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A Comparative Analysis of Nurse Leaders' Degree of Transformational Leadership and Staff Nurse Job Satisfaction

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**A COMPARATIVE ANALYSIS OF NURSE
LEADERS' DEGREE OF TRANSFORMATIONAL
LEADERSHIP AND STAFF NURSE JOB SATISFACTION**

by

**Kathie Sawyer Weatherly
B.S.N. May 1987, Old Dominion University**

**A Thesis Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
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Approved by:

**Sue W. Young, MSN, RN [✓]
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ABSTRACT

A COMPARATIVE ANALYSIS OF NURSE LEADERS' DEGREE OF TRANSFORMATIONAL LEADERSHIP AND STAFF NURSE JOB SATISFACTION

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The intensified pressure for change in nursing organizations has presented nurse leaders with opportunities to transform bureaucratic settings into professional practice environments. Transformational leadership has been identified as supporting the changing values of staff nurses and promoting job satisfaction. The purpose of this study was to explore nurse leaders' degree of transformational leadership and the relationship between transformational leadership and staff nurse job satisfaction. Quantitative analysis, using an independent *t*-test, indicated a significant difference between nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership. Pearson correlation analysis indicated a significant relationship between transformational leadership and staff nurse job satisfaction. Staff nurses of high-scoring transformational leaders were more positive about their work environment and level of performance. Multiple regression analysis revealed 17% of the variance in staff nurse job satisfaction was explained by nurse leader transformational leadership scores.

DEDICATION

This thesis is dedicated to my loving husband Michael and son Michael Jr. I can not find enough words to say thank you for the sacrifices you both have made. Without your constant love, support, and nurturing my goals would not have been achieved. Thank you for believing in me, especially during the times it was difficult for me to believe in myself. Your words of encouragement and love served as an endless source of strength during these past four years.

A special dedication of this thesis is to my parents, Billy and Marie Sawyer, who instilled in me the desire to set my goals high and the courage and determination to realize my dreams. A special thank you for teaching me early in life that faith in God sustains and that the rewards from having lived are found through loving and caring for others.

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CHAPTER 1

Introduction

Today, professional nursing is experiencing a leadership crisis (Barker, 1990). This crisis has emerged from several key issues affecting nurse leaders and nursing practice (1990). First, nurse leaders have failed to solve ongoing problems in nursing practice resulting in a lack of leadership credibility. Consequently, nurse leaders have been criticized and their authority challenged by nurses. Second, nurses' commitment to their work has changed creating a productivity deficit. Ineffective leadership skills and near-sighted vision, on the part of nurse leaders, have been blamed for this change. Third, turbulent changes in our society have rendered many traditional leadership techniques ineffective. Collectively, these issues have inhibited nurse leaders' ability to promote job satisfaction among nurses and achieve organizational success. Therefore, nurse leaders must develop new leadership approaches to be successful in modern, dynamic health care systems.

Nursing leadership is the process through which nurse leaders influence the activities of individuals or

groups to accomplish goals of the nursing organization and the larger hospital organization (Stevens, 1985). The leader's unique achievement, within the organizational setting, is a human and social one which develops from an understanding of colleagues and followers as well as the relationship of individual worker's goals to the group goals for which the leader is accountable (Prentice, 1961/1983). Nurse leader behaviors and attitudes have a direct effect on the methods employed to influence the activities of nurses (Barker, 1990) thereby, affecting job satisfaction.

Nurses have consistently reported specific factors which adversely affect job satisfaction and work commitment (Barker, 1990). Behaviors and attitudes of nurse leaders as well as limited professional growth and development opportunities generally rank high on the list. Other factors often cited include: lack of professional autonomy resulting from oppressive organizational hierarchies; lack of status and power within the job; and relationships with nurse and physician colleagues (1990). These factors coupled with issues surrounding the current leadership crisis call for a new approach to nursing leadership. This new leadership approach must support the changing values of the nursing work force and promote strategies to improve job satisfaction. Transformational

leadership (Sashkin, 1987) provides a framework for achieving these goals (Barker, 1990).

Purpose

The purpose of this study was to determine: a) to what degree nurse leaders were described as having transformational (visionary) leadership; b) if there was a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership; and c) if there was a relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction.

Problem

Nursing must have transformational leaders if professional nursing is to survive and flourish (Kirsch, 1988). Transformational leaders in nursing must "create new visions for nursing which give a sense of meaning and purpose to the work of nursing" (Barker, 1990, p. 39). Work environments must be designed which support professional visions and goals as well as empower nurses. Transformational leaders must use one critical resource, themselves, to facilitate organizational success. Nurse leaders of today must "nurture, encourage, and support the growth of transformational leaders in nursing" (Kirsch,

1988, p. 90) to promote job satisfaction of nurses and facilitate organizational success.

Description and discussion of job satisfaction has inundated nursing literature for the past two decades. Simpson (1985) reported that modern bureaucratic work settings, representative of most modern hospital structures, have a negative affect on job satisfaction. Bureaucratic organizational design seeks to "minimize the control of the worker and maximize the control and predictability for the organization" (Simpson, 1985, p.66). Leaders must analyze organizational structures and address problems of too much control thereby, increasing staff nurse autonomy and creativity (Benefield, 1988). One strategy to buffer the negative effects associated with bureaucratic organizational structures is transformational leadership (Sashkin, 1988).

Historically, the focus of nursing leadership has been described as an advisory one in which nurse leaders "strive to retain control through formal authority even though confronted by subordinates' desires for participation and autonomy" (Smith & Mitry, 1984, p. 44). This leadership style had untoward effects on job satisfaction reported by staff nurses (Taunton, Krampitz & Woods, 1989; Duxbury, Armstrong, Drew & Henly, 1984; Hinshaw, Smeltzer & Atwood, 1987). Recently, revolutionary changes in the economics of

health care have created significant chaos in hospital organizations challenging traditional leadership practices used by nurse leaders.

The pressure for change in nursing organizations will intensify in the next decade (Kirsch, 1988) presenting nurse leaders with opportunities to transform modern bureaucratic work settings into professional practice environments that can thrive on chaos and be successful in the twenty first century. The role of nurse leaders and their leadership styles have been identified as critical factors in the success of the transformation process from a bureaucratic to a professional work environment (Kirsch, 1988) creating job satisfaction for professional nurses.

Transformational (visionary) leadership (Sashkin, 1987) provides a new approach to leadership through which nurse leaders can create a professional, autonomous work environment and promote job satisfaction for nurses; thereby, the desired organizational outcomes are achieved. Transformational leadership involves "change, innovation, empowerment of others, and power with others not to others" (Barker, 1990, p. 39). Transformational leaders achieve success by transforming work environments and empowering followers. Sashkin (1988) has demonstrated the effectiveness of transformational leadership in the business community. Leaders, demonstrating a high degree

of transformational leadership, consistently had more productive organizations and subordinates who were positive about their work environment and level of performance (Sashkin, 1988). Bass (1985) indicated that transformational leaders inspired followers to achieve "beyond their expectations" thereby enhancing job satisfaction of workers, increasing productivity and achieving organizational outcomes.

Transformational leadership in nursing is essential for survival of professionalism. Nurse leaders must develop transformational leadership skills to solve the leadership crisis, promote job satisfaction, and move nursing to a level of excellence within the hospital organization (Barker, 1990; Kramer & Schmalenberg, 1988). Empirical validation of these beliefs about professional nursing would provide nurse leaders the data needed to support nurturing of existing transformational nurse leaders and encourage development of transformational leadership within the discipline.

Theoretical Framework

The theory of transformational (visionary) leadership (Sashkin, 1987) forms the theoretical framework for this study. Effective transformational leaders have been described as leaders who believe "they can make a major impact on their organization by using power and

influence to empower organizational members to make real the leader's long-range organizational vision" (Sashkin, 1988, p.14). Sashkin referred to transformational leaders as visionary leaders due to their focus on organizational visions. Sashkin (1988) has asserted transformational leadership is a matter of degree, as the potential to develop transformational leadership is often greater than the leader's current level of performance.

Burns (1978) originally discussed transformational leadership in the literature. Central to Burns' thesis was the notion that leaders are not born. This concept represented a departure from previous leadership theories. Burns (1978) concluded that leadership can be developed by individuals. Leadership skills and abilities can be learned, enhanced and nurtured.

Burns (1978) indicated that transformational leadership occurs "when individuals interact in such a way that leaders and followers raise one another to higher levels of motivation" (p. 20). Leaders' and followers' purposes become fused creating a collective purpose. Success for transformational leaders is measured by the extent to which the collective purpose satisfies needs and motives of the leader and the followers. Burns (1978) also indicated that transformational leadership elicits change in followers. These changes are based on

Maslow's hierarchy of needs. Growth and development continues as needs are met and new aspirations and values emerge. As growth and development progresses, followers may themselves become leaders.

Bass (1985) used the concepts from Burns' theory as a foundation for his empirical research on transformational leadership. Bass (1985) maintained that transformational leadership represents a broader view of the leadership process in the work setting and involves upgrading the needs of workers. As a result, followers become self-directed, self-reinforced, assume greater responsibility in the work setting and are themselves "converted into leaders" (Bass, 1985, p. 16). Bass (1985) maintained that transformational leaders work themselves out of a job by elevating followers to a higher level of self-actualization, self-regulation and self-control. High standards of performance are promoted and the inspiration needed for followers to achieve the goals are provided. Transformational leaders awaken the follower's recognition of needs which may be dormant and function as the catalyst to release the motivation to work that is already present within followers. In essence, transformational leaders inspire followers to achieve "performance beyond expectations" (Bass, 1985).

Sashkin's (1987) transformational (visionary) leadership theory builds on prior research conducted by Burns (1978) but provides a three dimensional view of the visionary leader (Sashkin, 1987). Sashkin (1987) believes that the leadership issue to be researched is not the "difference between leaders and non-leaders; but, rather how effective and ineffective leaders differ" (p. 21). According to Sashkin (1988), effective leaders have a specific combination of personality factors and behavioral skills which include a high need for power; exercising power for organizational and employee benefit rather than personal gain; a moderately high need to achieve; involvement of subordinates in a highly participative manner; and a strong emphasis on task as well as interpersonal concerns through their everyday behaviors. Situational factors must also be considered when determining effective leadership. These factors may inhibit or facilitate the presence of effective leadership.

Three key concepts associated with transformational leadership include: visionary leadership behaviors; visionary leadership characteristics; and visionary culture building. Collectively, these three dimensions provide the most comprehensive approach for the understanding and practice of transformational leadership (Sashkin, 1987).

Visionary Leadership Behaviors

Sashkin (1988) based the concepts associated with visionary leadership behaviors on a set of characteristics developed by Bennis (1984) to describe charismatic CEO's in the business setting. Sashkin (1988) indicated these behaviors are also characteristic of visionary leaders. Individuals who possess all five behaviors are viewed as charismatic leaders. Visionary leadership behaviors include:

Focused Leadership. This behavior is defined as "the ability to manage one's attention and to direct the attention of others" (Sashkin, 1988, p. 7). Visionary leaders pay close attention to individuals with whom they are communicating, focus on key issues being discussed and help others understand the issues more clearly. They have a clear understanding of the issues under discussion, set priorities accordingly and focus only on the most important issues. Visionary leaders have the ability to get their point across quickly and clearly; often, using unique and exciting methods.

Risk Leadership. Visionary leaders are very involved in their work, take risks after careful analysis of the chance for success and invest tremendous energy in actions which ensure success. Risks, viewed from the visionary leader's perspective, "are not risks at all because these

leaders are confident that they can do what is required to make happen what they see as possible" (Sashkin, 1988, p. 8). Visionary leaders design risks (challenges and opportunities) that followers can buy into; thereby, encouraging participation in making the leader's visions reality.

Communication Leadership. This behavior focuses on interpersonal communication skills. The visionary leader has the ability to communicate the essential meaning in the message, ensures that the idea is understood, and focuses on both ideas and feelings. "Attending to the feeling or "affective" part of what is being discussed is essentially important because feelings are an important aspect of the leader's vision" (Sashkin, 1988, p. 8).

Trust Leadership. This behavior describes the visionary leader's reliability: "the extent to which the leader can be trusted to be consistent and not full of surprises" (Sashkin, 1988, p. 8). Visionary leaders convey the same essential message regardless of to whom they are talking. Consistency over time builds trust for the visionary leader.

Respectful Leadership. This behavior describes the way in which visionary leaders treat others (and themselves) in daily interactions. Visionary leaders possess a high degree of respect for others and "treat

individuals with respect simply because they are people" (Sashkin, 1988, p 8).

Visionary Leadership Characteristics

Sashkin (1988) based the concepts associated with visionary leadership characteristics on the work of McClelland and Jacques. These characteristics are consistent with earlier research findings of Stogdill (1948) on effective leadership and with current research findings on characteristics of transformational leaders described by House (Sashkin, 1988). McClelland (1976) suggested that effective leaders are driven by a need for power instead of a need to achieve. Visionary leaders empower themselves and others to bring about change within the organization; avoiding the use of power for personal gain. Jacques (1986) described the concept of time span in relation to the theory of cognitive development. Visionary leaders are able to develop realistic visions for organizations that span decades. Visionary leadership characteristics include:

Bottom-line Leadership. Visionary leaders have a sense of self assurance and believe "they can personally make a difference and have an impact on people, events, and organizational achievements" (Sashkin, 1988, p. 11). Visionary leaders believe they can impact the final, "bottom-line" outcomes of the organization by believing

that people can make a difference. Sashkin (1988) stated that this factor is referred to as effectance: "the belief that one can have an effect on one's own destiny" (p. 11). The belief, that what you do can really make a difference, is critical to one's ability to have a positive impact on one's environment.

Empowered Leadership. Visionary leaders have a high need for power in order to bring about change in organizations. "Power and influence are the necessary means for affecting one's world, for realizing one's vision" (Sashkin, 1988, p. 12). Visionary leaders do not use power to dominate others or for its personal rewards but to empower others. Power and influence are widely shared among all levels in effective organizations. Visionary leaders understand that individuals must feel they have influence over their jobs to be successful. Empowered followers can then use their power and influence to bring about the leader's visions.

Long-term Leadership. Visionary leaders have "a special ability to vision due to their advanced stage of cognitive development" (Sashkin, 1987, p. 25). Their visions may span ten to twenty year time periods. These visions incorporate goals and objectives to accomplish long-term organizational outcomes not short-term task lists. Visionary leaders have the ability to clearly

explain their long-term view of the organization to others and communicate specific action plans for accomplishing their visions.

Visionary Culture Building

Sashkin (1988) based the concepts associated with visionary culture building on the works of Parsons and Schein. Parsons (1960) developed a framework for understanding social structures of organizations and identified four critical functions of effective organizations: changing, achieving goals, teamwork and maintaining the organization. Visionary leaders exert a direct, positive impact on these critical functions. Schein (1985) extended the work of Parsons to examine in detail values and beliefs that promote effective organizational functions. Visionary leaders inculcate organizational cultures with specific values and beliefs to create and promote excellence. Visionary culture building includes:

Organizational Leadership. Visionary leaders create organizational cultures that allow the organization to respond to change within the environment; achieve goals based on customer demand; support the activities of individuals as well as teams; and maintain the system. As a result, visionary leaders are able to "improve

organizational functioning and construct elements of their organizational visions" (Sashkin, 1988, p. 13).

Culture Leadership. Bennis described the role of leaders as that of social architect (Sashkin, 1988). Visionary leaders are able to "develop those values that will strengthen organizational functioning...and, at the same time, help build and support the leader's vision" (Sashkin, 1988, p. 13). Cultural beliefs and values which support organizational excellence are role modeled by visionary leaders and emulated by others in the organization.

Bass (1985) suggested that leader effectiveness, as perceived by subordinates, correlates highly with satisfaction. Similarly, Sashkin (1988) reported that leaders, demonstrating a high degree of transformational leadership, have subordinates who were more positive about their work environment and level of performance than leaders demonstrating a low degree of transformational leadership. Empirical studies involving the relationship between transformational leadership and job satisfaction in nursing have not been reported in the literature. However, Barker (1990) maintained that the effects of transformational leadership in nursing were evident. Nursing work environments functioning under transformational leadership are described as having low

turn over of staff, high morale and team spirit, a sense of achievement and belonging, collaborative communication networks, and satisfied patients. These nursing environments have been collectively called "excellent nursing organizations" (Kramer & Schmalenberg, 1988).

Definition of Terms

For the purpose of this investigation, the following terms have been operationally defined:

High Transformational (Visionary) Leaders - leaders who demonstrated visionary leadership behaviors, characteristics, and culture building skills by achieving a total visionary score of 201-250 as measured by Sashkin's The Visionary Leader: Leader Behavior Questionnaire.

Low Transformational Leaders - leaders who demonstrated some of the behaviors and characteristics of transformational leaders but to a lesser degree by achieving a total visionary score of 50-200 as measured by Sashkin's The Visionary Leader: Leader Behavior Questionnaire.

Nurse Leader - a registered nurse, as defined by Virginia state law, who had 24 hour accountability and operational responsibility for a specific hospital nursing unit and had been employed by the same nursing unit for at least three months. This variable was operationalized as

the position of director in the institution where the study was conducted.

Staff Nurse - a registered nurse, as defined by Virginia state law, who had shift responsibility and accountability for a hospital patient or group of hospital patients and had been employed by the same nursing unit for at least three months. This variable was operationalized as the position of staff nurse in the institution where the study was conducted.

Job Satisfaction - the extent to which one was able to achieve congruence between personal/professional goals and those of the nursing department and organization. This variable was measured by a modified version of Munson and Heda's Job Characteristics Instrument.

Assumptions

For the purposes of this investigation the following assumptions were accepted:

1. Transformational leaders currently exist in the nursing profession.
2. Visionary leadership behaviors, characteristics and culture building abilities of the nurse leader can be identified by both the nurse leader and staff nurses.

Limitations

The researcher acknowledges the following limitations:

1. A purposive sample of nurse leaders and staff nurses

was selected for this study restricting the generalizability of the study results to the sample population.

2. Extraneous variables which may have effected participant responses on the test instruments, such as home-life situations, personality characteristics or life experiences, were not measured in this study.

3. Sampling procedures may have contributed to selection bias.

Review of the Literature

Several research studies that examined transformational leadership in non-nursing disciplines have been reported in the literature. A comprehensive review of nursing research revealed only two studies of transformational leadership in nursing. Neither of these studies investigated the relationship between transformational leadership and job satisfaction of staff nurses. However, studies that examined job expectations of nurses as well as the relationship between leadership behavior of nurse leaders and staff nurse job satisfaction have validated the critical role of nurse leaders in promoting job satisfaction among staff nurses.

Transformational Leadership in Non-nursing Disciplines

Studies investigating transformational leadership have been reported by Sashkin (1988). These studies involved

managers and employees from actual organizations including manufacturing plants, international oil companies, churches, and medical centers. The Leader Behavior Questionnaire (LBQ), designed to measure the managers' degree of transformational leadership, was completed by four independent purposive samples of managers (N=69) and their employees (N=108) (Sashkin, 1985a). Study results indicated that leaders "who were reported as engaging in the five key visionary behaviors were perceived as charismatic, producing a characteristic pattern of affective responses among followers" (Sashkin, 1988, p. 1). Sashkin (1985a) concluded that the LBQ "showed good evidence of potential validity, and provided an elegant cross-level/cross-construct synthesis of knowledge on organizational excellence and leadership effectiveness" (Sashkin, 1985a, p. 55).

The LBQ has been administered to 20,000 managers over the past five years (Sashkin, 1988). Research findings to date have revealed that visionary leadership has been clearly associated with positive organizational outcomes. Leaders who received high transformational leadership scores had more productive organizations than leaders who received low scores. Additionally, employees of high-scoring transformational leaders expressed more positive perceptions of their work environment and their

own performance. Measures of culture associated with organizational excellence were higher in organizations where the average transformational leadership score was higher. Research has continued to demonstrate that "the [leaders'] degree of transformational leadership is clearly associated with a variety of measures of organizational effectiveness" (Sashkin, 1988, p. 5).

Validation studies investigating transformational leadership have revealed results similar to those reported by Sashkin (1988). Stoner-Zemel (1988) explored the relationship between the managers' degree of transformational leadership and the perceived quality of the work environment reported by employees. Employees' quality of work life perceptions were strongly related to the managers' degree of transformational leadership. Sashkin and Burke (1988) reported another study where Ray (in process) obtained transformational data from 200 employees along with a measure of organizational excellence culture. Preliminary data analyses indicated a strong relationship between organizational culture and organizational leadership.

Major (1988) used quantitative criteria to investigate organizational performance differences between 30 high performing high schools (N=30) and 30 low performing high schools (N=30). Principals from the 60 schools completed the

LBQ. Major (1988) reported a "strong and highly significant difference, with principles of the high performing schools scoring substantially higher than principles of low performing schools" (Sashkin, 1988, p. 4). The transformational leadership scores were strongly associated with bottom-line organizational performance.

Bass (1985) has conducted several empirical research studies to examine the impact of transformational leadership factors on organizational effectiveness. Study participants completed the Multifactorial Leadership Questionnaire, designed to measure leadership factors. The transformational leadership factors included charismatic leadership, individualized consideration and intellectual stimulation.

When investigating these factors in 45 professionals and managers, Bass (1985) found that "transformational factors were more strongly associated...with effectiveness, particularly to the extent the [managers] were seen to contribute to meeting requirements of the organization [$p < 0.01$] and to meeting job related needs" [$p < 0.01$] (p. 224). Additionally, transformational factors were more satisfying to employees ($p < 0.01$).

In a similar study of 256 supervisors and managers from a Fortune 500 firm, Bass (1985) reported

transformational factors correlated highly with employee satisfaction with supervisors: a) charisma $r = .88$, $p < 0.01$; b) individualized consideration $r = .77$, $p < 0.01$; and c) intellectual stimulation $r = .70$, $p < 0.01$. Bass (1985) concluded that transformational leadership contributed to employees' extra effort, effectiveness and satisfaction with the leader.

Transformational Leadership in Nursing

Currently, two studies that directly investigated transformational leadership in nursing have been reported in the literature. However, additional studies of nursing leadership have revealed findings that are similar to the dimensions of transformational leadership.

Dunham and Klafehn (1990) conducted an exploratory study to determine if nurse executives and their immediate staff viewed the nurse executives as transformational leaders. A national, purposive sample of nurse executives was selected for the study. A total of 80 nurse executives ($N=80$) and 213 staff members ($N=213$) participated in the study. Participants completed the Multifactorial Leadership Questionnaire designed by Bass (1985). Findings indicated that the nurse executives exhibited predominately transformational leadership styles. Interestingly, the nurse executives' transformational scores were higher than those reported by Bass (1985) for world leaders,

administrators and managers. Further study to determine the extent to which transformational leadership is predominate among all nurse leaders was advocated by the researchers who concluded that the "time is crucial for nurse executives and nursing administration personnel to further develop transformational leadership skills at the staff nurse level" (Dunham & Klafehn, 1990, p.33).

Meighan (1990) queried 14 staff nurses to determine their perceptions concerning the most important characteristics of nurse leaders. Staff nurses indicated that nurse leaders should "treat subordinates as equals, respect their opinions, and act as a team member" (Meighan, 1990, p. 67). Other characteristics included a willingness to listen, fair, caring, flexible, supportive, and available. These characteristics were similar to those described by Sashkin (1988) for effective transformational leaders. Additionally, most staff nurses indicated a preference for nurse leaders to exhibit relationship-oriented rather than task-oriented leadership behaviors. Concern for staff and a willingness to be helpful outranked other responses as the most important characteristics of nurse leaders.

Kirsch (1988) conducted an exploratory study to determine if graduate preparation of nurse managers decreased dependency as a dominate leadership

characteristic. The Level I Life Styles Inventory was completed by study participants. This tool measured self-concepts, based on Maslow's hierarchy of needs, and the people task orientation discussed in classical leadership theories. The authors compiled a leadership profile of 81 non-mastered prepared nurses ($N = 81$). This profile revealed dependence as the dominant leadership style. A profile was also compiled on nurse managers following completion of a graduate program in nursing administration. Study results revealed a significant decrease in dependency post graduation ($p = 0.05$). Analysis of the data revealed that the mastered-prepared nurses were more open and spontaneous, enjoyed setting goals, and were more willing to help others achieve excellence when compared to non-mastered-prepared nurses. These characteristics also represent descriptors of transformational leadership behavior as reported by Bass (1985) and Sashkin (1987).

In a national study (McClure, Poulin, & Sovie, 1982), 16 hospitals were identified as comparable to the best run companies in corporate America as described by Peters and Waterman (1982). Kramer & Schmalenberg (1988) studied 16 magnet hospitals to determine the factors underlying their success in providing quality patient care and meeting organizational goals and objectives. The investigators described leadership style of nurse leaders as critical to

the success of the nursing department and hospital organization. The study results indicated that nursing leadership had a positive effect on job satisfaction as reported by staff nurses (Kramer & Schmalenberg, 1988). Behaviors and characteristics of nurse leaders, in magnet hospitals, were synonymous with those of transformational leaders. Nursing leadership was described by staff nurses as accessible, approachable, trust building and proactive in those hospitals identified as having excellent nursing organizations. Nurse leaders were characterized as using open communication to identify job satisfiers that resolved nursing issues. More importantly, nurse leaders in these hospitals demonstrated a people orientation to management; thereby, transforming nurses into valued, active participants within the organization. The major role of nurse leaders was to support nursing staff by "creating, instilling and clarifying the value system of the company" (Kramer & Schmalenberg, 1988, p. 12). Nursing staff were encouraged to use autonomy to initiate creative ways of providing nursing care and to take an active role in decision making; thus, placing control of nursing practice at the staff nurse level. Additionally, organizational cultures of magnet hospitals were "infused with values of quality care and worker productivity was enhanced by nurse leaders promulgating [staff] nurse autonomy, innovation,

bringing out the best in each individual, and striving for excellence" (Kramer & Schmalenberg, 1988, p. 17).

Staff Nurse Job Satisfaction Studies

National surveys of staff nurses' perceptions regarding job expectations revealed the importance of nursing leadership in achieving job satisfaction of staff nurses. The AMICAE (Achieving Methods of Intraprofessional Consensus, Assessment and Evaluation) project focused on staff nurses' work perceptions (Strader, 1987). The survey results indicated that most job complaints "centered around leadership and management skills of supervisors, their failure to follow through on problems, isolation and overuse of authority" (Strader, 1987, p. 61). When asked specifically about job satisfaction, nurses related that nurse leaders did not "understand the needs of the professionals they employed" (Strader, 1987, p. 61). Specific strategies suggested by nurses to improve job satisfaction were autonomy, participation in decisions affecting their practice and support for their ideas from nurse leaders.

Huey and Hartley (1988) surveyed 35,000 nurses to determine factors adversely affecting job satisfaction. The majority of nurses (78%), who were planning to leave the profession, indicated dissatisfaction with nurse leader support. Most nurses (65%) reported a lack of autonomy as

well as a lack of collaborative practice patterns adversely affected job satisfaction (Huey & Hartley, 1988).

Nursing 88 (1988) conducted a national survey to explore staff nurses' job expectations and factors influencing job satisfaction. Resentment toward nursing administration was listed as a major factor responsible for influencing job satisfaction by the 8,023 staff nurse respondents. Nursing management was viewed more negatively than hospital administration or physician relationships. Nurses reported that nurse leaders had been in management too long, were not visible and accessible to staff, did not understand the needs of staff and did not represent nursing in the organization. It was interesting to note that 65% of the nurses who responded ranked support from nursing leadership as the second most important factor in evaluating their present job.

Simpson (1985) used the Minnesota Satisfaction Questionnaire (alpha .84 to .91) to analyze job satisfaction of nurses (N=496) at all levels of the organizational hierarchy. Study results revealed that staff nurses reported the lowest degree of job satisfaction. Simpson (1985) concluded that growth and development needs of staff nurses were not met by nurse leaders. The researcher further suggested a work environment which considered achievement, recognition, the work itself,

responsibility, and advancement as key factors was needed to develop an autonomous, professional work environment and promote job satisfaction.

Hinshaw, Smeltzer and Atwood (1987) used a nonexperimental, causal modeling design to study organizational and individual factors that influenced job satisfaction and anticipated turn over among nursing staff (N=1597). An important finding of the study was that "job satisfaction buffered job stress" (Hinshaw, Smeltzer & Atwood, 1987, p. 13). A major conclusion was that strategies to increase staff nurse job satisfaction and retention should focus on nursing leadership style and professional status of staff nurses. Group dynamics were reported as an important aspect of job satisfaction and the leadership abilities of nurse leaders were an important determinant of group cohesiveness. Control over practice, autonomy and team respect were also listed as important job satisfiers.

A similar study by Mann and Jefferson (1988) identified stress, organizational commitment, job satisfaction and intent to leave as factors responsible for turn over of staff nurses in a medical intensive care unit. Forty-seven nurses rated the relative importance of factors resulting in staff nurse resignations. Non-supportive supervisors, lack of leadership and management skills, and

inadequate supervisors were ranked among the top ten reasons for resignation. Recommendations included that nurse leaders should promote supportive, communicative relationships between staff and administration, be sensitive to staff nurses' needs and replace the traditional authoritarian leadership model with innovative organizational schemes.

Prescott and Bowen (1987) identified organizational, administrative and nursing practice issues associated with staff nurse job satisfaction as well as staff nurse job stability and vacancy rates in hospitals. Findings were based on 1,044 staff nurse responses and 92 staff nurse interviews. The two factors most frequently identified as reasons for leaving work were scheduling and nursing administration. Administrative issues focused largely on nurse leader characteristics and behaviors. Twenty-five percent of the participants indicated their nurse leaders were unfair and not responsive to staff nurse needs. The practice environment was described as lacking stimulation and learning opportunities. The researchers concluded that "better relationships with nursing administration, especially head nurses, and recognized jobs which present regular opportunities for fuller practice [are needed to promote staff nurse job satisfaction]" (Prescott & Bowen, 1987, p. 66).

Taunton, Krampitz and Woods (1989) examined the impact that middle managers have on staff nurse (N=59) job satisfaction. The relationship between characteristics of middle managers and turn over and retention were explored. Characteristics of the nurse leader variable were motivation to manage, power, leadership style and influence. Leadership style was assessed on decision centralization and subordinate relations. Job satisfaction was greater among staff whose leader involved them in decision making with staff being likely to participate if the manager was less autocratic. The investigators suggested that a "manager's orientation toward authority and competition is in conflict with the professional ideals of staff" (Taunton, Krampitz & Woods, 1989, p. 18).

Duxbury, Armstrong, Drew and Henly (1984) examined the relationships between leadership style and staff nurses' (N=283) perceptions of burnout and job satisfaction. These investigators concluded that leader structure and consideration interact to affect the attitudes of staff nurses. Analysis of variance for staff nurse job satisfaction as a function of head nurse leadership style was significant [$F(3,279)=3.10$ $p=0.03$] (Duxbury, Armstrong, Drew & Henly, 1984). Staff nurse satisfaction scores were lower when the manager used a low consideration-high

structure leadership style. The researchers advocated a leadership style that was high in consideration. The researchers also indicated that the leadership style used by the nurse leaders may be a function of the work setting resulting from their own burnout.

Summary

Research studies that examine the relationship between transformational leadership of nurse leaders and staff nurse job satisfaction have not been empirically studied. However, research studies that examine what nurses expect from their jobs as well as the relationship between leadership behavior of nurse leaders and staff nurse job satisfaction have validated the critical role of nurse leaders in promoting job satisfaction among staff nurses.

Research Questions

1. Nurse leaders describe themselves as having what degree of transformational leadership?
2. Staff nurses describe nurse leaders as having what degree of transformational leadership?
3. Is there a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership?
4. Is there a difference in staff nurse job satisfaction based on staff nurses' perception of the nurse leaders' degree of transformational leadership?

5. Is there a relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction?

The methodology for this research study is presented in Chapter 2 which includes the research design, sample and setting. Validity and reliability of The Visionary Leader: Leader Behavior Questionnaire-Self (3rd. Ed.), The Visionary Leader: Leader Behavior Questionnaire-Other (3rd. Ed.), and the Job Characteristics Instrument are also presented.

CHAPTER 2

Methodology

The purpose of this study was to determine to what degree nurse leaders were described as having transformational leadership; if there was a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership; and if there was a relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction. A description of the study, sampling procedures, data collection methods and statistical procedures used in data analyses are presented. The data collection instruments, The Visionary Leader: Leader Behavior Questionnaire-Self (3rd. Ed.), The Visionary Leader: Leader Behavior Questionnaire-Other (3rd. Ed.), the Job Characteristics Instrument and the Demographic Data Sheet are described.

Research Design

The research design used in this study was a non-experimental descriptive correlation design. According to Polit and Hungler (1987), non-experimental research involves collection of data without introduction of any new treatments or change. Descriptive correlational research

is used to describe the relationship among variables rather than to infer cause-and-effect relationships (1987).

The non-experimental design used in this study allowed investigation of independent variables not amenable to experimental control but of theoretical interest to the researcher (Polit & Hungler, 1987). Data were collected without experimental manipulation of the variables or random assignment of study participants to groups. The nurse leaders' degree of transformational leadership as perceived by two naturally occurring groups, nurse leaders and staff nurses, was examined.

Sample and Setting

The target population for this study was all nurse leaders and staff nurses in hospital settings. The accessible population was nurse leaders and staff nurses employed by one tertiary care hospital. The sample was comprised of nurse leaders (N=9) and staff nurses (N=78) who returned study questionnaires. A three month employment history on a designated nursing unit was required for study participation. This criterion was established to provide staff nurses with sufficient data to assess their nurse leader's degree of transformational leadership as well as their own job satisfaction.

The study was conducted in one tertiary care hospital located in a southeastern state. Patients admitted to the

hospital ranged in age from birth to 21 years. The hospital had 144 beds, 219 staff nurses and ten first-line nurse managers (defined as the nurse leaders for this study). Nursing unit size ranged from ten to 32 beds. Staff nurses, employed by each nursing unit, ranged from 4 to 73.

Research Instruments

Four research instruments were used in this study: The Visionary Leader: Leader Behavior Questionnaire-Self (Appendix A), The Visionary Leader: Leader Behavior Questionnaire-Other [3rd Ed.] (Appendix B), the Job Characteristics Instrument (Appendix C), and the Demographic Data Sheet (Appendix D and E). According to Polit and Hungler (1987) validity and reliability are the two most important aspects to consider in evaluating instrument utility. Validity is defined as the extent to which an instrument measures the constructs it was designed to measure and is extremely difficult to establish. Two important criterion to consider when assessing instrument validity include content and concurrent validity (1987).

Reliability is defined by Polit and Hungler (1987) as "the degree of consistency with which [the instrument] measures the attribute it is supposed to be measuring" (p. 316). Cronbach's alpha, a measure of internal consistency, is one of the most widely used methods of determining

instrument reliability by researchers (Polit & Hungler, 1987). Internal consistency exists when the items of an instrument are measuring the same characteristic (1987).

The Visionary Leader: Leader Behavior Questionnaires (LBQ)

The purpose of The Visionary Leader: Leader Behavior Questionnaire-Self and The Visionary Leader: Leader Behavior Questionnaire-Other [3rd Ed.] (LBQ) is to identify, through self-report and feedback from followers, the degree to which leaders exhibit transformational leadership behaviors, characteristics and culture building skills (Sashkin, 1988).

The LBQ consists of 50 items forming ten scales of five items each (Sashkin, 1988). A five-point Likert-type scale is used to determine respondent opinion concerning the leaders' degree of transformational leadership (Sashkin, 1988). The LBQ does not use a forced choice response format as the five-point scale allowed respondents to select a neutral posture in relation to their opinion about an item (Burns & Grove, 1987). The items are closed ended, declarative statements which facilitated data management (1987). Forty percent of the items in each scale are negatively stated and 60% are positively stated reducing social selection bias (Sashkin, 1988).

The LBQ (3rd. Ed.) included the original five visionary leadership behavior scales with some refinement

in wording (Sashkin, 1988). Two new sets of scales were added to replace the latter four scales of the LBQ (2nd Ed.). These additional scales measured variables consistent with the new theory of transformational (visionary) leadership (Sashkin, 1988) rather than traditional leadership function.

Collectively, scales one through five measure visionary leadership behaviors and are based primarily on Bennis' (1985) research (Sashkin, 1988). Scale one, focused leadership, assesses leaders' ability to focus attention on key elements of their vision and get their point across clearly and precisely. Scale two, communication leadership, assesses basic interpersonal communication skills. Scale three, trust leadership, assesses leader reliability. Scale four, respectful leadership, assesses leaders' ability to consistently express concern for others feelings while taking care of their own feelings. Scale five, risk leadership, assesses leaders' ability to design risks that facilitate follower participation to make real the leaders' visions. Leaders reported as engaging in all five visionary leadership behaviors are perceived as charismatic leaders.

Collectively, scales six through eight measure how closely leaders' personal characteristics parallel those of visionary leaders (Sashkin, 1988). Scales six and seven

were based on the work of McClelland (1976). Scale six measures leaders' beliefs that they can make a difference in the organization based on their visions and actions taken to implement those visions (Sashkin, 1988). Scale seven assesses leaders' need for power in the organization and whether power is used in positive, productive ways. Scale eight, based on the theory of cognitive development (Jacques, 1986), assesses leaders' ability to develop realistic visions for organizations which may span decades (Sashkin, 1988).

Scales nine and ten measure visionary culture building skills (Sashkin, 1988). Scale nine assesses how effectively leaders manage the critical functions described by Parsons (1960): changing, achieving goals, teamwork, and maintaining the organization. Scale ten, based on the works of Schein (1985), assesses the extent to which leaders inculcate organizational cultures with specific values and beliefs to create and promote excellence (Sashkin, 1988).

Sashkin (1988) indicated that the LBQ is content valid in that the instrument was "solidly based on an extensive foundation of theory and research" (p. 5). Analysis of the LBQ has demonstrated the instrument accurately measures leader behaviors, characteristics, and culture building skills (Sashkin, 1988).

Concurrent, or associational validity, for the LBQ has been assessed through validation studies conducted by Sashkin (1988) and colleagues (Major, 1988; Godwin, in process; Stoner-Zemel, 1988; Ray, in process). Validation studies have addressed the relationship of LBQ scores to "organizational performance (Major, 1988; Godwin, in process), the perceived quality of work life of organizational members (Stoner-Zemel, 1988) or the quality of the organization's culture (Ray, in process)" (Sashkin & Burke, 1988, p. 23). Results have been encouraging in that transformational leadership, assessed by the LBQ, "is clearly associated with [job satisfaction] and positive organizational outcomes" (Sashkin, 1988, p. 6; Stoner-Zemel, 1988). The LBQ scores are "clearly associated with a variety of measures of organizational effectiveness" (Sashkin, 1988, p. 5; Ray, in process). That is, leaders demonstrating a high degree of transformational leadership, consistently had more productive organizations and subordinates who were positive about their work environment (1988). Further, measures of culture associated with organizational excellence are typically higher in organizations where mean LBQ scores are high (Sashkin & Fulmer, 1985b).

Cronbach alpha coefficients have been calculated for the LBQ based on research data by Sashkin and Fulmer

(1985a, 1985b). Items not strongly related to other scale items have been modified or replaced (Sashkin & Burke, 1988). Modification of old scales and development of new scales has been based on an extensive foundation of theory and research. In addition, feed back from users has facilitated word refinement and clarity of items.

Reliability analysis reported by Ray (in process) indicated that Cronbach alpha coefficients for scales one through five were consistently better than those reported in earlier studies (Sashkin, 1988). Scale reliabilities reported by Ray were: .52 for scale one; .74 for scale two; .75 for scale three; .71 for scale four; and .60 for scale five (1988). Reliability coefficients were not reported for scales six through ten. These scales were first introduced in the third edition of the LBQ and are currently undergoing testing and refinement.

Job Characteristics Instrument

The third research instrument used in this study was a modified version of the Job Characteristics Instrument (JCI). The JCI, developed specifically for hospital nurses by Munson and Heda (1974), was designed to measure job satisfaction of staff nurses as an organizational variable. The JCI (Munson and Heda, 1974) was adapted from the original work of Porter and Lawler (1968) who

"conceptualized job satisfaction in terms of Maslow's hierarchy of needs" (Lucas, 1988, p. 72).

The JCI consists of 13 items with four subscales and uses a seven-point Likert-type scale (Munson & Heda, 1974). Each subscale contains three items and measures staff nurses' perception of job satisfaction as a function of achieving higher order needs. Collectively, scale one measures intrinsic task satisfaction which is closest to a satisfier of self-actualizing needs. Munson and Heda (1974) indicated a direct connection exists between tasks and job satisfaction. Scale two measures extrinsic satisfaction which is indirectly related to many needs. According to Munson and Heda (1974), this scale directly reflects satisfaction with employment. Scale three measures interpersonal satisfaction which is closest to a satisfier of belongingness needs such as a desire for warmth in personal relationships. Collectively, scale four measures involvement satisfaction which is closest to a satisfier of ego needs such as the desire for power with others (1974). The last item, on the JCI, measures overall job satisfaction and is included in the total job satisfaction score.

Munson and Heda (1974) designed the JCI to be self-administered by respondents. The instrument does not use a forced choice response format as the seven-point scale

allowed participants to select a neutral posture in relation to their opinion about an item (Burns & Grove, 1987). Scale items are closed ended, declarative statements.

Validity for the JCI has been assessed by Munson and Heda (1974) and Lucas (1988). The JCI is content valid in that the instrument was based exclusively on theory and research involving Maslow's hierarchy of needs; particularly, higher order needs (Munson and Heda, 1974; Lucas, 1988). Lucas (1988) indicated that assessment of job satisfaction, based on higher order needs, was more appropriate for well-educated nursing professionals.

Construct validity for the JCI was assessed by Munson and Heda (1974). The JCI was administered to 351 registered nurses in 55 patient units. The researchers constructed 55 randomly, matched pairs of respondents (1974). Matched pair correlations for each of the satisfaction indexes were calculated between the 55 pairs: intrinsic satisfaction, $r = .23$; involvement satisfaction, $r = .27$; interpersonal satisfaction, $r = .429$; and extrinsic satisfaction, $r = .494$ ($p = .01$). The researchers concluded that the JCI does have the properties ascribed to it and can be used to measure nursing job satisfaction as an organizational variable.

Associational validity for the JCI has been assessed by Lucas (1988). The JCI was used in a descriptive correlation

study to explore the relationship between perceived organizational leadership style and job satisfaction reported by clinical nurse specialists [N=45] (Lucas, 1988). Leadership style was measured on a continuum from benevolent-authoritative to participative. Data analysis revealed a strong, positive correlation between job satisfaction and a participative leadership style ($r = .7180$, $p = .0001$). During a telephone conversation with Lucas (January 1990), she stated that the JCI was very useful in differentiating between factors affecting job satisfaction; especially, factors related to leadership style.

Reliability for the JCI was assessed by Munson and Heda (1974) in their research to adapt the instrument to hospital settings. The instrument was pretested in a hospital setting and revised (1974). Following revision, the JCI was further tested in eight separate hospitals involving 55 nursing units. The researchers calculated split half reliability for the instrument as 0.85. Item reliability ranged from 0.50 to 0.85 with a mean coefficient of 0.61.

Lucas (personal communication, January 1990) has used the JCI exclusively in her research involving job satisfaction for nurses. In a descriptive correlational study, Lucas (1988) used the JCI to explore the relationship between job satisfaction and organizational leadership

style. The study sample consisted of 45 clinical nurse specialists (N=45) employed by 72 hospitals in a southeastern state. Cronbach alpha coefficient calculated for the JCI was 0.83 for the study sample (Lucas, 1988).

The JCI (Munson & Heda, 1974) was selected for this study because assessment of job satisfaction, based on higher order needs, was deemed appropriate for professional staff nurses. According to Munson and Heda (1974), the JCI permits investigation of how respondents evaluate certain job variables and the amount of variability present in the evaluations. Direct comparisons of the data with job conditions or organizational events can be made. Results of data analysis can be used to "address questions concerning the organizational causes and consequences of [job] satisfaction" (Munson & Heda, 1974, p. 160).

Demographic Data Sheet

The fourth research instrument used in this study was a researcher-developed questionnaire designed to elicit demographic and career information. The questionnaire included both a checklist and written response format. Demographic items included age, gender, and highest level of nursing education. Career items included number of years licensed as a registered nurse, number of years employed as

a staff nurse or director (nurse leader), as well as current employment status and tenure.

Procedure

Data Collection Procedure

Approval for this study was obtained from the Committee for the Protection of Human Subjects of the School of Nursing, Old Dominion University. Following approval by the Human Subjects Committee, a letter of introduction and intended purpose with a copy of the study abstract and research instruments was mailed to the Vice President for Nursing, the Vice President for Human Resources, the Director of Nursing Practice and Research and the Director of Education and Professional Development, in the site facility, seeking permission to conduct the study. After receiving permission to conduct the study, a personal interview was held with the Director of Nursing Practice and Research and the Director of Education and Professional Development to discuss study methodology. Subsequent to this meeting, a list of nurse leaders for the nursing units was obtained from the Director of Human Resources.

The researcher attended one nursing management team meeting to explain the purpose and nature of the study and answer questions. Each nurse leader was given a packet by the researcher which included the questionnaires and a cover letter (Appendix F) describing the purpose of the study,

written assurance that participation was voluntary and confidentiality would be maintained. Questionnaires were returned to the researcher by mail. Each nurse leader was contacted by telephone, following return of the completed questionnaire, to arrange a ten minute presentation of the purpose and nature of the study to staff nurses employed on the nursing unit.

The researcher attended one to five staff meetings for each nursing unit. Staff meeting minutes were available for staff nurses unable to attend a meeting. All staff nurses received a packet containing the questionnaires and a cover letter (Appendix G) describing the purpose of the study, written assurance that participation was voluntary and anonymity would be maintained. During the meeting, benefits associated with participation were explained and all questions answered. Benefits were explained as participating in nursing research to provide baseline data for guiding nurse administrators seeking to promote a professional practice environment for professional nurses. Questionnaires were returned to the researcher by mail.

The study instruments were designed to be self-administered by participants. During the management team meeting and each staff meeting, the importance of honest responses was stressed to study participants as data is useful only to the extent it reflects accurate reports of

leadership abilities and job satisfaction. Participant packets were distributed, with an attached self addressed, stamped envelope for return mailing, during the management team meeting and each staff meeting. Completion of the questionnaires served as consent for participation. A reminder letter (Appendix H) was sent to potential study participants 10 days after questionnaire distribution. Confidentiality for nurse leaders and anonymity for staff nurses was maintained at all times.

Data Analysis Procedure

The data were presented in aggregate form only. Data obtained from the LBQ questionnaires were used to determine the degree to which nurses leaders were described as transformational leaders. The ten subscales were summed to form scale, cluster, and total transformational leadership scores for each nurse leader [Sashkin, 1988] (Table 1). Data provided by staff nurses were summed and a mean score calculated for each scale, cluster, and total transformational leadership score.

Based on Sashkin's (1988) determination that scores between 201-250 represent development of transformational leadership or achievement of definitive transformational leadership, nurse leaders with scores of 201-250 were designated as having a high degree of transformational leadership. Nurse leaders with scores of 50-200 were

designated as having a low degree of transformational leadership.

Data obtained from the JCI questionnaire were used to determine staff nurses' degree of job satisfaction. The subscales were summed to form scale, cluster, and total job satisfaction indexes (Table 2). The JCI was constructed to yield satisfaction and dissatisfaction scores for each instrument item (Munson & Heda, 1974). The (a) score (present satisfaction) equals the response to part (a) of each item: "How much is there now?" The (b) score (desired satisfaction) equals the response to part (b) of each item: "How much should there be?" The (b-a) score (dissatisfaction) equals the response to part (b) of each item: "How much should there be?" minus the response to part (a): "How much is there now?"

Pilot Study

The research instruments were pilot tested in a hospital located in the same geographic region as the study hospital. The pilot sample consisted of three nurse leaders (N=3) and 29 staff nurses (N=29). Procedures, strategies to protect human rights, data collection methods, and data analyses used were in accordance with those described for the study hospital and participants. Procedures and data collection methods were efficient and effective in the pilot study. Therefore, they were used, without revision,

Table 1

Possible Transformational Leadership Score Ranges

<u>Scale</u>	<u>Possible Score Ranges</u>
<u>Visionary Leadership Behaviors</u>	
Focused Leadership	5 - 25
Communication Leadership	5 - 25
Trust Leadership	5 - 25
Respectful Leadership	5 - 25
Risk Leadership	5 - 25
Subtotal	25 - 125
<u>Visionary Leadership Characteristics</u>	
Bottom-line Leadership	5 - 25
Empowered Leadership	5 - 25
Long-term Leadership	5 - 25
Subtotal	15 - 75
<u>Visionary Culture Building</u>	
Organizational Leadership	5 - 25
Cultural Leadership	5 - 25
Subtotal	10 - 50
<u>Transformational Leadership</u>	Total 50 - 250

Table 2

Possible Job Satisfaction Score Ranges

Index	Present Satisfaction (a) Score	Desired Satisfaction (b) Score	Job Dissatisfaction (b-a) Score
Intrinsic Satisfaction	3 - 21	3 - 21	-18 - 18
Extrinsic Satisfaction	3 - 21	3 - 21	-18 - 18
Interpersonal Satisfaction	3 - 21	3 - 21	-18 - 18
Involvement Satisfaction	3 - 21	3 - 21	-18 - 18
Overall Job Satisfaction	1 - 7	1 - 7	- 6 - 6
Total Job Satisfaction	13 - 91	13 - 91	-78 - 78

in this research study.

Cronbach alpha coefficients were calculated for the LBQ and JCI to assess instrument reliability. Cronbach alpha coefficients calculated for the LBQ were: a) total visionary leadership scale, 0.94; b) visionary leadership behavior scale, 0.91; c) visionary characteristics scale, 0.75; and d) visionary culture building scale, 0.84.

Cronbach alpha coefficients calculated for the JCI were: a) job satisfaction index, 0.90; b) intrinsic satisfaction index, 0.80; c) extrinsic satisfaction index, 0.76;

d) interpersonal satisfaction index, 0.71; and
e) involvement satisfaction index, 0.80. Reliability was determined to be adequate for both instruments. Therefore, the instruments were used as designed in this research study.

Summary

This research study was conducted to determine to what degree nurse leaders were described as transformational leaders and to determine if a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership was significant. The study also explored the relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction. The sample consisted of nurse leaders and staff nurses in one tertiary hospital. The research instruments used in this study included The Visionary Leader: Leader Behavior Questionnaire-Self (3rd Ed.), The Visionary Leader: Leader Behavior Questionnaire-Other (3rd. Ed.), the Job Characteristics Instrument, and the Demographic Data Sheet. The research study was conducted over a period of five months. Findings from these data are presented in Chapter 3.

Chapter 3

Results

This research study was designed to investigate to what degree nurse leaders were described as transformational leaders and if there was a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership. The study also explored the relationship between nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction.

The research instruments used in this study included The Visionary Leader: Leader Behavior Questionnaire-Self (3rd. Ed.), The Visionary Leader: Leader Behavior Questionnaire-Other (3rd. Ed.), the Job Characteristics Instrument, and the Demographic Data Sheet. Data were collected over a five-month period. The sample included nurse leaders and staff nurses employed by one tertiary care hospital located in a southeastern state. Patients admitted to the hospital ranged in age from birth to 21 years. The number of staff nurses employed by each nursing unit ranged from 4 to 73.

Description of the Sample

The nurse leader group sampled had 10 possible nurse

leader participants that met study criteria, of which nine participated, for a total response rate of 90%. The staff nurse group sample had 219 possible participants of which 99 participated for a total response rate of 45%. Of the 99 staff nurse participants, 78 met the study criteria. Twelve staff nurse participants had been employed less than three months on the unit and nine staff nurse participants failed to complete the questionnaire appropriately. The responses from these 21 participants were not included for data analysis. Staff nurse responses corresponding with the one nurse leader that did not respond were not used in data analyses. The study's overall participation rate was 47% based on a total sample size of 87. Responses of staff nurses were not matched with their respective nurse leader.

Descriptive statistics were calculated for the total sample population with respect to demographic and career characteristics. Demographic characteristics included age, gender, and highest level of education. These data are presented in Table 3.

Age distribution for the total sample ranged from 23 to 53 years. Nurse leaders were slightly older than staff nurses. Most of the nurse leaders (66%) had at least a baccalaureate degree in nursing. About half (49%) of the staff nurse participants had at least a baccalaureate degree in nursing.

Table 3

Demographic Characteristics for Nurse Leaders and Staff Nurses

<u>Characteristic</u>	<u>Nurse Leader</u>	<u>Staff Nurse</u>
<u>Age</u>	(N=9)	(N=76)
\bar{x}	37.2	31.1
SD	6.3	5.9
Range	30-50	23-53
<u>Gender</u>		
Female	8	76
Male	1	0
<u>Education</u>		
ADN	0	17
Diploma	3	20
BSN	3	36
MSN	1	1
Masters other than nursing	1	1

Note: Some categories do not total sample due to missing data.

Career characteristics were analyzed for the total sample by groups. Data regarding these characteristics are listed in Table 4.

Table 4

Career Characteristics for Nurse Leaders and Staff Nurses

<u>Characteristic</u>	<u>Nurse Leader</u>	<u>Staff Nurses</u>
<u>Years Experience</u>	(N=9)	(N=76)
\bar{x}	9.7	6.3
SD	8.3	3.6
Mode	3.0	5.0
Range	3-20	1-16
<u>Years Employed by Hospital</u>		
\bar{x}	11.1	4.2
SD	9.7	3.6
Mode	11.0	2.0
Range	5-20	5-17
<u>Years Employed by Unit</u>		
\bar{x}	4.5	3.2
SD	3.6	2.3
Mode	---	2.0
Range	5-12	5-10

Note: Some categories do not total sample due to missing data.

Nurse leaders had been employed by the hospital almost three times as long as staff nurses. Number of years

employed on the unit were approximately the same for both groups.

Data Analysis

The research questions for this study examined the degree to which nurse leaders were described as transformational leaders and whether there was a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership. The relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction was also examined.

In this study, descriptive and parametric statistics were used for data analysis. Nurse leaders' transformational leadership scores and staff nurse job satisfaction scores were analyzed using frequency distributions. Parametric statistics were used to analyze differences in transformational leadership scores and relationships between nurse leaders' degree of transformational leadership and staff nurse job satisfaction.

Differences in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership as well as differences in staff nurse job satisfaction were calculated using *t*-test distributions (Wilson, 1989). The *t*-test is designed to analyze

differences in group means. An important assumption for the *t*-test is that group variances be homogeneous (1989). In this study, when group variances were homogeneous, *t*-tests using pooled variances were calculated. When group variances differed, a modified *t*-test, using unpooled variances, was calculated. When calculating *t*-tests, the researcher must be sensitive to differences in direction (greater or less) between the groups (1989). Therefore, a two-tailed *t*-test was used in this study as the direction of differences between nurse leader and staff nurse groups was unknown to the researcher.

Relationships between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction were calculated using correlation and multiple regression statistics (Wilson, 1989). The most common parametric correlation statistic used by researchers is the Pearson Product Coefficient (1989). Pearson correlation statistics reflect the relationship between two variables without inferring cause-and-effect. Correlation coefficients vary between +1 (positive relationship) and -1 (negative relationship). A positive correlation indicates that the values of variables become smaller or larger concurrently. A negative correlation indicates that as the value of one variable increases the value of another variable tends to decrease.

In studies involving psychosocial variables, such as those examined in this study, correlations between 0.50 and 0.70 are considered quite strong (1989). Correlations between 0.30 and 0.50 are considered moderate.

Multiple regression statistics were used to determine the amount of variance in job satisfaction that could be explained by transformational leadership scores and selected demographic and career variables. Multiple regression statistics allow the researcher to examine "how the best linear combination of independent (predictor) variables are related to the dependent (criterion) variable" (Wilson, 1989, p. 509). The greater the proportion of variance explained by the independent variables, the better the prediction or association between the dependent and independent variables (1989). Pearson correlation analysis of data must be calculated prior to use of multiple regression statistics (Polit & Hungler, 1987) "as the multiple regression coefficient cannot be less than the greatest bivariate correlation between the dependent and independent variables" (p. 427).

Findings

Five research questions were examined in this study. Data relative to each research question are presented.

Research Question One

Research question one examined the degree to which

nurse leaders described themselves as transformational leaders. These data are presented in Table 5.

Table 5

Nurse Leader Transformational Leadership Scores

<u>Scale</u>	<u>\bar{x}</u>	<u>SD</u>	<u>Range</u>
<u>Visionary Leadership Behaviors</u>			
Focused Leadership	20.1	2.6	9
Communication Leadership	18.6	3.6	11
Trust Leadership	20.0	1.9	5
Respectful Leadership	22.0	2.6	7
Risk Leadership	20.8	2.2	7
Subtotal	101.4	10.4	33
<u>Visionary Leadership Characteristics</u>			
Bottom-line Leadership	21.4	3.3	4
Empowered Leadership	19.4	1.7	10
Long-term Leadership	21.0	1.6	5
Subtotal	61.9	1.8	12
<u>Visionary Culture Building</u>			
Organizational Leadership	22.3	3.3	7
Culture Leadership	19.9	1.5	5
Subtotal	42.2	3.3	10
Total Transformational Leadership	205.6	15.2	43
Note: (N=9)			

Total transformational leadership scores of 201 or higher were designated as representing leaders with a high degree of transformational leadership. Nurse leaders in this sample described themselves as having a high degree of transformational leadership on all subscales resulting in a high transformational leadership mean score for the group of 205.6.

The nurse leader group was divided into two subgroups (high transformational leadership [201-250] and low transformational leadership [50-200]) based on nurse leader reported degree of transformational leadership. Demographic characteristics were analyzed based on these subgroups. Data regarding demographic characteristics are listed in Table 6.

Age distribution was similar between nurse leader subgroups. Most nurse leaders (66%) rated themselves as high transformational leaders. Interestingly, three nurse leaders (33%), with a diploma in nursing, rated themselves as a high transformational leader while three nurse leaders (33%), with a baccalaureate or masters degree, rated themselves as a low transformational leader.

Table 6

Demographic Characteristics by Nurse Leader Subgroup

<u>Characteristic</u>	<u>Nurse Leaders</u>	
	<u>Low TFL Score</u>	<u>High TFL Score</u>
<u>Age</u>	(N=3)	(N=6)
\bar{x}	36.7	37.5
SD	4.7	7.4
Range	33-42	30-50
<u>Gender</u>		
Female	2	6
Male	1	0
<u>Education</u>		
ADN	0	0
Diploma	0	3
BSN	1	2
MSN	1	1
Masters other than nursing	1	0

Note: Some categories do not total sample due to missing data.
TFL (Transformational Leadership Score)

Career characteristics for the nurse leader subgroups were also analyzed. Data regarding career characteristics are listed in Table 7.

Table 7

Career Characteristics by Nurse Leader Subgroup

<u>Characteristic</u>	<u>Nurse Leaders</u>	
	<u>Low TFL Score</u>	<u>High TFL Score</u>
<u>Years Experience</u>	(N=3)	(N=6)
\bar{x}	6.8	11.2
SD	2.8	10.1
Range	5.0	28.0
<u>Years Employed by Hospital</u>		
\bar{x}	8.5	12.4
SD	10.2	10.1
Range	19.6	28.0
<u>Years Employed by Unit</u>		
\bar{x}	1.2	6.1
SD	0.9	3.3
Range	1.8	10.0

Note: Some categories do not total sample due to missing data.

TFL (Transformational Leadership Score)

Nurse leaders rating self as a high transformational leader had twice as much experience as nurse leaders rating self as a low transformational leader. The nurse leaders with high transformational leadership scores had been employed by the hospital twice as long and been the unit

nurse leader five times longer than nurse leaders with low transformational leadership scores.

Research Question Two

Research question two examined staff nurses' perception of the nurse leaders' degree of transformational leadership. Collectively, staff nurses (N=78) identified nurse leaders as having a low degree of transformational leadership on all subscales. The mean nurse leader total transformational leadership score, reported by staff nurses, was 191.9 (SD=25.3).

The staff nurse ratings of nurse leaders were divided into high or low transformational subgroups based on the staff nurse transformational leadership scores for each nurse leader. These data are presented in Table 8.

Total transformational leadership score ranges, for nurse leaders, by staff nurse group included: high transformational leaders, 201-237 and low transformational leaders, 122-200. Forty percent of the staff nurses (N=31) perceived the nurse leader as having a high degree of transformational leadership. Staff nurses, who perceived the nurse leader as a high transformational leader, consistently rated the nurse leader higher on all subscales than staff nurses who perceived the nurse leader as a low transformational leader. Staff nurse subgroups were similar with respect to demographic and career characteristics.

Table 8

**Nurse Leader Transformational Leadership Scores by Staff
Nurse Groups**

<u>Scale</u>	<u>Low TFL Score</u>		<u>High TFL Score</u>	
	<u>\bar{x}</u>	<u>SD</u>	<u>\bar{x}</u>	<u>SD</u>
<u>Visionary Leadership Behaviors</u>	(N=47)		(N=31)	
Focused Leadership	18.5	2.3	22.2	5.3
Communication Leadership	16.7	2.9	21.4	1.6
Trust Leadership	17.6	2.9	21.2	1.9
Respectful Leadership	19.1	2.9	23.6	1.3
Risk Leadership	17.2	2.5	21.0	2.6
Subtotal	89.2	10.9	109.5	5.3
<u>Visionary Leadership Characteristics</u>				
Bottom-line Leadership	17.8	2.6	21.5	1.9
Empowered Leadership	15.9	2.2	19.3	1.8
Long-term Leadership	16.9	2.9	21.4	2.3
Subtotal	50.7	5.7	62.2	3.9
<u>Visionary Culture Building</u>				
Organizational Leadership	18.1	3.3	22.9	2.9
Culture Leadership	18.1	2.3	21.4	2.5
Subtotal	36.3	5.2	44.3	2.9
<u>Total Transformational Leadership</u>	176.1	18.9	215.9	10.1
Note: TFL (Transformational Leadership Score)				

Research Question Three

Research question three explored the difference in nurse leaders' and staff nurses' perceptions of the nurse leaders' degree of transformational leadership. A *t*-test distribution was calculated to determine if differences existed in these perceptions. Responses from the total staff nurse group (N=78) were used in data analysis. To avoid an inflated alpha, a .005 individual alpha level was used for each of the *t*-tests to maintain an overall alpha level of .05 (Goodwin, 1984). Data from these tests are listed in Table 9.

The total transformational leadership score reported for nurse leaders was not significantly different between nurse leaders and staff nurses. Differences in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership were not significant for visionary leadership behaviors nor visionary culture building skills. However, differences in perception concerning the visionary leadership characteristics scale were significant ($t=4.73$, $p < .000$).

Analysis of the visionary leadership characteristics subscales revealed a significant difference in perception between nurse leaders and staff nurses for the long-term leadership subscale ($t=3.24$, $p < .005$). As a result of these findings, the null hypothesis for research question

Table 9

Differences in Nurse Leaders' Degree of Transformational Leadership by Nurse Leader and Staff Nurse Group

Scale	Group	Mean	SD	t	p Value
<u>Visionary Leadership Behaviors</u>					
Focused Leadership	Nurse Leader	20.1	2.6	0.13	0.899
	Staff Nurse	19.9	2.8		
Communication Leadership	Nurse Leader	18.6	3.6	-0.01	0.994
	Staff Nurse	18.6	3.4		
Trust Leadership	Nurse Leader	20.0	1.9	0.82	0.413
	Staff Nurse	19.0	3.4		
Respectful Leadership	Nurse Leader	22.0	2.5	0.99	0.327
	Staff Nurse	20.9	3.2		
Risk Leadership	Nurse Leader	20.8	2.2	1.87	0.064
	Staff Nurse	18.7	3.2		
Subtotal	Nurse Leader	101.4	10.9	1.58	0.371
	Staff Nurse	97.2	13.5		
<u>Visionary Leadership Characteristics</u>					
Bottom-line Leadership	Nurse Leader	21.4	1.7	2.16	0.034
	Staff Nurse	19.3	2.9		
Empowered Leadership	Nurse Leader	19.4	2.9	2.29	0.024
	Staff Nurse	17.3	2.6		
Long-term Leadership	Nurse Leader	21.0	1.8	3.24	0.005 *
	Staff Nurse	18.7	3.5		
Subtotal	Nurse Leader	61.9	3.3	4.73	0.000 *
	Staff Nurse	55.2	7.6		
<u>Visionary Culture Building</u>					
Organizational Leadership	Nurse Leader	22.3	2.4	1.85	0.068
	Staff Nurse	20.0	3.6		
Culture Leadership	Nurse Leader	19.9	1.5	0.47	0.641
	Staff Nurse	19.4	2.8		
Subtotal	Nurse Leader	42.2	3.3	1.37	0.176
	Staff Nurse	39.5	5.9		
<u>Total Transformational Leadership</u>	Nurse Leader	205.6	15.2	1.58	0.119
	Staff Nurse	191.9	25.3		

Note: Nurse Leader (N=9); Staff Nurse (N=78); TFL (Transformational Leadership); * $p < .005$

three was rejected. There was a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of visionary leadership characteristics.

Research Question Four

Research question four explored differences in staff nurse job satisfaction based on staff nurses' perception of the nurse leaders' degree of transformational leadership. In order to examine this question, the frequency distribution for total staff nurse job satisfaction was explored first.

Frequency distribution for staff nurse job satisfaction was analyzed for the total staff nurse group (N=78) to determine the degree of job satisfaction reported. The amount of present satisfaction in the job was explored. Additionally, the amount of desired satisfaction and the amount of job dissatisfaction was investigated. These data are presented in Table 10.

Collectively, staff nurses reported a moderate amount of present satisfaction with the job ($\bar{x} = 63.1$) and indicated a high desire for more satisfaction ($\bar{x} = 81.9$) [possible ranges: low = 12-47; moderate = 48-71; high = 72-84]. Analysis of present satisfaction revealed staff nurses reported the highest present satisfaction scores in interpersonal satisfaction ($\bar{x} = 16.0$) and the lowest present satisfaction scores in involvement satisfaction

(\bar{x} = 13.1) [possible ranges: low = 3-11; moderate = 12-15; high = 16-21].

Table 10

Staff Nurse Job Satisfaction

	Present Satisfaction			Desired Satisfaction			Dissatisfaction		
	(a) Score			(b) Score			(b-a) Score		
Index	\bar{x}	SD	Range	\bar{x}	SD	Range	\bar{x}	SD	Range
<u>Intrinsic Satisfaction</u>									
Use of Skills and Abilities	4.7	1.1	5	6.5	0.7	3	1.6	1.0	5
Job Worthwhile	5.3	1.2	5	6.5	0.8	5	1.1	0.9	3
Self-fulfillment	4.7	1.3	5	6.4	0.6	2	1.7	1.1	4
Subtotal	14.7	2.6	12	19.1	1.9	10	4.5	2.2	9
<u>Extrinsic Satisfaction</u>									
Financial Rewards	3.6	2.9	5	6.5	0.6	2	2.8	1.3	6
Job Security	5.5	1.4	5	6.5	0.6	2	1.0	1.3	4
Fairness of Work	4.9	1.4	6	6.4	0.7	3	1.5	1.4	6
Subtotal	14.1	2.9	13	19.5	1.6	7	5.3	2.6	14
<u>Interpersonal Satisfaction</u>									
Work with Likeable People	5.3	1.2	5	6.2	0.8	3	0.9	1.1	4
Understanding of Others	4.9	1.2	5	6.4	0.6	2	1.4	1.6	4
Help Others	5.8	1.2	5	6.5	0.7	3	0.7	0.9	4
Subtotal	16.0	2.9	14	19.0	1.6	7	5.3	2.3	11
<u>Involvement Satisfaction</u>									
Authority to Direct Others	4.3	1.3	6	5.6	0.9	5	1.3	1.1	4
Determine Methods and Procedures	4.3	1.3	5	6.2	0.9	4	1.9	1.4	5
Goal Setting	4.5	1.5	6	6.2	0.8	3	1.5	1.4	5
Subtotal	13.1	3.6	15	17.8	2.1	9	4.8	3.1	13
Total Job Satisfaction	63.1	10.3	48	81.9	5.8	23	19.3	8.1	40

Note: N=78

Analysis of individual present satisfaction items revealed that staff nurses were most satisfied with the ability to help others and the amount of job security (possible ranges: low = 1-3; moderate = 4-5; high = 6-7). They were least satisfied with financial rewards, authority to direct other, and the ability to determine methods/procedures (possible ranges: low = 1-3; moderate = 4-5; high = 6-7). It is also important to note that the amount of job dissatisfaction reported was low (actual range 0.9 to 2.8) across all indexes.

Frequency distribution for staff nurse job satisfaction was analyzed by staff nurse subgroups based on staff nurses' perception of nurse leaders as high or low transformational leaders. The amount of present satisfaction, desired satisfaction, and dissatisfaction in the job was explored by subgroup. These data are presented in Table 11.

Present job satisfaction reported by subgroups was consistently higher when staff nurses perceived the nurse leader as having a high degree of transformational leadership. Interestingly, the amount of desired satisfaction reported by both subgroups was virtually the same. The amount of job dissatisfaction reported was higher when staff nurses perceived the nurse leader as having a low degree of transformational leadership.

Table 11

**Job Satisfaction by Staff Nurse Perception of Nurse
Leaders' Degree of Transformational Leadership**

Index	Low TFL Score (N=47)			High TFL Score (N=31)		
	\bar{x}	SD	Range	\bar{x}	SD	Range
	Present Satisfaction			Present Satisfaction		
Intrinsic Satisfaction	14.3	2.6	12	15.3	2.6	10
Extrinsic Satisfaction	13.4	2.8	11	15.1	2.8	12
Interpersonal Satisfaction	15.5	3.1	14	16.7	2.4	9
Involvement Satisfaction	11.9	3.7	12	14.9	2.4	12
Total Present Job Satisfaction	60.1	10.7	43	67.7	7.7	31
Index	Desired Satisfaction			Desired Satisfaction		
	\bar{x}	SD	Range	\bar{x}	SD	Range
	Desired Satisfaction			Desired Satisfaction		
Intrinsic Satisfaction	19.1	1.9	10	19.0	2.0	9
Extrinsic Satisfaction	19.3	1.5	6	19.7	1.6	7
Interpersonal Satisfaction	18.8	1.6	7	19.3	1.6	5
Involvement Satisfaction	17.6	2.2	9	18.3	1.9	7
Total Desired Job Satisfaction	81.4	6.2	23	82.9	5.1	20
Index	Dissatisfaction			Dissatisfaction		
	\bar{x}	SD	Range	\bar{x}	SD	Range
	Dissatisfaction			Dissatisfaction		
Intrinsic Satisfaction	4.9	2.1	9	3.9	2.2	9
Extrinsic Satisfaction	5.8	2.6	14	4.6	2.6	10
Interpersonal Satisfaction	3.4	2.4	11	2.7	2.0	6
Involvement Satisfaction	5.7	3.3	13	3.0	2.2	8
Total Job Dissatisfaction	21.7	8.3	35	16.7	6.3	24

Note: TFL (Transformational Leadership)

A *t*-test distribution was used to determine if there was a difference in job satisfaction reported by staff nurses based on staff nurses' perception of the nurse leader as a high or low transformational leader. To avoid an inflated alpha, a .005 individual alpha level was used for each *t*-test to maintain an overall alpha level of .05. These data are listed in Table 12.

Present satisfaction scores significantly different between the staff nurse subgroups included: total job satisfaction ($t=-4.41$, $p < .001$) and involvement satisfaction ($t=-4.21$, $p < .000$). Involvement satisfaction, based on dissatisfaction scores, also demonstrated a significant difference between the two subgroups ($t=3.50$, $p < .001$). Interestingly, analysis of satisfaction indexes, based on desired satisfaction scores, did not reveal a significant difference between staff nurse subgroups. As a result of these findings, the null hypothesis for research question four was rejected. There was a difference in staff nurse job satisfaction based on staff nurses' perception of the nurse leaders' degree of transformational leadership.

Table 12

**Job Satisfaction Differences by Staff Nurse Perception of
Nurse Leaders' Degree of Transformational Leadership**

Index	Group	\bar{x}	SD	t	p Value
<u>Present Satisfaction</u>					
Intrinsic Satisfaction	Low TFL	14.3	2.6	-1.61	.112
	High TFL	15.3	2.6		
Extrinsic Satisfaction	Low TFL	13.4	2.8	-2.58	.011
	High TFL	15.1	2.8		
Interpersonal Satisfaction	Low TFL	15.5	3.1	-1.80	.075
	High TFL	16.7	2.4		
Involvement Satisfaction	Low TFL	11.9	3.7	-4.21	.000 *
	High TFL	14.9	2.4		
Total Present Job Satisfaction	Low TFL	60.6	10.7	-4.41	.001 *
	High TFL	67.0	7.7		
<u>Desired Satisfaction</u>					
Intrinsic Satisfaction	Low TFL	19.1	1.9	0.28	.777
	High TFL	19.0	2.0		
Extrinsic Satisfaction	Low TFL	19.3	1.5	-1.29	.199
	High TFL	19.7	1.6		
Interpersonal Satisfaction	Low TFL	18.8	1.6	-1.32	.190
	High TFL	19.3	1.6		
Involvement Satisfaction	Low TFL	17.6	2.2	-1.40	.165
	High TFL	18.3	1.9		
Total Desired Job Satisfaction	Low TFL	81.4	6.2	-1.15	.254
	High TFL	82.9	5.1		
<u>Dissatisfaction</u>					
Intrinsic Satisfaction	Low TFL	4.9	4.9	1.95	.055
	High TFL	3.9	3.9		
Extrinsic Satisfaction	Low TFL	5.8	2.6	2.05	.044
	High TFL	4.6	2.6		
Interpersonal Satisfaction	Low TFL	3.4	2.4	1.38	.173
	High TFL	2.7	2.0		
Involvement Satisfaction	Low TFL	5.7	3.3	3.50	.001 *
	High TFL	3.5	2.2		
Total Job Dissatisfaction	Low TFL	21.7	8.3	3.42	.001 *
	High TFL	15.7	6.3		

Note: Low TFL (N=47); High TFL (N=31); * $p < .005$; TFL (Transformational Leadership)

Research Question Five

Research question five investigated the relationship between the nurse leaders' degree of transformational leadership and staff nurse job satisfaction. Pearson correlation statistics were used to determine the relationship between nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction. To avoid an inflated alpha, a .003 individual alpha level was used for each bivariate relationship to maintain an overall alpha level of .05 for the Pearson correlation (Goodwin, 1984). First, the relationship between transformational leadership and present job satisfaction was explored. These data are presented in Table 13.

Analysis of data revealed a significant, moderate correlation between the total transformational leadership score and the total present job satisfaction score ($r=.414$, $p < .000$). Fifty percent of the transformational leadership subscales were significantly related to total present job satisfaction: trust leadership ($r=.336$, $p < .000$); respectful leadership ($r=.400$, $p < .000$); risk leadership ($r=.418$, $p < .000$); bottom-line leadership ($r=.309$, $p < .003$); and long-term leadership ($r=.356$, $p < .001$).

Table 13

Relationship Between Staff Nurse Perceptions of Nurse Leaders' Degree of Transformational Leadership and Staff Nurse Job Satisfaction (Present)

Scale	Intrinsic Satisfaction	Extrinsic Satisfaction	Interpersonal Satisfaction	Involvement Satisfaction	Total Job Satisfaction
Focused Leadership	r = .182 p = .056	r = .276 p = .007	r = .252 p = .013	r = .218 p = .028	r = .302 p = .004
Communication Leadership	r = .192 p = .046	r = .302 p = .004	r = .105 p = .180	r = .238 p = .018	r = .282 p = .006
Trust Leadership	r = .300 p = .004	r = .379 * p = .000	r = .338 * p = .001	r = .170 p = .069	r = .366 * p = .000
Respectful Leadership	r = .284 p = .006	r = .356 * p = .001	r = .283 p = .006	r = .303 p = .004	r = .400 * p = .000
Risk Leadership	r = .345 * p = .001	r = .472 * p = .000	r = .282 p = .006	r = .260 p = .011	r = .418 * p = .000
Bottom-line Leadership	r = .180 p = .057	r = .271 p = .008	r = .188 p = .052	r = .307 * p = .003	r = .309 * p = .003
Empowered Leadership	r = .202 p = .038	r = .299 p = .004	r = .222 p = .026	r = .157 p = .085	r = .275 p = .007
Long-term Leadership	r = .217 p = .028	r = .299 p = .005	r = .217 p = .028	r = .386 * p = .000	r = .356 * p = .001
Organizational Leadership	r = .197 p = .042	r = .324 * p = .002	r = .202 p = .038	r = .213 p = .031	r = .294 p = .004
Culture Leadership	r = .201 p = .039	r = .309 * p = .003	r = .234 p = .020	r = .209 p = .033	r = .298 p = .004
Transformational Leadership	r = .289 p = .005	r = .411 * p = .000	r = .289 p = .004	r = .310 * p = .003	r = .414 * p = .000

Note: N=78; P < .003

Second, the relationship between transformational leadership scores and desired job satisfaction scores was explored. The transformational leadership subscale, culture leadership, was significantly related to the desired satisfaction subscale, interpersonal satisfaction ($r=.330$, $P < .002$).

Third, the relationship between staff nurse perceptions of nurse leader transformational leadership and staff nurse job dissatisfaction scores was explored. These data are presented in Table 14.

Analysis of data revealed a significant, inverse correlation between the total transformational leadership scores and the total job dissatisfaction scores ($r = -.352$, $p < .001$). Thirty percent of the transformational leadership subscales demonstrated a significant, inverse relationship to total job dissatisfaction: respectful leadership ($r = -.330$, $p < .002$); risk leadership ($r = -.376$, $p < .000$); and bottom-line leadership ($r = -.337$, $p < .001$).

As a result of these findings, the null hypothesis for research question five was rejected. There was a relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction.

Table 14

Relationship Between Staff Nurse Perceptions of Nurse Leaders' Degree of Transformational Leadership and Staff Nurse Job Dissatisfaction

Scale	Intrinsic Dissatisfied	Extrinsic Dissatisfied	Interpersonal Involvement Dissatisfied	Total Job Dissatisfied
Focused Leadership	r = -.210 p = .032	r = -.256 p = .012	r = -.144 p = .104	r = -.134 p = .120
Communication Leadership	r = -.193 p = .045	r = -.265 p = .010	r = -.023 p = .420	r = -.208 p = .034
Trust Leadership	r = -.279 p = .007	r = -.281 p = .006	r = -.188 p = .050	r = -.066 p = .283
Respectful Leadership	r = -.271 p = .008	r = -.273 p = .008	r = -.180 p = .057	r = -.185 p = .053
Risk Leadership	r = -.292 p = .005	r = -.477 * p = .000	r = -.189 p = .049	r = -.149 p = .097
Bottom-line Leadership	r = -.162 p = .078	r = -.310 * p = .003	r = -.083 p = .235	r = -.301 p = .004
Empowered Leadership	r = -.148 p = .099	r = -.252 p = .013	r = -.103 p = .184	r = -.017 p = .443
Long-term Leadership	r = -.105 p = .178	r = -.261 p = .011	r = -.061 p = .297	r = -.249 p = .014
Organizational Leadership	r = -.211 p = .032	r = -.309 * p = .003	r = -.058 p = .306	r = -.154 p = .089
Culture Leadership	r = -.214 p = .030	r = -.249 p = .014	r = -.063 p = .291	r = -.093 p = .210
Transformational Leadership	r = -.262 p = .010	r = -.368 * p = .000	r = -.136 p = .118	r = -.198 p = .041

Note: N=78; p < .003

A stepwise, forward multiple regression was used to determine how much of the variance in staff nurse present job satisfaction scores could be explained by the following staff nurse variables: perception of nurse leaders' degree of transformational leadership; the demographic characteristic of age, and number of years employed in the current position. These data are presented in Table 15.

The total transformational leadership score variable entered the regression equation first and accounted for 17% of the variance in staff nurse job satisfaction scores. Neither the number of years employed in the current position nor age entered the equation as the .05 alpha level had been exceeded. As a result of these findings, the null hypothesis was rejected. Staff nurse perceptions of nurse leaders' degree of transformational leadership is a predictor of staff nurse job satisfaction.

Table 15

Stepwise Multiple Regression of Staff Nurse Job Satisfaction (Present) by Predictor Variables

Variable	Multiple R	R ²	Adjusted R ²	b weight	F	p Value
Transformational Leadership	.4132	.1708	.1596	.4132	15.2379	.0002.

A stepwise, forward multiple regression was used to determine how much of the variance in staff nurse job dissatisfaction scores could be explained by the following staff nurse variables: perceptions of nurse leaders' degree of transformational leadership; the demographic variable of age, and number of years employed in the current position. These data are presented in Table 16.

The total transformational leadership score variable entered the regression equation first and accounted for 12% of the variance in job dissatisfaction. An inverse correlation between transformational leadership and job dissatisfaction was noted. Neither the number of years employed in the current position nor age entered the equation as the .05 alpha level had been exceeded. As a result of these findings, the null hypothesis was rejected. Staff nurse perceptions of nurse leaders' degree of transformational leadership is a predictor of staff nurse job dissatisfaction.

Staff nurse perceptions of the nurse leaders' degree of transformational leadership and staff nurse desired satisfaction variables were not regressed. The bivariate correlation between these two variables was not statistically significant.

Table 16

**Stepwise Multiple Regression of Job Dissatisfaction by
Predictor Variables**

<u>Variable</u>	<u>Multiple R</u>	<u>R²</u>	<u>Adjusted R²</u>	<u>b weight</u>	<u>F</u>	<u>p Value</u>
Transformational Leadership	.3532	.1241	.1123	-.3532	10.4847	.0018.

Summary

The purpose of this study was to determine to what degree nurse leaders were described as having transformational leadership; if there was a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership; and if there was a relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction.

The typical nurse leader participant was 37 years of age, female, had approximately 10 years of leadership experience and had achieved at least a baccalaureate degree in nursing. The typical staff nurse participant was 31 years of age, female, and had been employed in the current position for approximately 3 years. About half of the

staff nurse participants had achieved at least a baccalaureate degree in nursing.

Nurse leaders described themselves as having a high degree of transformational leadership while the staff nurse sample described nurse leaders as having a low degree of transformational leadership. However, 40% of this staff nurse sample noted the nurse leader as having a high degree of transformational leadership.

There was a significant difference between nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership related to visionary leadership characteristics. The difference between total transformational leadership scores, reported by both groups, was not significant.

A significant, moderate relationship between the total nurse leaders' transformation leadership score, reported by staff nurses, and the total staff nurse present job satisfaction score was noted. Total job satisfaction, based on present satisfaction scores, was significantly different between the staff nurse subgroups perceiving nurse leaders as having a high or low degree of transformational leadership. Analysis of satisfaction indexes, based on desired satisfaction scores, did not reveal a significant difference between the staff nurse subgroups. The total transformational leadership score

variable, as perceived by staff nurses, accounted for 17% of the variance in staff nurse job satisfaction scores and 12% of the variance in staff nurse job dissatisfaction scores. The relevance of these finding is discussed in Chapter 4.

Chapter 4

Discussion

The purpose of this study was to determine to what degree nurse leaders were described as having transformational leadership and if there was a difference in nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership. The relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction was also explored. The Visionary Leader: Leader Behavior Questionnaire-Self (3rd. Ed.) [LBQ] was used to determine the nurse leaders' degree of transformational leadership based on self-report. The Visionary Leader: Leader Behavior Questionnaire-Other (3rd. Ed.) [LBQ] was used to determine the nurse leaders' degree of transformational leadership as perceived by staff nurses. The Job Characteristics Instrument (JCI) was used to determine job satisfaction reported by staff nurses. The Demographic Data Sheet was used to collect data related to specific demographic and career characteristics.

Data were collected over a five-month period at one tertiary care hospital. Patients admitted to the hospital

ranged in age from birth to 21 years. The number of staff nurses employed by each nursing unit ranged from 4 to 73.

Nine nurse leaders participated in the study for a total response rate of 90%. Ninety-nine staff nurses participated in the study, of which 78 met study criteria, for a total response rate of 45%. Age distribution for the total sample ranged from 23 to 53 with nurse leaders being slightly older than staff nurses. Most of the nurse leaders (66%) had at least a baccalaureate degree in nursing while about half (49%) of the staff nurses had at least a baccalaureate degree in nursing. Nurse leaders had been employed by the hospital almost three times as long as staff nurses. Number of years employed on the nursing unit were approximately the same for both groups.

Transformational Leadership

This study examined the degree to which nurse leaders were described as transformational leaders. Results of this study indicated that nurse leaders in the study hospital exhibit predominately high transformational leadership behaviors, characteristics and culture building skills. These results are consistent with the findings of Dunham and Klafehn (1990) in which nurse leaders were described as predominately transformational leaders. Interestingly, in this study, the majority of the nurse leaders' (78%) transformational leadership scores, based on

self report, were higher than those reported by Sashkin (1988) for managers and professionals (N=39) in the business community. This finding is consistent with the results of Dunham and Klafehn (1990) in which nurse leaders' (N=80) transformational leadership scores were higher than those reported by Bass (1985) for world leaders, administrators and managers. More than half (52%) of the nurse leaders' transformational leadership scores, as perceived by staff nurses in this study, exceeded those reported by Sashkin (1988) for managers and professionals.

Dissonance between nurse leaders' and staff nurses' perceptions of leadership ability has been listed as a major factor creating nursings' leadership crisis (Barker, 1990). According to Sashkin (1988), normative data, using the LBQ, have shown that results from followers' reports have been slightly more positive than leaders' self-reports. Findings in this study were not consistent with those reported by Sashkin (1988). Aggregate data from staff nurses' reports were slightly more negative than nurse leaders' self-reports. Most nurse leaders (66%) described themselves as having a high degree of transformational leadership. Collectively, less than half of the staff nurses (40%) described the nurse leaders as high transformational leaders. However, the staff nurses rating nurse leaders as high transformational leaders,

reported total transformational leadership scores greater than those self-reported by nurse leaders.

The first null hypothesis for this study examined the difference between nurse leaders' and staff nurses' perception of the nurse leaders' degree of transformational leadership. According to Sashkin (1988), gross discrepancies between follower and leader reports have been rare but occurrence is indicative of serious problems for the leaders being rated. Results of this study indicated a statistical difference between the two groups' perception concerning the visionary leadership characteristics. Analysis of subscales revealed a statistical difference for the long-term leadership characteristic. The same discrepancy was noted following analysis of the pilot data.

The visionary leadership characteristics subscales were new to the LBQ (3rd. Ed.). Empirical testing of these subscales has been limited (Sashkin, 1988). Transformational leaders, as defined by Sashkin (1988), have the ability to clearly explain their long-term view of the organization to others and communicate specific action plans for accomplishing their visions. The visionary leadership characteristics subscales performed poorly during this study and the pilot study. Therefore, it is unclear whether the discrepancy resulted from: nurse leaders' inability to create long-term visions; nurse

leaders' inability to clearly explain their visions to staff nurses and communicate specific action plans for accomplishing long-term goals; or were a result of scale unreliability.

Staff Nurse Job Satisfaction

One research question for this study explored staff nurse job satisfaction based on staff nurses' perception of the nurse leaders as a high or low transformational leader. Findings of this study were consistent with results reported in non-nursing literature (Sashkin, 1988; Stoner-Zemel, 1988; Ray, in process) in which employees of high-scoring transformational leaders consistently expressed more job satisfaction than employees of low-scoring transformational leaders. In this study, staff nurses of high-scoring transformational leaders consistently expressed more present job satisfaction, across all satisfaction indexes, than staff nurses of low-scoring transformational leaders. The amount of desired job satisfaction expressed by both staff nurse subgroups was similar indicating that job expectations are a homogeneous phenomena among staff nurses. However, the amount of job dissatisfaction expressed was less when staff nurses perceived the nurse leaders as high transformational leaders.

This study also explored the differences in staff nurse job satisfaction based on staff nurses' perception of the nurse leaders as a high or low transformational leader. Results of the study revealed a statistical difference between staff nurse subgroups for total present job satisfaction and total job dissatisfaction. Analysis of satisfaction indexes for both scales (satisfaction and dissatisfaction) revealed a significant difference related to involvement satisfaction.

In this study, present job satisfaction, related to involvement opportunities, was low whether the nurse leader was perceived as a high or low transformational leader. However, staff nurses, of high-scoring transformational leaders, expressed more present job satisfaction concerning their involvement in determining methods and procedures, goal setting and the authority to direct the work of others. Staff nurses, of low-scoring transformational leaders, expressed more dissatisfaction with the amount of involvement permitted in the work setting. Job expectations (desired satisfaction) were similar for both staff nurse subgroups.

These findings are consistent with the results of nursing research concerning factors that promote staff nurse job satisfaction (Strader, 1987; Nursing 88, 1988; Simpson, 1985; Huey & Hartley, 1988; Prescott & Bowen,

1987; Taunton, Krampitz & Woods, 1989). Staff nurses have consistently reported the following expectations related to involvement as critical determinants of job satisfaction: autonomy, decision making, goal setting, and control over nursing practice.

The findings in this study are also consistent with the characteristics described for nurse leaders in magnet hospitals (McClure, Poulin, & Sovie, 1982; Kramer & Schmalenberg, 1988). These characteristics were synonymous with those described for effective transformational leaders. Nurse leaders in magnet hospitals encouraged nursing staff to use autonomy to initiate creative ways of providing nursing care and to take an active role in decision making; thus, placing control of nursing practice at the staff nurse level. As a result, nursing staff consistently reported more satisfaction with the work environment (Kramer & Schmalenberg, 1988).

Transformational Leadership and Staff Nurse Job

Satisfaction

The last null hypothesis examined in this study explored the relationship between the nurse leaders' degree of transformational leadership, as perceived by staff nurses, and staff nurse job satisfaction. Analysis of data revealed a moderate relationship between total present job satisfaction scores and total transformational leadership

scores. Total job dissatisfaction scores were inversely correlated with total transformational leadership scores.

Total present job satisfaction indexes were significantly correlated with several transformational leadership subscales (Table 17). Ten percent of the leadership subscales were significantly correlated with intrinsic satisfaction and interpersonal satisfaction. Sixty percent of the subscales were significantly correlated with extrinsic satisfaction. Present involvement job satisfaction was significantly correlated with bottom-line leadership, long-term leadership and total transformational leadership scores. The total transformational leadership scores were significantly correlated with 50% of the present job satisfaction indexes.

Transformational leadership subscales were also significantly correlated with staff nurse job dissatisfaction indexes (Table 18). Thirty percent of the leadership subscales were moderately related to extrinsic dissatisfaction. Total transformational leadership scores were moderately correlated with extrinsic satisfaction and total job dissatisfaction scores. These significant correlations were inverse in nature. That is, as transformational leadership scores increased staff nurse job dissatisfaction scores decreased.

Table 17

Transformational Leadership Subscales by Related Staff
Nurse Job Satisfaction (Present)

<u>Intrinsic</u>	<u>Extrinsic</u>	<u>Interpersonal</u>	<u>Involvement</u>	<u>Total Job</u>
<u>Satisfaction</u>	<u>Satisfaction</u>	<u>Satisfaction</u>	<u>Satisfaction</u>	<u>Satisfaction.</u>
Risk	Trust	Trust	Bottom-line	Trust
	Respectful		Long-term	Respectful
	Risk		TFL	Risk
	Long-term			Bottom-line
	Organizational			Long-term
	Culture			TFL
	TFL			

Note: TFL (Transformational Leadership)

These findings validate the critical role of transformational leadership as a determinant of staff nurse job satisfaction described in the literature (Kramer & Schmalenberg, 1988; Hinshaw, Smeltzer & Atwood; Mann & Jefferson). According to Barker (1990), nurse leader behaviors have a direct effect on the methods employed to influence the activities of staff nurses thereby, affecting job satisfaction. Strader (1987) indicated that most job complaints expressed by staff nurses centered around oppressive leadership behaviors of nurse leaders including isolation and overuse of authority. Prescott and Bowen

(1987) maintained that ineffective leadership abilities of nurse leaders resulted in staff nurse job dissatisfaction. The authors recommended improved relationships between nurse leaders and staff nurses as well as practice environments that promote staff nurse involvement. Similarly, Taunton, Krampitz and Woods (1989) maintained that job satisfaction was greater among staff nurses whose leader involved them in decision making with staff being likely to participate if the nurse leader was less autocratic.

Table 18

Transformational Leadership Subscales by Related Staff Nurse Job Dissatisfaction

<u>Extrinsic</u>	<u>Total Job</u>
<u>Dissatisfaction</u>	<u>Dissatisfaction</u>
Risk Leadership	Respectful Leadership
Bottom-line Leadership	Risk Leadership
Organizational Leadership	Bottom-line Leadership
TFL	TFL

Note: TFL (Transformational Leadership)

In this study, multiple regression analysis revealed that 17% of the variance in present job satisfaction and 12% of job dissatisfaction variance could be explained by

total transformational leadership scores. These findings further validate the critical relationship between transformational leadership and job satisfaction described by Sashkin (1988) and colleagues (Stoner-Zemel, 1988; Ray, in process). Lucas (1988) clearly demonstrated the relationship between job satisfaction and involvement of nursing staff in goal setting and decision making. According to Sashkin (1988), the belief that one can make a difference is critical to one's ability to have a positive impact on one's environment.

Conclusions

Results of this study must be evaluated with consideration given the limited sample size and specificity of the data. However, given the review of the literature and the significant findings from this study, an empirical base describing the relationship between transformational leadership and staff nurse job satisfaction was defined. Therefore, the researcher offers the following conclusions for consideration by nurse leaders.

Transformational leadership offers a revolutionary approach for the future of nursing leadership. A high degree of transformational leadership promotes job satisfaction and was indicated as a determinant of job satisfaction by staff nurses in this study. High

transformational leaders, as defined by Sashkin (1988), use power and influence to empower and involve organizational members. Burns (1979) indicated that leaders, having developed a high degree of transformational leadership, facilitate growth and development of followers toward a collective purpose indicating involvement by both parties. Bass (1985) maintained that transformational leaders function as the catalyst to release the motivation to work that is already present within followers and inspire followers to "achieve beyond their expectations".

Closing the gap between nurse leaders' and staff nurses' perceptions of nursing leadership will remain on the agenda as nurse leaders strive to create excellent nursing organizations through involvement of staff nurses in determining nursings' future. New leadership approaches must support the changing values of the nursing work force and address issues surrounding the leadership crisis affecting the integrity of nurse leaders. Transformational leadership provides the framework and methodology for meeting these goals and has enormous implications within the nursing discipline.

Nursing Administration

Nurse leaders must develop transformational leadership skills to solve the current leadership crisis, promote job satisfaction, and move nursing to a level of excellence

within the hospital organization. Additionally, nurse leaders must support the nurturing of existing transformational leaders and encourage development of transformational leadership by staff nurses.

Data from this study indicated that staff nurses expect to be involved in decisions concerning nursing practice and are dissatisfied when denied the opportunity. Oppressive organizational hierarchies as well as autocratic nursing leadership techniques are designed to limit the involvement of staff nurses while increasing control and predictability for hospitals (Barker, 1990; Simpson, 1985). These strategies inhibit staff nurse job satisfaction. Autocratic nursing leadership is no longer acceptable to professional nurses. As a result, nurse leaders have been criticized and their authority challenged by staff nurses.

The pressure for change in nursing organizations will continue to intensify, presenting nurse leaders with opportunities to transform bureaucratic work settings into professional practice environments (American Nurses' Association, 1988). Development of transformational leadership in nursing has been identified as a critical factor to the success of this transformation process. Strategies to maximize control and predictability for nurses related to nursing practice would promote a proactive posture for nurse leaders and enable staff nurse

involvement at each level of the nursing and hospital organization.

Transformational leaders in nursing can achieve the success described by Sashkin (1988) and colleagues by transforming bureaucratic work environments into professional, autonomous work environments (Porter-O'Grady & Finningan, 1984). Decreasing external controls will provide involvement opportunities for staff nurses. Nurse leaders, who have the ability to clearly explain their long-term goals and action plans, can facilitate involvement of nursing staff as the visions are realized; thereby, promoting staff nurse job satisfaction. Further, nurse leaders who believe they can make a difference in the organization can role model those behaviors for nursing staff to emulate.

Transformational leadership in nursing is one strategy to improve relationships between nurse leaders and staff nurses by empowering followers to achieve "beyond their expectations". Nurse leaders need to be willing to "subordinate their power to that of their staff by acting on behalf of ideas from staff nurses" (Schwartz, 1990, p. 38). These role changes require new leadership skills and attitudes at all levels of the nursing organization. Transformational leaders in nursing can create new visions for nursing that design and refine the work of nursing to

add meaning and purpose for staff nurses. Transformational leaders should support professional visions and goals as well as empower nurses to control their own destiny. Organizational climates that allow staff nurses to expand their capabilities and improve their performance must become a priority (Orth, Wilkinson, & Benfari, 1990). Transformational nurse leaders must use one critical resource, themselves, to facilitate success.

Nursing Education

The future of professional nursing depends on effective leadership (Meighan, 1990). Currently, promotion to a leadership position involves selecting the best staff nurse to become a nurse leader (1990). Nurse leaders are often unprepared for the challenges and opportunities associated with nursing leadership. Burns (1978) maintained that leaders are not born and that leadership can be developed by individuals. Leadership skills and abilities can be learned, enhanced and nurtured.

Availability of transformational leaders in nursing depends on the development of educational programs as well as mentoring programs to teach the behaviors and skills associated with transformational leadership. Sashkin (1988) maintained that transformational behaviors and skills are a matter of degree. The potential to develop transformational leadership is often greater than the

leaders' current level of performance. The LBQ was designed to identify individuals who have the potential to or are becoming key leaders within the organization. In addition, the LBQ can be used as a guide to teach transformational leadership behaviors and skills. Information gleaned from the LBQ can be used to help individuals identify leadership strengths or areas where further development is indicated.

Transformational nurse leaders must be willing to teach transformational leadership to aspiring nurse leaders and support the educational process through a mentoring relationship. Mentoring of young nurse transformational leaders is a critical factor in preserving professional nursing (Orth, Wilkinson, & Benfari, 1990). Organizational cultures that value mentoring relationships result in stronger leadership teams, enhanced performance, and decrease work-related stress for all employees (1990). Transformational leadership promotes teamwork and mutual support while decreasing power struggles and infighting.

Staff nurses must become "organizationally recognized clinical leaders" (Wake, 1990, p.48) with increased involvement in goal setting and decision making related to nursing practice. Therefore, nurse leaders must become coaches and facilitators. Additionally, nurse leaders must be very skilled at acquiring and using power to allow

development of leadership abilities of staff nurses (Orth, Wilkinson, & Benfari, 1990).

Recommendations

Based on the findings and conclusions of this study, the researcher offers the following recommendations for further research:

1. Replicate this study with a larger, random sample to confirm or deny the discrepancy noted between nurse leaders' and staff nurses' perception of visionary leadership characteristics.
2. Replicate this study with a larger, random sample to confirm or deny the relationship noted between transformational leadership and staff nurse job satisfaction.
3. Replicate this study using sampling techniques that assure a large nurse leader sample to investigate the predictor variables associated with a high degree of transformational leadership.
4. Conduct a longitudinal study to determine the relationship between transformational leadership and achievement of organizational outcomes for the division of nursing and the hospital organization.
5. Conduct a longitudinal study to determine if transformational leadership is clearly associated with organizational excellence and effectiveness.

6. Conduct intervention studies to determine whether transformational leadership can be taught through educational programs based on the concepts associated with transformational leadership.

7. Conduct intervention studies to determine the success of mentoring relationships in developing and nurturing transformational leaders in nursing.

Summary

Today, nurse leaders face the challenge of restructuring nursing departments to facilitate staff nurse job satisfaction and achieve organizational success. Transformational leadership provides the theoretical framework needed to address the complex factors surrounding staff nurse job satisfaction as well as address issues responsible for the leadership crisis inhibiting the effectiveness of nurse leaders.

Barker (1990) indicated that nurse leaders of tomorrow will "need to exhibit a fundamental belief in human beings by acknowledging their expertise, trusting them and sharing power with them" (p.35). The sharp distinction between nurse leaders and staff nurses, prevalent in nursing organizations today, will become less focused. Nurse leaders will work with staff nurses instead of controlling them. The primary role of nurse leaders will be to empower staff nurses to become transformational leaders themselves.

Therefore, development and nurturing of transformational leaders in nursing must be a priority if nurse leaders and staff nurses want to decide the future of professional nursing in the ever changing health care environment.

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APPENDICES

Appendix A
The Visionary Leader: Leader Behavior
Questionnaire (Self)

Appendix A

The Visionary Leader: Leader Behavior Questionnaire (Self)

Permission was obtained from Marshall Sashkin for use of this instrument during this investigation for research purposes only. The instrument may not be reproduced due to copyright protection. To obtain further information contact Organization Design and Development, Inc. (2002 Renaissance Boulevard, Suite 100, King of Prussia Pennsylvania, 19406).

Appendix B
The Visionary Leader: Leader Behavior
Questionnaire (Other)

Appendix B

The Visionary Leader: Leader Behavior Questionnaire (Other)

Permission was obtained from Marshall Sashkin for use of this instrument during this investigation for research purposes only. The instrument may not be reproduced due to copyright protection. To obtain further information contact Organization Design and Development, Inc. (2002 Renaissance Boulevard, Suite 100, King of Prussia Pennsylvania, 19406).

Appendix C
Job Characteristics Instrument

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Appendix C, 115-119

University Microfilms International

Appendix D
Demographic Data Sheet
Staff Nurse

Appendix D

Demographic Data SheetStaff Nurse

Please answer the following questions by filling in the blanks or checking the appropriate boxes. Thank you.

1. Age (last birthday) _____.
2. Gender: Female ()
 Male ()
3. Highest Level of Education:
 Associate Degree in Nursing ()
 Diploma in Nursing ()
 Baccalaureate Degree, Nursing ()
 Master's Degree in Nursing ()
 Other (specify) _____
4. Number of years licensed as an RN
 _____.
5. Number of years employed at this hospital
 _____.
6. Number of years employed as a staff nurse
 _____.
7. Number of years employed as a staff nurse on this unit
 _____.

NOTE: Please do not write your name on this form. Please place this form along with the questionnaires in the self-addressed, stamped envelope provided. Thank you.

Appendix E
Demographic Data Sheet
Director

Appendix E
Demographic Data Sheet
Director

Please answer the following questions by filling in the blanks or checking the appropriate boxes. Thank you.

1. Age (last birthday) _____.
2. Gender: Female ()
Male ()
3. Highest Level of Education:
Associate Degree in Nursing ()
Diploma in Nursing ()
Baccalaureate Degree, Nursing ()
Master's Degree in Nursing ()
Other (specify) _____
4. Number of years licensed as an RN
_____.
5. Number of years employed at this hospital
_____.
6. Number of years experience in nursing management
_____.
7. Number of years employed as Director for this unit
_____.

NOTE: Please do not write your name on this form. Please place this form along with the questionnaires in the self-addressed, stamped envelope provided. Thank you.

Appendix F
Participant Informed Consent Letter
Director

Appendix F

Director

Dear Colleague:

I am a graduate student in nursing administration at Old Dominion University. To fulfill the requirements for this degree, I am involved in a research project. I would appreciate your assistance by completing the enclosed questionnaires.

The purpose of this study is to identify leadership styles of nurse leaders and describe the effect leadership styles have on job satisfaction of staff nurses. The information you can provide is vital to the success of this study. However, your participation is strictly voluntary and you may withdraw any time by contacting me. Confidentiality of the information you provide is guaranteed. Individual responses will not be shared with others in the hospital. This study will not adversely affect your work status in any way. An abstract of study results will be provided to you and also posted on the nursing unit.

Please complete the enclosed questionnaires and return to me as soon as possible. It is recommended that you complete the questionnaires in a quiet setting free from interruptions. The questionnaires will take approximately 10 minutes to complete. The risks involved by participating in this study are minimal. Only your time and energy are required to complete the questionnaires. While you may not benefit directly from the results, your information will provide baseline data to guide nurse administrators as they strive to promote a professional practice environment for registered nurses. In addition, your participation will contribute to nursing knowledge and further nursing research efforts. This questionnaire has been approved by the Vice President for Nursing as well as the Director of Practice and Research. Please return the demographic data sheet and the questionnaire in the self-addressed, stamped envelope provided. Please do not write your name on the questionnaire or demographic data sheet.

Please feel free to contact me at _____ if you have any questions. Thank you for your assistance in this study. Your participation is greatly appreciated.

Respectfully,

Kathie S. Weatherly, BSN, RN, CNOR
Graduate Student, ODU

Appendix G
Participant Informed Consent Letter
Staff Nurse

Appendix G

Staff Nurse

Dear Colleague:

I am a graduate student in nursing administration at Old Dominion University. To fulfill the requirements for this degree, I am involved in a research project. I would appreciate your assistance by completing the enclosed questionnaires.

The purpose of this study is to identify leadership styles of nurse leaders and describe job satisfaction of staff nurses. The information you can provide is vital to the success of this study. However, your participation is strictly voluntary and you may withdraw any time by contacting me. No one in the hospital nor the researcher will know which questionnaires you completed. This study will not adversely affect your work status in any way. An abstract of study results will be provided to you and also posted on the nursing unit.

Please complete the enclosed questionnaires and return to me as soon as possible. It is recommended that you complete the questionnaires in a quiet setting free from interruptions. The questionnaires will take approximately 20 minutes (total) to complete. The risks involved by participating in this study are minimal. Only your time and energy are required to complete the questionnaires. While you may not benefit directly from the results, your information will provide baseline data to guide nurse administrators as they strive to promote a professional practice environment for registered nurses. In addition, your participation will contribute to nursing knowledge and further nursing research efforts. This questionnaire has been approved by the Vice President for Nursing and the Director of your unit as well as the Director of Practice and Research. Please return the demographic data sheet and the questionnaires in the self-addressed, stamped envelope provided. Please do not write your name on the questionnaires or demographic data sheet.

Please feel free to contact me at _____ if you have any questions. Thank you for your assistance in this study. Your participation is greatly appreciated.

Respectfully,

Kathie S. Weatherly, BSN, RN, CNOR
Graduate Student, ODU

Appendix H
Reminder Letter to Participants

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Reminder Letter to Participants

Dear Colleague:

Recently you received a letter from me requesting your participation in a research study I am conducting to fulfill requirements for graduation from the Nursing Administration Program at Old Dominion University. If you have been unable to complete the questionnaire(s), I urge you to do so as soon as possible. The information that you provide is invaluable.

If you have already returned the questionnaire(s), I thank you. If you have misplaced your questionnaire(s) but wish to participate or if you have any questions concerning this study, please feel free to contact me at _____.

Thank you again for your participation. Your cooperation is greatly appreciated.

Respectfully,

Kathie S. Weatherly, BSN, RN, CNOR
Graduate Student, ODU