organizational dynamics in depth even though this is considered essential (Decker & Sullivan, 1988). The authors further agree with others in stating that it is necessary for nurses to learn management theories (e.g., psychology, business, and accounting) in order to prepare for a leadership role in nursing today.

Educators recognize the need for leadership education. Bower (1989) identifies baccalaureate education in nursing as the only basic program preparing nurses for leadership roles. Lee (1987) is another educator who recognizes that leadership skills in nursing are essential.

A descriptive survey, developed by the Western Interstate Commission for Higher Education, was used in 1975 to determine and analyze the perception of nursing education administrators and nursing service administrators regarding educational preparation for technical and professional nurses in general acute care hospitals in West Virginia (Sortet, 1989). The population studied included nursing education administrators in both associate degree (ADN) and baccalaureate degree (BSN) programs. It also included nursing service administrators in general acute care hospitals in West Virginia.

As recommended by 58% of the nursing service administrators, the baccalaureate degree is preferred, if

available, for entry into leadership positions such as head nurses and supervisors. Forty two percent of the nursing service administrators would accept ADN graduates into leadership positions if that was all that was available. However, 100% of the nursing education administrators recommended the BSN for promotion to head nurse or supervisor. The study also recommended that coordination between educators and nursing service administrators would lead to more comprehensive nursing education and nursing care. If their beliefs are communicated and they are both committed to implementing shared goals, change can occur in nursing education and practice.

"Many in nursing have come to realize that, given the unprecedented changes in the health care environment, the preparation of top-level nurse executives must also change" (Anderson & Scalzi, 1989, p. 25). Ohio State University sent out two types of questionnaires, one to leaders and one to subordinates, which measured leadership styles of individuals (Kison, 1989). Their research determined that the most valued leader is one who is able to accomplish the task, develop satisfaction and loyalty from the group, and strengthen group cohesiveness. Even though one type of leadership style has not been identified as superior, Dunne, Ehrlich, and Mitchell (1988) emphasized that teamwork and flexibility was required of all leaders.

Only through the coordination of educators and nurses

in service settings will emphasis on leadership development be incorporated into a contemporary nurse role. Nurses who view themselves as leaders and clearly define their role are effective leaders (Gajdostik & O'Neil, 1989).

Leadership Skills and Behavior

The nursing literature suggested that nursing education has not adequately prepared nurses to perform as leaders. However, the literature suggested that nursing education can adequately prepare students for leadership if it employs appropriate teaching strategies which expose students to leadership concepts.

Decker and Sullivan (1988) discussed social learning as an approach to learning leadership skills. Nursing education can prepare students for leadership; however, learning is minimal without practice and experience. They pointed out the importance of having a mentor on the job to teach leadership skills. Behavior and attitudes are learned on the job, thus a leader's behavior must be positive as well as realistic. The leader should express confidence and pleasure with subordinate successes. Achievement-oriented leadership behavior stressed the attainment of challenging goals.

Undergraduate programs should provide for the development of skills in leadership and management for beginning professional practice. Curriculum content ought to include assertiveness training, how to influence others,

advocacy, organizational goal achievement, and conflict resolution.

However, curricula often included management activities and not leadership activities. Management content included staffing, assigning, budgeting, and personnel development. True leadership activities would be courses which address influencing others, autonomy, and advocacy. Courses also should address exercising power, mentoring, encouraging the growth of others, and shaping the future. Undergraduate textbooks should address the same concepts of leadership. Leadership and management have often been used interchangeably in the curriculum (Manfredi & Valiga, 1990).

Undergraduate education should expose the student to the clear distinction between management and leadership concepts. Use of a mentor or preceptor to learn leadership skills is a model that could be used. This model provides for socialization of the student and helps the student acquire the necessary knowledge and skills to function as a leader.

The benefit of nurses learning leadership skills in basic nursing education has been well documented. One essential benefit was the retention of professional nurses (Prescott, Phillips, Ryan, & Thompson, 1991). Research performed by Prescott, Phillips, Ryan, and Thompson (1991) concluded that if nurses can control their practice and the changes in nursing roles, retention would be enhanced.

Professional autonomy within institutional settings could be attained with more comprehensive education. Nurses who functioned as a member of a leadership team and participated in decentralized participative management communicated their satisfaction and remained in their nursing position longer. Good communication derived from learning leadership behaviors.

Leadership teams set goals and strive to accomplish these goals. Transition into the role of nurse was facilitated through a combination of educational and clinical experiences. When there were competent leaders, the effectiveness of the organization was enhanced (Cleland, 1990). As Kison (1989) stated, the most valued leader was one who was able to accomplish the task, develop satisfaction and loyalty from the group, and strengthen group cohesiveness. Basic nursing education is an integral part of the leader's training. In the role as a leader, nurses are expected to use theories and principles of leadership. Roy's Adaptation Model provides a framework for leadership in nursing practice. The conceptual model proved to be a useful guide for linking education with practice in adapting nurses to the role of leader in the health care setting.

Significance of the Study

This study addressed whether or not basic nursing education was preparing nurses for leadership roles. This

study is essential to the nursing profession as the profession requires that basic nursing programs prepare nurses to function in expected leadership roles.

This study replicated the study, How Registered Nurses Perceive Their Leadership Preparedness and Leadership Skills (Russell, 1985). This research measured the same variables in a new setting with new subjects. The project also assessed the reliability of the questionnaire.

If the findings are consistent with the original study findings, generalizability will be enhanced. Nursing educators can use this information in preparing curricula for students. Conclusions drawn from this study may guide nursing administrators in the orientation, educational preparation, and evaluation of nursing leaders.

CHAPTER 3

Methodology

Research Questions

This exploratory study was designed to explore whether registered nurses now working in an acute care setting perceived themselves as having been effectively prepared for leadership and as having effective leadership skills.

The following questions were addressed by this study:

1. Do registered nurses perceive themselves as being educationally prepared for leadership roles?
2. Do registered nurses perceive themselves as having effective leadership skills?
3. Is there a relationship between background characteristics and the perception of having leadership skills?
4. Is there an association between educational experiences in leadership and the perception of having leadership skills? (Russell, 1985).

Research Procedure

Subjects and Setting

This is a descriptive survey research design used to study the possible relationships among background characteristics, educational experiences, and the perception of leadership skills. After receiving permission to replicate the 1985 study by P. Russell and use the questionnaire (Appendix A), Human Subjects approval from San

Jose State University (Appendix B), and requesting permission to distribute questionnaires from the hospital's Vice President of Nursing (Appendix C), the nurses received a cover letter (Appendix D) briefly describing the study with the questionnaire (Appendix E) which they were asked to complete and return.

Data Collection

The questionnaire was distributed by a hospital employee via paycheck envelopes to approximately 100 registered nurses (i.e., RN staff nurses, RN managers, and RN administrators). A cover letter was attached to the questionnaire to explain the study and assure anonymity and confidentiality of the RNs surveyed. The questionnaire was completed by 20 RNs and returned to a sealed box in the nursing office marked "Leadership Research."

The researcher collected the completed questionnaires one week after distribution. Follow-up letters were sent via paycheck envelopes as reminders at the end of week one and week two of distribution. The box in the nursing office was checked for completed questionnaires after 1, 2, and 3 weeks.

Information was gathered from a convenience sample at one acute care hospital in central coast California on background characteristics (demographic), leadership/management courses taken by RNs, RNs' perceptions of their leadership preparedness and leadership skills,

content and value of the leadership/management course, and the frequency and responsibility for certain tasks. The data for this study were collected during April, 1991. The anticipated response rate was approximately 30%, however, the actual response rate was 20%. One month after the questionnaires were distributed, a thank you note was posted in the nursing office.

The Instrument

The measurement tool has been used once before in the 1985 study by Russell. This questionnaire was composed of four sections: (a) demographic data (questions 1-6), (b) nursing educational preparation (questions 7-9), (c) leadership/management courses taken by registered nurses and their perception of their leadership skills, content, and value of the course(s), frequency and responsibility for certain tasks/activities (questions 10-18, 20-21), and (d) general information such as number of employees supervised, anticipation of moving and process of moving into leadership/management position, and how present leadership/management role and skills were attained (questions 19, 22-29).

Analysis Procedures

Descriptive statistical procedures were used to compute frequencies, percentages, and ranges for demographic variables and study variables. Chi-square statistical procedures were intended to analyze the relationships

between background variables and the perceptions of leadership; however, the sample was too small to meet the requirements of this procedure.

Limitations

The limitations of this study related to the sampling process, sample size, procedure, theoretical limitations, and lack of randomization. The small convenience sample used one local acute care hospital, and this may not be representative of all nursing leaders.

The measurement tool used in this study has limited validity and reliability as the tool was used only once before and the sample size was small. Therefore, the generalizability of this study was limited, and conclusions may be applicable only to this specific geographical location and sample.

Another problem with this tool was that it was difficult for respondents to keep track of when questions were applicable to their situation. For instance, after the questions asking if the RN had received educational leadership/management training in the initial nursing program, there were several questions of his/her perception of the effectiveness of this educational preparation. In this particular study, there were more responses to the perception questions than there were positive responses to having received educational preparation. A suggestion for improvement might be to add a sentence after item 11 of the

questionnaire such as: "If you answered 'no' or 'not offered' to questions 10 and 11, skip to question 14." When this study is repeated, the questionnaire should be revised and distributed to a larger sample.

CHAPTER 4

Findings and Interpretation

Introduction

The self administered questionnaire was collected from a sample of 20 nurses as a convenience sample in an acute care hospital along the central coast of California. Data describing the demographics of this sample and their answers to questions related to the research questions were discussed. Due to the small sample size, analyses to determine a relationship between background characteristics and the perception of having leadership skills as well as an association between educational experiences in leadership and the perception of having leadership skills were not possible. However, some trends were identified and these are discussed.

Demographic Data

Sample Characteristics

Gender. The sample included 18 female and 2 male RNs. This reflects the predominance of females in nursing; however, this sample represents a larger percent of males than the national statistics.

Age. As can be seen in Table 1, most of the nurses in this study were between the ages of 30 to 45 years of age. The group of nurses younger than 30 (21% of this sample) accounted for slightly more than the group over 45 years of

age.

Table 1

Sample Characteristics (N = 20)

Characteristics	Responses	Percent
<u>Age groups</u>		
22-29 years	4	21.0
30-37 years	6	31.6
38-45 years	6	31.6
over 45 years	3	15.8
<u>Nursing Experience</u>		
1-8 years	10	50.0
9-12 years	2	10.0
over 12 years	8	40.0
<u>Current job title</u>		
Supervisor	4	21.0
Assistant head nurse	1	5.3
Charge nurse	4	21.1
Team leader	2	10.5
Staff nurse	8	42.1

Note. Some of the categories do not add up to 100% due to missing data.

Nursing Experience. Half (50%) of the nurses have been employed as a nurse for 8 years or less (Table 1). Only 10% of the nurses fell in the middle range of 9-12 years of nursing experience, however, 40% of the RNs had over 12 years of nursing experience.

Current Job Title. Many (n=4, 21%) of the RNs who participated in this study were staff nurses (Table 1). However, over half of the sample currently held a job title indicating a leadership role (i.e., team leader = 10.5%, charge nurse = 21.1%, assistant head nurse = 5.3%, and supervisor = 21%).

Length of Employment in Current Position. Over half (55%) of the nurses who responded to this survey had been employed in their current nursing positions for 3 years or less. One fourth (25%) of the nurses had held their current position for 4-7 years, and the other 20% had been in their current position for 8 years or more.

Educational Preparation

Year Graduated. Half (50%) of the nurses who participated in this study graduated from their initial nursing program in 1981-90 (Table 2). Seven RNs, or 35%, graduated between 1971-1980; 2 RNs, or 10%, graduated between 1961-1970; and 1 RN, or 5%, graduated between the years 1951-1960. These data appeared consistent with the data in Table 1 on years employed in nursing.

Initial Nursing Program. The associate of arts (AA) in

Table 2

Educational Preparation (N = 20)

Group	Responses	Percent
<u>Year graduated</u>		
1951-60	1	5.0
1961-70	2	10.0
1971-80	7	35.0
1981-90	10	50.0
<u>Initial nursing program</u>		
Diploma	2	10.0
AA nursing	13	65.0
BS nursing	1	5.0
Other	4	20.0
<u>Present nursing degree</u>		
Diploma	2	10.0
AA nursing	16	80.0
BS nursing	1	5.0
Other	1	5.0

nursing was the most common type of initial nursing training (Table 2). Thirteen RNs, or 65%, graduated from an AA nursing program which may be an important factor in the exploration of educational preparation for the leadership or management roles. Two RNs, or 10%, graduated from a diploma nursing program. Only 1 RN, or 5%, graduated from a bachelor of science (BS) program in nursing. Four 4 RNs, or 20%, received their initial nursing training from other types of programs such as associate of science or licensed vocational nurse program.

Present Nursing Degree. Just as the AA degree was the most common initial nursing program, the AA degree was also the most common highest degree presently held among the nurses who participated in this research (Table 2). Sixteen RNs, or 80%, gave the AA as their present nursing degree which indicated 3 additional nurses. Diploma and BS degrees stayed the same, and 1 RN, or 5%, continued to list "other" as his/her present nursing degree and list that degree as master in public administration. The prevalence of the AA degree could be attributed to the fact that this was the only type of program offered in the immediate geographical area. The next option would be a BSN from a state university which is a long and difficult commute.

Leadership Preparation

Leadership/Management Courses

Nurses who participated in this study were asked if

leadership/management courses were taken in their initial nursing programs. Three RNs, or 15%, responded that these courses were taken in their programs; 1 RN, or 5%, responded that they were offered but not taken; and 16 RNs, or 80%, responded that leadership/management courses were not offered in their initial nursing programs.

Another question was directed to those RNs who responded that actual leadership/management courses were not included in their initial program. They were asked if leadership/management content was integrated throughout the curriculum in their initial nursing program. Three RNs, or 15%, responded "yes," and 14 RNs, or 70%, responded "no." Three RNs responded "not applicable" which would be consistent with the 3 RNs who had taken courses in their initial programs.

Initial Leadership Preparation

The RNs rated their perception of leadership skills after the completion of a leadership/management course in the initial nursing program. Specifically, they responded to item 12 of the questionnaire which asked, "Did you perceive yourself as having leadership/management skills after you completed the leadership/management course in your initial (first) nursing program?" These answers were matched with previous answers on age and nursing experience (Table 3).

Although only 6 RNs from this sample answered that they

Table 3

Perception of Educational Preparation for Leadership Skills
by Years Employed and Age (N = 20)

	Yes		No		Somewhat	
	<u>n</u>	(%)	<u>n</u>	(%)	<u>n</u>	(%)
Employed						
1-4 years	0	(0.0)	2	(13.3)	1	(6.7)
5-8 years	0	(0.0)	1	(6.7)	2	(13.3)
9-12 years	0	(0.0)	0	(0.0)	1	(6.7)
Over 12	4	(26.7)	3	(20.0)	1	(6.7)
Age						
22-29	0	(0.0)	1	(7.1)	0	(0.0)
30-37	0	(0.0)	1	(7.1)	4	(28.6)
over 37	4	(28.6)	3	(21.4)	1	(7.1)

Note. Total number of responses do not add to 20 due to missing data. The question was not applicable to nurses who had not had leadership/management courses in their initial program (n = 14), and one nurse did not respond to the age question.

had received leadership/management training in their initial programs, there were more responses to this question. The missing answers may be from those nurses who understood that the question did not apply to them.

Of those nurses who responded to this question, none of the RNs with 12 years, or less, experience perceived themselves as having leadership skills. Two RNs who had been employed 1-4 years, or 13.3%, responded that they did not have the skills, and 1 RN, or 6.7%, responded "somewhat." Of those RNs employed 5-8 years, 1 RN, or 6.7% responded that he/she did not have the skills, and 2 RNs, or 13.3%, responded "somewhat." Of those RNs employed 9-12 years, 1 RN, or 6.7%, responded "somewhat." Of those RNs employed over 12 years, 4 RNs, or 26.7%, responded "yes" that they perceived themselves to have leadership skills, 1 RN, or 6.7%, responded "somewhat," and 3 RNs, or 20%, responded that they did not perceive themselves to have leadership skills. It would appear that perceived leadership skills were the result of job experience rather than nursing education.

Perception of Preparation for Leadership

The answers were also analyzed for their perception of preparation for leadership based on their age (Table 3). The RNs between 22-29 years of age (1 RN, or 7.1%) responded that they were not prepared. Of the RNs between 30-37 years of age, 1 RN, or 7.1%, responded "no," and 4 RNs, or 28.6%,

responded "somewhat" prepared. Of the RNs over 37 years of age, 4 RNs, or 28.6%, responded "yes," 3 RNs, or 21.4%, responded "no," and 1 RN, or 7.1%, responded "somewhat."

Preparation After Initial Program Completed

The RNs rated their perception of leadership preparation based on their current job title. Supervisors responded in this way: (a) 2 RNs, or 14.3%, responded "yes," (b) 1 RN, or 7.1%, responded "no," and (c) 1 RN, or 7.1%, responded "somewhat." Charge nurses responded: (a) 1 RN, or 7.1%, responded "yes," (b) 1 RN, or 7.1%, responded "no," and (c) 1 RN, or 7.1%, responded "somewhat." Team leaders responded: (a) 1 RN, or 7.1%, responded "no" and (b) 1 RN, or 7.1%, responded "somewhat." Staff nurses responded: (a) 3 RNs, or 21.4%, responded "no" and (b) 2 RNs, or 14.3%, responded "somewhat."

Overview of Perception of Preparation of Leadership

Those RNs employed over 12 years perceived themselves to have leadership preparation skills. RNs over 37 years of age also perceived themselves to be prepared for leadership, and RNs in a supervisory position perceived themselves to be prepared for leadership.

The RNs employed 1-4 years responded that they did not perceive themselves to have leadership skills. RNs between 22-29 years responded that they were not prepared for leadership, and staff nurses responded that they were not prepared for leadership.

Perception of Leadership Skills and Responsibilities

Item 13 of the questionnaire asked respondents who had received some leadership/management training in their initial nursing program to identify their degree of preparation for specific nursing tasks. This question was applicable to 6 RNs from the total sample ($N = 20$); however, there was a higher rate of response. The trend was for nurses to perceive themselves as adequately to somewhat prepared for tasks related to patient care (Table 4); however, they felt only somewhat to inadequately prepared for tasks related to colleague relations (Table 5). For example, some of the tasks related to patient care included: (a) coordinate patient care (adequate = 5, somewhat = 4, not at all = 1), (b) set priorities (adequate = 6, somewhat = 4, not at all = 0), (c) make independent nursing decisions (adequate = 4, somewhat = 4, not at all = 1), (d) problem solve (adequate = 6, somewhat = 5, not at all = 0), and (e) communicate effectively (adequate = 4, somewhat = 6, not at all = 1). Some of the tasks related to colleague relations included: (a) delegate nursing duties (adequate = 2, somewhat = 7, not at all = 1), (b) change policies (adequate = 0, somewhat = 4, not at all = 5), (c) hire new employees (adequate = 1, somewhat = 0, not at all = 5), (d) fire an employee (adequate = 1, somewhat = 0, not at all = 5), and (e) motivate an employee (adequate = 1, somewhat = 5, not at all = 3).

Table 4

Perception of Leadership Skills for Patient Care (N = 20)

	Adequate		Somewhat		Not at All		Not Applicable	
	n	%	n	%	n	%	n	%
Coordinate patient care	5	(27.8)	4	(22.2)	1	(5.6)	8	(44.4)
Set priorities	6	(33.3)	4	(22.2)	0	(0.0)	8	(44.4)
Independent nursing								
decisions	4	(23.5)	4	(23.5)	1	(5.9)	8	(44.4)
Problem solve	6	(31.6)	5	(26.3)	0	(0.0)	8	(47.1)
Communicate effectively	4	(21.1)	6	(31.6)	1	(5.2)	8	(42.1)

Note. Total number of responses do not add to 20 due to missing data. The question was only applicable to nurses who had a leadership/management course in their initial program (n = 6).

Table 5

Perception of Leadership Skills for Colleague Relations (N = 20)

	Adequate		Somewhat		Not at All		Not Applicable	
	n	%	n	%	n	%	n	%
Delegate nursing duties	2	(11.1)	7	(38.9)	1	(5.6)	8	(44.4)
Change policies	0	(0.0)	4	(22.2)	5	(27.8)	9	(50.0)
Hire new employees	1	(5.6)	0	(0.0)	5	(27.8)	12	(66.7)
Fire an employee	1	(5.6)	0	(0.0)	5	(27.8)	12	(66.7)
Motivate an employee	1	(5.6)	5	(27.8)	3	(16.7)	9	(50.0)

Note. Total number of responses do not add to 20 due to missing data. The question was only applicable to nurses who had a leadership/management course in their initial program (n = 6).

General Information

The general information section of the questionnaire included such information as number of employees supervised, anticipation of moving and process of moving into leadership/management position, and how present leadership/management role and skills were attained. Six RNs, or 30%, of the nurses did not supervise any employees. Another 30%, or 6 RNs, supervised 5-8 employees, and 4 RNs, or 20%, supervised over 12 employees.

When asked if they expected to move into a leadership/management position or the next level of management, 10 RNs, or 50%, answered "yes" or "maybe." Five RNs, or 25%, answered a definite "no." The remaining RNs answered "not applicable" or did not respond.

When the nurses were asked how they attained their present leadership/management position, they were given these choices: (a) clinical expertise, (b) experience, (c) educational preparation, (d) combination of clinical expertise, experience, and educational preparation, (e) other, or (f) not applicable. Five RNs, or 25%, responded that they attained their present position from a combination of clinical expertise, experience, and educational preparation; however, no one attributed their position to educational preparation alone.

One RN responded that he/she had been guided in learning leadership/management skills by a mentor/preceptor.

On the other hand, 8 RNs responded they did not have a mentor/preceptor, and 11 RNs felt the question did not apply. There does not appear to be a tendency for one to learn leadership/management skills from a mentor/preceptor nor from educational preparation alone.

Summary

Of those who responded in this research study, there appeared to be a trend that if the nurse had advanced to a supervisory position, or the longer a nurse had worked, and the older the nurse, they were more likely to perceive themselves as prepared for their leadership roles. Of those who responded, 80% indicated they did not have a leadership/management course in their initial nursing program. This was important because AA programs generally do not offer very much leadership/management content, and the AA was the present degree held by 80% of the nurses. Also, 70% stated that the leadership/management content was not integrated throughout the curriculum. Of those who received a leadership/management course in their initial nursing program, 30% did not perceive themselves as being prepared with the necessary leadership skills. There appeared to be a tendency for registered nurses not to perceive themselves as having leadership skills. The data indicated that 20% of RNs who had a leadership/management course in their initial nursing program perceived themselves as having leadership skills after the course. Of the RNs in

a non-supervisory position, 6.3% perceived themselves as having the necessary leadership/management skills to function in a leadership/management role. The RNs who perceived themselves as having the necessary skills to function in a leadership role had 12 or more years of nursing experience.

The data also appeared to indicate that there was a trend between content offered in the leadership courses taken and the frequency RNs engaged in leadership tasks. Most RNs who were engaged in tasks related to patient care leadership felt comfortable with their leadership skills. These tasks included: (a) coordinating nursing care, (b) setting priorities, (c) delegating nursing duties, (d) making independent nursing decisions, (e) problem solving, and (f) communicating both verbally and in written form. However, RNs did not feel comfortable in leadership of colleagues and with such tasks as (a) changing policies, (b) hiring a new employee, or (c) firing an employee.

Although the courses in leadership/management appear to increase the nurse's perception of skills related to those tasks related to patient care, none of the nurses attributed their present leadership role to educational preparation alone. Since only 1 RN had been guided by a mentor/preceptor, one cannot attribute leadership roles to cooperation and training from co-workers.

It is important to note the small sample size. From

the respondents who completed the questionnaire ($N = 20$), 3 RNs had a course on leadership/management in their initial nursing program, and an additional 3 RNs had some leadership/management training incorporated throughout their initial nursing program. Caution should be taken in the generalization of these data as they may not be representative of the general nursing population.

CHAPTER 5

Conclusions and Recommendations

An exploratory study was conducted to investigate whether registered nurses now working in an acute care setting perceived themselves as having been effectively prepared for leadership and as having effective leadership skills. Twenty registered nurses returned the completed questionnaire.

Conclusions

The data from the study indicated that the RNs did not perceive themselves as having been effectively prepared for leadership and did not perceive themselves as having effective leadership skills. However, the study was limited by a small sample size and a low return rate.

Before conducting the study, a second acute care hospital was approached. Although initial access to the setting was anticipated, this acute care hospital did not allow the researcher to conduct the study due to union negotiations. The acute care hospital which did participate was very willing for the researcher to do the study; however, the questionnaires were distributed by a secretary in the nursing office. The researcher did not have direct access to the subjects.

Due to the small sample size, no statistically significant findings can be reported. Therefore, no

definite relationship between the variables can be inferred.

The demographic data collected indicated that 90% of the nurses who responded were females, 63% were between the ages of 30-45 years, 40% were employed over 12 years as a nurse, and 42% were staff nurses. Over 50% of those who responded in this study graduated in the 1980s. Of the nurses in this study, 65% were associate degree graduates and have not advanced their degree.

Of the respondents, 80% indicated they did not have a leadership/management course in their initial nursing program. Many indicated that they did not perceive themselves as having leadership skills even after having a leadership/management course in their initial nursing program. Thus, the participants in this study did not perceive themselves as being educationally prepared for leadership roles.

The data indicated that 20% of RNs who had a leadership/management course in their initial nursing program perceived themselves as having leadership skills. The RNs who perceived themselves as having the necessary leadership skills have 12 or more years of nursing experience as indicated by the demographic data. In addition, the data appeared to suggest that nurses assume leadership positions in their late 30s. Thus, it appeared that registered nurses perceived themselves as having effective leadership skills after nursing experience rather

than having learned such skills in the basic nursing program.

Due to the small sample size, no statistically significant conclusions can be drawn to answer the question, "Is there a relationship between background characteristics and the perception of having leadership skills?" Regarding the question, "Is there an association between educational experiences in leadership and the perception of leadership skills?", the data revealed that 28.6% responded "yes," 35.7% responded "no," and 35.7% responded "somewhat." While no definitive conclusions can be drawn from this sample, it would appear that nurses do not perceive a clear relationship between education and leadership.

The data suggested that there was a tendency for nurses to be more comfortable in leadership roles relating to patient care rather than leadership roles relating to their colleagues. This trend appeared to be related to time in that nurses in this study began their leadership roles after age 37 or after 12 years of experience.

Recommendations

Several recommendations were generated from this study. First, the questionnaire should be repeated using a larger sample size in more than one acute care hospital. Second, there is a need for a clear definition of the concept of leadership. The concept should be fully and clearly explained to all respondents. This could be accomplished in

the cover letter to the subjects. Third, the researcher needs to control the distribution of the questionnaire to verify the target population.

Another recommendation is for the revision of the questionnaire in an effort to avoid some of the ambiguity of responses. Specifically, when the question is intended to identify respondents who have received educational preparation or those in leadership/management roles in order to gather further data in those areas, there should be directions to skip the not applicable questions for the other respondents. Cross check questions should be included to further validate the responses.

Summary

The results of the study indicate that there is a need for the basic nursing program to include specific leadership content in the curriculum. It is important for nurses to perceive themselves as leaders before they have several years of experience. The findings of this study could be very useful to nurse educators in preparing curricula to address contemporary challenges facing professional nursing.

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Appendix A
Permission to Use Questionnaire

December 7, 1990

Isabella Hughes RN, BSN
1672 Aptos Creek Road
Aptos, CA 95003

Dear Ms. Hughes,

I am pleased that you are interested in replicating my study. Therefore, you have my permission to replicate my thesis and use my questionnaire. I wish you all the best.

Yes, I would like a copy.

Sincerely,

Paulette Russell RN

Paulette Russell

29821 Taylor Ave.
Hayward, CA 94544

Appendix B
Human Subjects Approval



A member of The California State University

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Isabella Gordon Hughes, Nursing
1672 Aptos Creek Road
Aptos, CA 95003

From: Charles R. Bolz
Office of Graduate Studies and Research

Date: April 9, 1991

The Human Subjects Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"How Registered Nurses Perceive Their Leadership Preparedness and Leadership Skills"

You may proceed with this study without further review by the Human Subjects Institutional Review Board.

I do caution you that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact Dr. Stanford or me at (408) 924-2480.

cc: Jayne H. Cohen, RN, D.N.Sc.

Appendix C

Request for Permission to Distribute Questionnaire

1672 Aptos Creek Road
Aptos Ca. 95003

Jan. 3, 1991

Dear

I am currently pursuing a Master of Science Degree in Nursing at San Jose State University. A research component including a thesis is required for the degree.

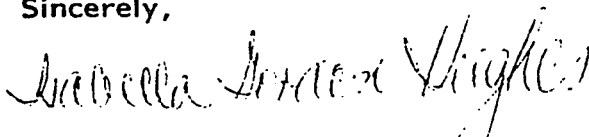
The objective of my thesis is to evaluate how registered nurses perceive their leadership preparedness and leadership skills. The data collection involves distributing a questionnaire to registered nurses now employed in acute care settings. The procedure will maintain confidentiality. The proposal is required to be screened by the San Jose State University Committee for the Protection of Human Subjects.

I would like to distribute this questionnaire to the registered nurses presently employed in your hospital. I will provide all questionnaires with a cover letter and I will collect all completed questionnaires. I would like to distribute the questionnaire by April 1, 1991 and collect them by April 15, 1991, at the very latest.

If additional information is needed, I will be happy to supply it upon your request.

Thank you for your assistance.

Sincerely,



Isabella Gordon Hughes RN, BSN
Graduate Student
San Jose State University
San Jose Ca.

H-408 688 7147
Wk-408 476 3344

Appendix D
Cover Letter with Questionnaire



A campus of The California State University

School of Applied Arts and Sciences • Department of Nursing • Graduate Program
One Washington Square • San Jose, California 95192-0057 • 408/924-3134

April 11, 1991

Dear Registered Nurses:

I need your help in conducting a study on how registered nurses perceive their leadership preparedness and leadership skills. The results of this study will add to the body of nursing knowledge as well as contribute to my master's thesis.

Attached is a questionnaire asking about your perception of leadership preparedness and leadership skills. Would you please spend 15-30 minutes to complete the form? Please do not put your name on anything. This will assure your anonymity. After data entry, all surveys will be destroyed.

Your participation in this study is voluntary. Permission has been obtained from your Vice President of Nursing, Donna Ramos, to distribute this questionnaire. Aggregate results may be obtained upon request. Please return your completed questionnaire, by April 26, to the box located in the nursing office, marked "Leadership Research".

If you have any questions about this study, I would be happy to talk with you. I can be reached at (408) 688 7147. Concerns about the procedures may be presented to Dr. Jayne Cohen (Faculty Advisor) at (408) 924-1325. For questions or concerns about research subject's rights contact Dr. Serena Stanford (Associate Academic Vice President for Graduate Studies & Research) at (408) 924 3158.

I hope you will find the time to help me. Thank you for your participation in this study and your contribution to nursing research. Conclusions drawn from this study may guide nursing administrators in the orientation, educational preparation, and evaluation of nursing leaders. In addition nursing educators can use this information in preparing curricula for student nurses.

Personally I wish to thank you, in advance, for your time and interest in responding to this study. The results of the study will be made available to any interested participants through the Vice President of Nursing.

Sincerely,

A handwritten signature in cursive script that reads 'Isabella Gordon Hughes'.

Isabella Gordon Hughes BSN, RN
Graduate Student
San Jose State University
San Jose, Ca.

Appendix E
Questionnaire

QUESTIONNAIRE

Thank you for participating in this study. Your time and effort are greatly appreciated.

Please check () the appropriate box.

1. Sex:
 - () Female
 - () Male
2. Age:
 - () less than 21
 - () 22 - 29
 - () 30 - 37
 - () 38 - 45
 - () over 45
3. Number of years employed in nursing?
 - () less than 1 year
 - () 1 - 4 years
 - () 5 - 8 years
 - () 9 - 12 years
 - () over 12 years
4. Current Job Title:
 - () Supervisor
 - () Head Nurse
 - () Assistant Head Nurse
 - () Charge Nurse
 - () Team Leader
 - () Staff Nurse
5. How long have you been employed at your current nursing position?
Please specify years and months.

_____ year(s) _____ month(s)
6. What type of nursing care approach does your unit employ?
 - () Primary Care Nursing
 - () Team Leading
 - () Combination of primary care nursing and team leading
 - () Other (please specify) _____

7. Your initial (first) Nursing Program?
- Diploma BS Nursing
 AA Nursing Other (please specify)
-
8. What year did you graduate from your initial (first) nursing program?
- 19 _____
9. Your present nursing degree:
- Diploma BS Nursing
 AA Nursing Other (please specify)
-
10. Did you take a formal leadership/management course in your initial (first) nursing program?
- Yes No, although such a course was offered Such a course was not offered.
11. If you did not have an actual course in leadership/management, was the leadership/management content integrated throughout the curriculum in your initial (first) nursing program?
- Yes No
12. Did you perceive yourself as having leadership/management skills after you completed the leadership/management course in your initial (first) nursing program?
- Yes No Somewhat Not Applicable

13. Do you feel the leadership/management course you had in your initial nursing program prepared you to: Please check () appropriate boxes.

	Adequately	Somewhat	Not At All	Not Applicable
A. Coordinate patient care				
B. Set priorities				
C. Delegate nursing duties				
D. Make independent nursing decisions				
E. Problem-solve				
F. Change policies				
G. Communicate effectively				
H. Hire new employees				
I. Fire an employee				
J. Motivate employees				

14. Other than your initial (first) nursing program, have you taken a leadership/management course(s) provided by another organization?

() Yes () No

15. How many leadership/management courses have you taken in the following organizations? Please list the number of courses in each organization.

A. Continuing Education (CE) _____
 B. College or University _____
 C. Inservice (hospital) _____

16. Did the above leadership/management course(s) provide the following course content? Please check () appropriate boxes. (May check more than one box in each line)

	C.E.	Formal	Inservice	Not Applicable
A. Planning				
B. Setting priorities				
C. Delegating				
D. Decision-making				
E. Problem-solve				
F. Implementing change(s)				
G. Communicating				
H. Hiring				
I. Firing				
J. Motivating Employees				
K. Evaluating Employees				

17. Based upon your experience with each of these courses, which one(s) do you feel were valuable in preparing you in the skills needed to lead/manage others?

	Very Valuable	Somewhat Valuable	Not At All	Not Applicable
A. C.E.				
B. Formal				
C. Inservice				

18. In performing your nursing duties, how frequently do you engage in each of these tasks? Please check () box for each task.

	Frequently	Not Frequently	Not At All
A. Coordinate nursing care			
B. Set priorities			
C. Delegate nursing duties			
D. Make independent nursing decisions			
E. Problem-solve			
F. Implement change			
G. Communicate through verbal or written form			
H. Hire new employees			
I. Fire an employee			
J. Motivate employees			

19. How many employees do you supervise?

- () None
 () 1 - 4
 () 5 - 8
 () 9 - 12
 () over 12

20. On your nursing unit, do you have responsibility for the following activities? Please check () appropriate boxes.

	Yes	No	Occasionally
A. Budgeting			
B. Staffing			
C. Hiring			
D. Firing			
E. Patient assignments			
F. Education/Inservice training			
G. Schedule Planning			
H. Staff evaluation(s)			

21. If you are not currently in a leadership/management position, do you perceive yourself as having the necessary leadership/management skills to function in a leadership/management role?
- () Yes () No () Maybe
22. As a nurse, do you have the expectation of moving to a leadership management position, or to the next level of management?
- () Yes () No () Maybe
23. Does the institution where you work have a promotional system whereby a staff nurse can move up through the ranks to a leadership/management position?
- () Yes () No
24. If you were offered a chance at any nursing position, would you choose to remain in your present nursing position?
- () Yes () No

25. If no, what nursing position would you choose if you had a choice. Please write your choice of nursing position in the space provided.
-

Answer the following questions only if you are currently in a leadership/management position, i.e., Assistant Head Nurse, Head Nurse, etc.

26. Did you come to your present leadership/management position from a prior leadership/management position?
- () Yes () No
27. How did you attain your present leadership/management position?
- () Clinical Expertise
 () Nursing Experience (many years worked as a nurse)
 () Educational Preparation
 () A combination of clinical expertise, nursing experience, and education
 () Other (please specify) _____
28. Did you have a mentor/preceptor who guided you in learning those skills (behaviors) needed in the leadership/management role?
- () Yes () No
29. Are you satisfied in the leadership/management role?
- | | | | | |
|-----------|-----------|---------|-------------|-------------|
| Very | | | | Very |
| Satisfied | Satisfied | Neutral | Unsatisfied | Unsatisfied |
| () | () | () | () | () |

END