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Head Nurse Leadership Behavior and Head Nurse and Staff Nurse Job Satisfaction and Burnout in the Intensive Care Setting

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HEAD NURSE LEADERSHIP BEHAVIOR AND HEAD NURSE AND STAFF NURSE JOB SATISFACTION AND BURNOUT IN THE INTENSIVE CARE SETTING

by

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Abstract

The purpose of this study was to examine the relationship between head nurse (HN) leadership behavior and head nurse and staff nurse (SN) job satisfaction and burnout in the Intensive Care Unit (ICU). The two target populations for this study were: ICU HNs and ICU SNs. A sample of 10 HNs and 65 SNs completed four questionnaires. This study was conducted in eight community hospitals ranging in bed size between 150 to 700. Four research questions were tested. Utilizing t-tests, a significant difference was found between ICU HNs' and SNs' perceptions of the HN leader behavior of high task - low relationship. Step-wise multiple regression revealed two variables, SN burnout and HN leader behavior of high task, low relationship, explained 19% of the variance in SN job satisfaction. Nursing implications and recommendations for instrument revision and future research were suggested.

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Chapter 1

Introduction

The shortage of registered nurses continues to increase nationwide, posing a serious threat to the quality of health care. Rising health care costs and changing payment systems, leading to an increase in patient acuity and a decrease in the average length of patient hospital stay have contributed to the nursing shortage by increasing the demand for nursing care (Curran, 1987). This demand for more nurses occurs in a time when fewer nurses are available. Women today have expanded their career choices, both internal and external to the health care system, which has further depleted the supply of nurses in this era of increased demand (Hinshaw, Smeltzer, & Atwood, 1987).

Hospital nurses are also experiencing increasing job performance expectations. Hospital staff nurses in intensive care units (ICU) are caring for critically ill patients in technologically complex environments. These ICU environments are experiencing staffing shortages resulting in staff nurses who are overworked and exhausted (Rich & Rich, 1987). These staff nurses are prime candidates for burnout and job

dissatisfaction due to the increased workload demand.

Head nurse leadership behavior can directly affect the behavior and attitudes of subordinates (Duxbury, Armstrong, Drew, & Henley, 1984). A leadership behavior that supports the needs of staff nurses may moderate the effects of a stressful work environment. On the other hand, a head nurse who offers little support may add to the stress and dissatisfaction experienced by staff nurses, increasing the probability of burnout and turnover among staff nurses and further perpetuating the nursing shortage problem.

Purpose

The purpose of this study was to examine the relationship between head nurse (HN) leadership behavior and staff nurse (SN) job satisfaction and burnout in intensive care nursing units (ICU). In addition, job satisfaction and burnout in ICU HNs was explored.

Problem Statement

Numerous studies investigating job stress, job satisfaction, and burnout among nurses have been reported (Rich & Rich, 1987; Packard & Motowidlo, 1987; Blegen & Mueller, 1987; Keane, Ducette, & Adler, 1985; Kosmoski & Calkin, 1986; Norbeck, 1985; Dolan, 1987;

McCranie, Lambert, & Lambert, 1987; Bryson, Aderman, Sampiere, Rockmore, & Matsuda, 1985). However, research related to the influence of head nurse leadership style on intensive care staff nurse job satisfaction and burnout is limited (Duxbury, Henley, & Armstrong, 1982 and Duxbury, Armstrong, Drew, & Henley, 1984). According to Duxbury et al. (1984), head nurses can promote higher levels of staff nurse satisfaction and lower levels of staff nurse burnout when the head nurse exhibits a leadership style that demonstrates a concern for staff nurses' needs.

Today's nursing shortage can be particularly dysfunctional in the ICU setting which exist to provide intensive nursing care for critically ill patients (Rich & Rich, 1987). Staff nurses in ICUs have a demanding work environment which has intensified with the increasing nursing shortage. This situation forces nurses to provide less than optimal patient care resulting in increased job dissatisfaction and burnout (Rich & Rich, 1987). Therefore, it becomes essential for SNs to experience the HN as a positive and effective leader who contributes to their job satisfaction and, thereby, assist in decreasing burnout. This study explored the relationship between

HN leadership behavior and head nurse and staff nurse job satisfaction and burnout in ICUs.

Theoretical Framework

Situational Leadership Theory, Herzberg's Motivation-Hygiene Factor Theory, and the Occupational Stress Model were used as theoretical frameworks for this study. Situational Leadership Theory is based on the assumption that there is no single successful leadership style (Hersey & Blanchard, 1977). Leaders need to have a variety of leadership styles that can be appropriately adapted to the combination of variables present in each situation. Communication between leader and follower has been identified as the single most important variable in effective leadership. The leader can influence followers in such a way that the followers become more motivated and willing to perform tasks well. Leadership behavior also influences a follower to not follow the leader's directive. Therefore, it is essential that the leader be able to adapt leadership style to the situation and to the needs of the followers (Hersey & Duldt, 1989).

According to Hersey and Duldt (1989) style range is the extent to which a leader can vary the style of communication. Style adaptability refers to the degree

in which a leader is able to change the style of communicating to adapt to the situation (Hersey & Duldt, 1989). The wider the leader's style range the higher the probability of leadership effectiveness. Style adaptability also increases the probability of leadership effectiveness. Most leaders have one or two leadership styles, but with training can learn to appropriately utilize three or four leadership styles.

According to Situational Leadership, there are four basic leadership styles: telling, selling, participating, and delegating. Telling, which involves low socioemotional support, and selling, which involves high support, are leader-oriented behaviors (Hersey & Duldt, 1989). Participating, involving high degrees of socioemotional support, and delegating, which involves increasing support and involvement, are follower-oriented behaviors (1989).

Each of the four leadership styles is a combination of task behavior or supportive behavior, (1989). Task behavior refers to the extent to which the leader provides direction for followers. Relationship behavior is the extent to which the leader provides support and encouragement to followers. As the follower becomes more able and willing to

accomplish a task, the leader should begin to reduce task behavior and increase relationship behavior. As the follower becomes more expert at accomplishing a task, the leader should decrease both task and relationship behavior.

Readiness refers to a dimension of the follower and consists of two elements: ability to do the task and willingness to do the task. The key to applying Situational Leadership Theory is accurate diagnosis of the follower's readiness. If the follower is unable and unwilling, then the appropriate leadership style is high task and low relationship (telling). For the follower who is unable but willing, the leadership style should be high task and high relationship (selling). A participating leadership style, or high relationship and low task behavior is appropriate for the follower who is able but unwilling. For the follower who is able and willing, the appropriate leadership style is low relationship and low task behavior (delegating).

The ultimate objective of effective leadership is to promote employee growth and development by providing an environment in which appropriate goals are available for motivation, thereby enhancing job satisfaction.

This study addressed the influence of HN leadership behaviors on job satisfaction and burnout among ICU SNs and HNs.

Frederick Herzberg developed a Dual-Factor Theory of job satisfaction and motivation based on his earlier studies of engineers and accountants (Herzberg, 1966). Herzberg's theory suggests factors which produce job satisfaction are separate and distinct from the factors that cause job dissatisfaction (1966). Herzberg's study unveiled five determiners of job satisfaction: achievement, recognition, work itself, responsibility, and advancement. An entirely different set of factors evolved for job dissatisfaction: company policy and administration, supervision, salary, interpersonal relations, and working conditions. One cluster of factors, satisfiers, relate to what the person does and the other, dissatisfiers, to the situation in which he does it. The presence of motivating factors, satisfiers, in the work environment enhances job satisfaction because of a need for growth or self-actualization. The hygiene factors, dissatisfiers, lead to job dissatisfaction because of a need to avoid unpleasantness (Herzberg, 1966). This study described the relationship between head nurse leadership behavior

and staff nurse job satisfaction and examined differences between HN and SN job satisfaction in the ICU.

Stress, as defined by Selye (1979), is the nonspecific response of the body to any demands made upon it and can be either a positive reaction to stress (eustress) or a negative reaction (distress). Positive stress can energize people and help them continue toward heightened awareness and performance. Negative stress depletes energy reserves and taxes the bodily systems in terms of maintenance and defense.

Burnout is considered to be a syndrome of emotional and physical exhaustion involving the development of negative job attitudes, a poor professional self-concept and a loss of empathy for patients (Rich & Rich, 1987). There is a growing consensus that job stress is a significant contributing factor to burnout.

Occupational stress can be defined as environmental demands that exceed the abilities of the individual or that environmental supplies and opportunities are insufficient to meet major needs or motives of the person. This lack of fit results in job-related strain such as feelings of low job

satisfaction (LaRocco, House, & French, 1980).

In the Occupational Stress Model (LaRocco et al., 1980) perceived job stress arises from work situations or conditions that are potentially stressful because of lack of fit between the person and the environment. Such a lack of fit results in perceived job stress which in turn causes job strain (e.g. job dissatisfaction). Both perceived job stress and job strain may affect physical and mental health. The Occupational Stress Model suggests that social support from work-related persons helps to buffer the relationship of perceived job stress and job strain to general mental health effects. This study examined the relationship between HN leadership behavior and perceived job stress (burnout) and examined if differences existed between HN and SN burnout.

Based on these theoretical frameworks, a model is proposed as the basis for this research (Figure 1). The leadership behavior of the head nurse is directly influenced by HN job satisfaction and burnout. Higher levels of HN satisfaction leads to lower levels of HN burnout. Job dissatisfaction among HNs is related to burnout which impacts on leadership behavior. A HN leadership behavior which matches staff situational

maturity can lead to staff nurse job satisfaction, whereas the inability to appropriately adapt leadership behavior to that of situational maturity creates SN job dissatisfaction, SN burnout, or both. Higher levels of SN job satisfaction leads to lower levels of burnout. Job dissatisfaction among SNs increases the levels of SN burnout. An awareness of the leadership styles and the ability to appropriately adapt to staff nurse maturity level and to various situations in nursing is necessary to effectively influence staff nurse satisfaction, thereby reducing burnout.

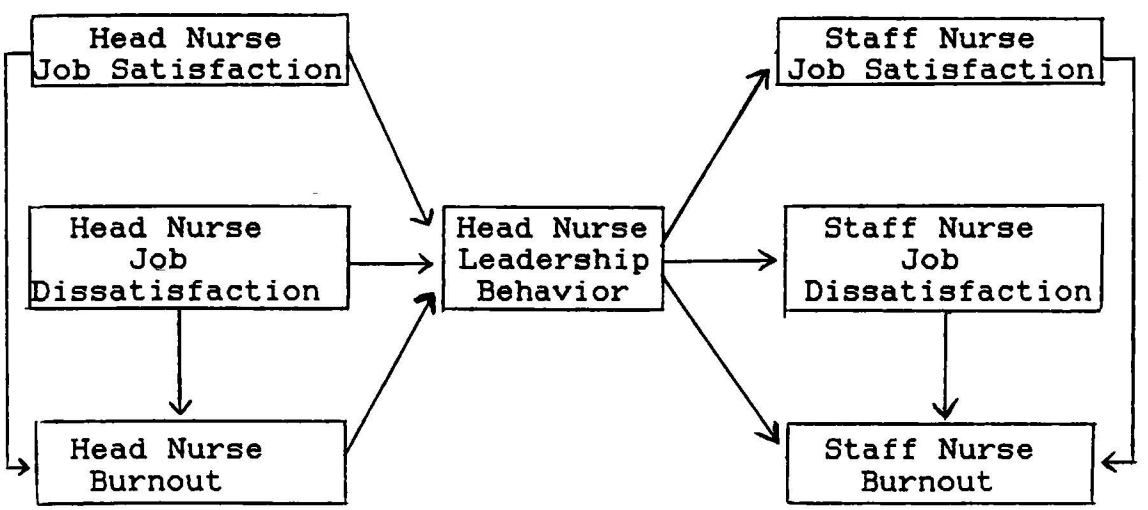

Figure 1: Model for the relationship between head nurse leadership behavior and head nurse and staff nurse job satisfaction and burnout

Definition of Terms

Leadership behavior. Actions leaders take to communicate with and motivate their staff in effectively performing tasks. For the purpose of this study, leadership behavior was measured by the Leadership Behavior Analysis (LBA) instruments (Appendices I & J).

Head nurse. A registered nurse having 24-hour responsibility for management of nursing staff responsibilities and functions in an Intensive Care Unit within an acute care hospital.

Staff nurse. A registered nurse responsible for the direct care of Intensive Care Unit patients.

Intensive Care Unit. A nursing unit having SNs who are responsible for the delivery of intense, specialized nursing care to critically ill adult patients. A reduced nurse-patient ratio exists based on facility specific allocation of standard hours of nursing care identified for these patients.

Burnout. A general experience of physical, emotional, and attitudinal exhaustion. Burnout occurs when work demands exceed one's ability to cope. One can no longer tolerate occupational pressures and feels totally overwhelmed by work stresses (Pines & Kafry,

1978). For the purpose of this study, burnout was measured through use of the Tedium scale (Appendix H).

Job satisfaction. The degree to which nurses have a positive affective orientation toward membership in the organization (Sanger, Richardson, & Carson, 1985); the extent to which nurses' needs are fulfilled by the job they perform. For the purpose of this study the short form of the Minnesota Satisfaction Questionnaire (MSQ) was utilized (Appendix G).

Assumptions and Limitations

Head nurse job satisfaction and burnout were assumed to influence leadership behavior and HN leadership behavior was assumed to directly effect SN job satisfaction and burnout. Generalizations made from this study's findings are limited to the HNs and SNs who comprised the study sample.

A limitation of this study was questionnaire length which may have influenced participant response rate. In addition, tools more specific to nursing may have yielded a more accurate response.

Review of Literature

Major changes in the health care delivery system have added to the nursing shortage. These changes have led to increasing job stress, job dissatisfaction, and

burnout among hospital nurses (Dolan, 1987; Hinshaw et al., 1987; Keane et al., 1985; Duxbury et al., 1984; Norbeck, 1985; Bryson et al., 1985; McCranie et al., 1987; and Selby, 1987). Contributors to job stress, dissatisfaction, and burnout include: rising health care costs, changing payment systems, increasing career choices for women, increase in patient acuity, decrease in the average length of patient hospital stay, increasing technology, and a perceived increasing lack of support from nursing administration (Alspach, 1988; Curran, 1987; Selby, 1987; Hinshaw et al., 1987).

A review of the literature revealed numerous studies regarding the effect of job stress and leadership behavior on job satisfaction and burnout among hospital nurses. The literature pertinent to this investigation is presented according to the following categories: sources of job satisfaction, sources of work-related stressors and burnout, and head nurse leadership styles.

Sources of job satisfaction.

Bryson et al., (1985) examined the relationship between experience level and reported levels of job satisfaction among intensive care nurses (n=110) from various intensive care units in one medical center.

Job tension and job satisfaction remained relatively constant as the number of years of work experience increased. However, job satisfaction was inversely correlated with job tension. Higher levels of tension tend to be associated with increased levels of job dissatisfaction.

White and Maguire (1973) studied job satisfaction and dissatisfaction factors among 34 hospital nursing supervisors in six hospitals. An interview schedule adapted from Herzberg was used. The findings were notably similar to Herzberg's findings. Job satisfaction was promoted by creative, challenging, and role appropriate work; by acts of recognition; and by a chance to advance. The absence of these did not create job dissatisfaction but did prevent supervisors from experiencing job satisfaction.

The relationship between subjective stress and job satisfaction, and how they contributed to job performance was conducted by Packard and Motowildo (1987). The sample consisted of 366 nurses employed in five hospitals. A demographic questionnaire, job performance questionnaire, and a job satisfaction tool was used. The findings suggested that job satisfaction was a consequence of affect, namely depression, which

was a consequence of stress.

Norbeck (1985) surveyed 180 critical care nurses from eight hospitals to determine if higher levels of perceived job stress related to lower levels of job satisfaction, if higher levels of perceived job stress related to higher levels of psychological symptoms, and which specific stressful factors were most related to lower job satisfaction. The Questionnaire of Stressful Factors, Nursing Job Satisfaction Scale, and the Brief Symptom Inventory were used. Zero-order correlations for the relationship between perceived job stress and job satisfaction was $r = -.24$, $p < .001$. These relationships were still significant when the effects of work experience and shift were controlled in the multiple regressions analyses. When controlling for these two factors, perceived job stress accounted for nine percent of the variance in job satisfaction.

Job satisfaction and burnout have been the topic of numerous studies. Studies have shown that higher levels of job tension are associated with higher levels of job dissatisfaction. Lack of leader support and conflict between HNs and SNs were additive predictors of burnout.

Work-related stressors and burnout.

Keane, Ducette, and Adler (1985) surveyed 38 intensive care nurses and 58 medical-surgical nurses from a large urban hospital. The purpose of this study was to determine if intensive care nurses experienced more burnout than non intensive care nurses and if nurses with higher levels of hardiness had less burnout than those with low levels of hardiness. The Staff Burnout Scale, Alienation from Self and Alienation from Work Scale, Rotter's Locus of Control Scale, Powerlessness Scale, and the Security Scale of the California Life Goals Evaluation Schedule were used. Keane et al. (1985) found that nurses in intensive care did not differ in average burnout scores from nurses in the other units, however hardiness did predict burnout across various hospital units. Stepwise multiple regression indicated that Alienation from Work and Locus of Control were the only variables to enter significantly into the prediction equation. The multiple R between Staff Burnout Scale and the Alienation from Work and Locus of Control was .54, and with inclusion of Powerlessness the multiple R increased to .56. Across units, nurses who were more committed to their job, who felt more in control of

their job, and who felt challenged by their job were less burned out.

Dolan (1987) explored the relationship between burnout and job satisfaction in nurses (n=90) from nine hospitals using the Maslach Burnout Inventory and a supplementary questionnaire for overall levels of job satisfaction. The findings revealed a significant correlation between burnout and job satisfaction ($r=.68$, $p<0.0001$). This study, combined with the findings from previous research (Pines, Aronson, & Kafry, 1981; Maslach & Pines, 1979), confirmed that job satisfaction is a reliable indicator of burnout.

McCranie, Lambert, and Lambert (1987) studied whether personality hardiness moderated the impact of job stressors on burnout in 107 registered nurses from an urban hospital. Hierarchical multiple regression analysis indicated that work stressors, particularly stress due to work overload, and hardiness were significant additive predictors of burnout. Work stressors included: death and dying, workload, inadequate preparation, lack of staff support, conflict with the physicians, and conflict with nurses.

Rich and Rich (1987) investigated personality hardiness and burnout in female staff nurses (n=100).

The results of the study supported the hypothesis that personality hardiness is an important stress-resistance resource in preventing or reducing burnout in staff nurses.

Numerous studies on staff nurse burnout have been conducted. However, there is limited research regarding factors which may contribute to burnout among ICU staff nurses. This literature review examined the influence of HN leadership behavior on SN job dissatisfaction as a contributor to SN burnout.

Head nurse leadership styles.

There have been several nursing studies which explored outcomes associated with leadership styles. Duxbury, Armstrong, Drew, & Henley (1984) surveyed Neonatal ICU nurses (n=283) in 14 level three neonatal ICU's to determine if HN leadership style affected job satisfaction and burnout. The Minnesota Satisfaction Questionnaire, The Tedium Scale, and the Leadership Opinion Questionnaire were used. Pearson correlations were calculated to determine the relationships between perceptions of head nurse leadership (structure and consideration) and staff nurse satisfaction and burnout. Staff nurse satisfaction and burnout were related with a correlation of -.41. Head nurse

consideration was clearly related to staff nurse satisfaction ($r=.55$, $p<.001$) and to a lesser extent to burnout ($r=-.29$, $p< .001$). This study supported the premise that HNs can promote higher levels of SN satisfaction and lower levels of SN burnout when the HN exhibits a leadership behavior that demonstrates a concern for group members' needs.

Staff nurse perceptions of HN leadership styles on nursing units using either primary or nonprimary nursing care delivery systems (n=198) was reported by Maguire (1986). The Leader Effectiveness and Adaptability Description was used. Leadership style of head nurses on primary nursing units and head nurses on non-primary nursing units were concluded to be different. A larger percentage of HNs on primary nursing units demonstrated higher relationship behavior in their leadership styles than did HNs on nonprimary nursing units. The primary nursing unit HNs focused on caring for personnel and enhancing communication and collaboration, resulting in higher levels of staff nurse satisfaction.

The relationship between leadership behavior of nurse managers and job satisfaction of registered nurses in a hospice-home care setting was studied by

Drennan and Wittenauer (1987). Seventy-eight home health staff nurses and 11 hospice home health nurse managers from one agency participated in the study. The Leader Behavior Description Questionnaire-XII and the Cornell Job Descriptive Index were used to measure leader behavior and job satisfaction respectively. Results revealed the need for strong leader consideration in hospice-home health nurse managers in order to facilitate job satisfaction of the SNs.

However, there is limited literature available examining the influence of HN leadership behavior on SNs' job satisfaction and burnout in the adult specialty care units. This research compared HN and SN perceptions of HN leadership behavior, explored the relationship between HN leadership behavior and SN satisfaction and burnout, and examined differences in satisfaction and burnout among ICU SNs and HNs.

From this review of the literature an encouraging development was apparent: more comparative studies are being conducted between intensive care and non-intensive care nursing; increasing interest in the role of head nurse in relation to staff nurse job satisfaction; and an increased interest in areas of staff nurse job satisfaction, job stressors, and

burnout.

Research Questions

1. Do ICU HNs and SNs differ in their perceptions of HN leader behavior?
2. Is there a difference in job satisfaction as perceived by ICU HNs and SNs?
3. Is there a difference in burnout as perceived by ICU HNs and SNs?
4. How much variance in staff nurse job satisfaction can be explained by HN leader behavior and staff nurse burnout?

Within this chapter, background information of the problem, its significance, and the purpose of the study were presented. Situational Leadership Theory developed by Hersey and Duldt, Herzberg's Motivation-Hygiene Factor Theory, and LaRocco, House, and French's Occupational Stress Model served as the organizing framework for this study. These three frameworks were used to develop the conceptual model for this investigation. Selected studies relevant to the perceptions of job satisfaction, burnout, and leadership behavior were reviewed. Chapter two describes the methodological aspects of this study.

Chapter 2

Methodology

Research Design

A descriptive correlational design was employed to examine the proposed research questions. This type of design is implemented to describe relationships between variables, not to infer cause-and-effect relationships (Polit & Hungler, 1987). Descriptive data included frequency tabulation of demographic findings. Group differences and bivariate relationship testing was accomplished through utilization of t-tests and Pearson product correlation. Multiple regression was used to examine multivariate relationships.

Sample and Setting

There were two target populations for this study: Intensive Care Unit (ICU) head nurses (HNs) and ICU staff nurses (SNs) in acute care hospitals. The accessible population included ICU HNs and SNs within the Tidewater Region. The sample for this study consisted of those ICU HNs and SNs who elected to participate in this study.

This study was conducted in eight community hospitals within a 50 mile radius of the Tidewater area ranging in bed size between 150 and 700. Head nurses

and SNs from a total of 12 intensive care units ranging in bed size from eight to 13 participated. Accessing HNs and SNs in varied settings increased the ability to generalize the findings to the target populations.

Instruments

Three research instruments and a demographic data form were utilized in this study. The three instruments included: the Minnesota Satisfaction Questionnaire (MSQ), short form (Weiss, Dawis, England, & Lofquist, 1967) (Appendix G); the Tedium Scale (TS) (Pines, Aronson, & Kafry, 1981) (Appendix H); and the Leader Behavior Analysis-Self (LBA II) (Appendix I) and Leadership Behavior Analysis-Other (LBA II) (Appendix J) developed by Blanchard, (1985).

The Minnesota Satisfaction Questionnaire. The Minnesota Satisfaction Questionnaire (short form) consists of three scales: Intrinsic Satisfaction, Extrinsic Satisfaction, and General Satisfaction. This 5-point Likert Scale questionnaire consists of 20 items measuring relevant dimensions of job satisfaction and requires between five and 10 minutes to complete.

The Minnesota Satisfaction Questionnaire has been utilized in several nursing studies. Bryson et al., (1985) studied job tension and satisfaction in ICU

nurses. Coefficient alpha for this study was .85 for the MSQ. Duxbury et al., (1984) studied HN leadership style with SN burnout and job satisfaction in Neonatal ICUs. Cronbach's alpha for the MSQ was .87 in this study. Content validity of the MSQ is well established (Weiss et al., 1967).

The Tedium Scale. The Tedium Scale is a 21 item questionnaire used to measure three components of burnout: physical, emotional, and mental exhaustion. This 7 point Likert scale instrument requires five to 10 minutes to complete and has been utilized in studies of social workers, staff nurses, and neonatal intensive care nurses. Duxbury et al., (1984) cited the internal consistency reliability (Cronbach's alpha) to be .92. McCranie et al. (1987) cited the alpha coefficient to be .94.

The Leadership Behavior Analysis. The LBA is a two part instrument: LBA II-Self, to be completed by the HN and LBA II-Other, to be completed by the SN. Leader Behavior Analysis II-self provides information regarding the leaders perceptions of self with the LBA II-other providing information about how the leader is perceived by others. The purpose of this instrument is to diagnose HN leadership behavior as directing and

maintaining relationships, focusing on tasks, or combining relationship and task focusing behaviors. Four possible leadership behaviors can emerge from this diagnostic approach: high task - low relationship; high task - high relationship; low task - high relationship; and low task - low relationship. Time required to complete this instrument is 10 minutes and it has been used to study SNs' and HNs' perceptions of HN leadership styles. According to Blanchard (1985) the alpha coefficients for LBA-self range from .49 to .56 and the alpha coefficients for LBA-other range from .62 to .84. For the LBA-self and LBA-other, the wording was modified to match the population.

Demographic Data Form. A demographic data form was used to determine each participant's nursing education, experience, number of years on present unit and in present position, previous ICU experience, and intent to stay in ICU nursing. Demographic forms were developed for both the HN and SN (Appendix E and F).

Procedure

After receiving approval from the Committee for the Protection of Human Subjects at Old Dominion University, School of Nursing, a pilot study was initiated for the purpose of exploring tool face

validity and reliability. The actual study was then implemented. A letter was mailed to the Director of Nursing at each Hospital (Appendix A) seeking approval for the study. Ten days after distributing letters requesting permission to conduct the study, appointments were scheduled with each Director of Nursing to discuss the study and clarify the distribution procedure.

Once the distribution procedure was determined appointments were made with the distributors to discuss the study procedure and answer questions. Packets containing a cover letter, instruments, and directions for completing and returning the survey were given to the distributer. Packets were labeled for SN and HN. There were two cover letters: one for head nurses (Appendix B) and one for staff nurses (Appendix C). The cover letters indicated participation was voluntary, all information would be confidential, risks and benefits for study participation were identified, and method for posting study results was explained. The cover letter also indicated return of the survey would be construed to represent written consent to participate. The packets were coded by institution and ICU only. Once the questionnaires were completed the

participants were instructed to place completed questionnaires in the sealed envelope provided and place in the sealed box in the nurses' lounge. This box would be opened by the researcher only. The participants were asked to return the survey within 10 days. A reminder letter (Appendix D) for potential participants was sent on the tenth day to survey distributors. The distributors were requested to forward reminder notices to those individuals who received packets.

Pilot Study

According to Polit & Hungler (1987), the purpose of the pilot study is to obtain information for improving the project or for assessing its feasibility. The pilot study should be carried out with as much care as the major study and the subjects should possess the same characteristics as the subjects who will compose the main sample (Polit & Hungler, 1987).

Using the same instruments described for the main study, a pilot study was conducted using two groups of nurses: those having intensive care staff nurse experience (n=5) and those having intensive care head nurse experience (n=5). The purpose of the pilot study was to provide the researcher the opportunity to

assess problems with validity and internal consistency.

Reliability estimates using Cronbach's Alpha were computed for each of the instruments. The resulting alpha for the Minnesota Satisfaction Questionnaire was 0.87 (n=10) and 0.59 (n=10) for the Tedium Scale. The Leader Behavior Analysis was divided into the four leadership styles and the alpha coefficients were computed separately for head nurses and staff nurses. The alpha coefficients were 0.98 (n=5) for style one; 0.26 (n=5) for style two; 0.77 (n=5) for style three; and 0.55 (n=5) for style four. Low alpha coefficients for the pilot study may be a result of small sample size.

A description of head nurse and staff nurse study participants is provided in Chapter three. Results of the descriptive analysis and group differences and relationships testing used in this study are also presented.

Chapter 3

Results

The purpose of this study was to examine the relationship between head nurse (HN) leadership behavior and staff nurse (SN) job satisfaction and burnout in intensive care nursing units (ICU). In addition, job satisfaction and burnout of the ICU HN was also explored. Situational Leadership Theory, Herzberg's Motivation-Hygiene Factor Theory, and the Occupational Stress Model were utilized as theoretical frameworks for this study.

All eligible ICU staff nurses (n=209) and head nurses (n=12) from eight community hospitals were provided a survey packet delivered at the work site. Each participant completed a demographic data form; the Minnesota Satisfaction Questionnaire (MSQ), short form; the Tedium Scale (TS); and the Leader Behavior Analysis-Self (LBA II) and Leadership Behavior Analysis-Other (LBA II). The final sample consisted of a total of 70 ICU SN's and 10 ICU HN's.

Description of Facilities and Sample

Data collected from each community hospital included: total facility bed capacity, ICU bed capacity, and the number of respondents from each

facility. Table 1 summarizes these data.

Table 1

Hospital Characteristics

	Number of ICU's	ICU Bed Capacity	Total Number of SN per ICU
Hospital A	1	13	16
Hospital B	3	6 to 12	9
Hospital C	2	8 to 10	12
Hospital D	1	13	5
Hospital E	1	8	7
Hospital F	2	8 to 10	12
Hospital G	1	13	7
Hospital H	1	10	2

As demonstrated in Table 1, for these eight hospitals, the number of ICU's per facility ranged from one to three, with ICU bed capacity ranging from eight to 13.

Demographic data were collected regarding ICU head nurse and staff nurse respondents. Table 2 provides a demographic profile for each group.

Table 2

Demographic Characteristics of Nurse Respondents (n=75)

Variable	Staff Nurse (n=65)	Head Nurse (n=10)
Age		
Range	23-55	28-45
Mean	34.70	35.90
Standard Deviation	7.71	6.59
Sex		
Male	02	00
Female	63	10
First level of nursing education:		
LPN	14	00
Diploma	18	04
ADN	20	04
BSN	13	02
Highest level of nursing education:		
Diploma	19	04
ADN	30	02
BSN	16	02
MSN	00	01
other	00	01

There is very little age difference between the HN group and SN group. For the SN group, 75% of the participants had not achieved a baccalaureate level of nursing education. Interestingly, 27% of this group entered nursing via practical nursing programs. Sixty percent of the HN group had less than baccalaureate

preparation in nursing with only one being prepared at the master's level in nursing.

The total amount of nursing experience and amount of ICU experience was tabulated for nurse participants by group. These data are summarized in Table 3.

Table 3

Total and ICU Nursing Experience by Group

Variable		Staff Nurse (n=65)	Head Nurse (n=10)
Years of Nursing Experience	Range	1.0-36.0	5.0-21.0
	Mean	10.55	13.80
	S.D.	6.59	6.14
Years of ICU Nursing Experience	Range	1.0-20.0	1.0-20.0
	Mean	7.72	10.40
	S.D.	4.81	5.93

As anticipated, the head nurse group was more experienced than the staff nurse group. This finding was present for both total nursing experience and specialty experience.

A profile of the present work history was compiled for both the staff nurse and head nurse group. Table 4 includes the data related to these profiles.

Table 4

Present Work History by Group

Variable		Staff Nurse (n=65)	Head Nurse (n=10)
Years at Present Institution	Range	1.0-22.0	1.0-19.02
	Mean	6.20	7.30
	S.D.	5.67	6.06
Years as Head Nurse of Present Unit			(n=9)
	Range	N/A	1.0-18.0
	Mean	N/A	4.89
	S.D.	N/A	5.42
Years under present Head Nurse	Range	1.0-6.0	N/A
	Mean	2.09	N/A
	S.D.	1.17	N/A
Hours worked in two week pay period	Range	24.0-80.0	72.0-80.0
	Mean	68.25	79.20
	S.D.	15.94	2.53
Intent to Stay in present position			(n=9)
	No	12	4
	Yes	53	5

As indicated by the mean years at present institution, the head nurses had been employed longer at their institution than the staff nurse group. It is interesting to note that 82% of the staff nurse group indicated an intent to stay in present position while only 52% of the head nurse group expressed this intent.

Analysis

The Minnesota Satisfaction Questionnaire, Tedium Scale, Leader Behavior Analysis-Self, and Leader Behavior Analysis-Other were the instruments utilized to measure the variables of interest in this study. Information regarding instrument scoring procedures and reliability and parametric procedures used to analyze data related to each research question are described.

The Minnesota Satisfaction Questionnaire (MSQ) - short form consisted of 20 items measuring relevant dimensions of job satisfaction and utilized a 5 point Likert Scale to obtain interval level data. Participants' scores were obtained by summing the responses, with a possible range of 20 to 100. The raw scores were converted to percentiles scores using the norm group, provided by Weiss et al. (1967), which corresponds to the sample population. A percentile score lower than 25% represents a low level of satisfaction and a score higher than 74% represents a high degree of satisfaction.

Internal consistency (Cronbach's Alpha) of the MSQ was calculated for general satisfaction, with an alpha of 0.89. This estimate indicated a high degree of internal consistency for the MSQ instrument with this

sample.

The Tedium Scale is a 21 item questionnaire used to measure burnout and is based on a 7 point Likert scale. The individual scores were calculated utilizing a given formula (Pines et al., 1981). A score of three or greater indicates a high level of burnout.

The reliability coefficient for the Tedium Scale, as indicated by a Cronbach's Alpha, was 0.87. This finding indicated a high degree of instrument internal consistency for this sample.

The Leader Behavior Analysis-Self (LBA II-Self) and Leader Behavior Analysis-Other (LBA II-other) provided information regarding the leader's perceptions of self and information about how the leader is perceived by others. Four possible leadership behaviors can emerge from this diagnostic approach: high task - low relationship (Style 1); high task - high relationship (Style 2); low task - high relationship (Style 3); and low task - low relationship (Style 4). Both questionnaires consist of 20 situations, each with four possible responses. Leadership style was calculated on formulas provided by Blanchard (1985).

Internal consistency was calculated for the four subscales (Style 1 through Style 4). Cronbach's alpha for Style 1 was 0.75; 0.15 for Style 2; 0.65 for Style 3; and 0.69 for Style 4. Internal consistency for Style 1 was acceptable with Style 3 and 4 closely approaching an acceptable range.

A series of correlated t-tests were utilized to explore the differences in means between ICU SNs' and HNs' perceptions of leader behavior, job satisfaction, and burnout. A t-test is a parametric statistic used for analyzing the difference between two means (Polit & Hungler, 1987). Correlated t-testing is utilized to test the difference between the means of two related groups (1987).

In addition to testing for group differences, Pearson correlation and multiple regression was utilized to evaluate the strength of the relationships between the variables of burnout, job satisfaction, and the four leadership styles. Correlational techniques are utilized to demonstrate what relationship exists between two variables and whether the relationship is positive or negative (Munro, Visintainer, & Page, 1986). Correlations falling between .26 - .49 demonstrates low correlation; between .50 - .69

indicates moderate correlation; and between .70 - .89 demonstrates a high correlation. The direction of the relationship does not affect the strength of the relationship (Munro, et al., 1986). Assumptions associated with the use of Pearson correlation include: 1) existence of interval level of measurement, 2) normal distribution of all characteristics being tested, and 3) each variable is independent from the other (Polit & Hungler, 1987). All assumptions were met, therefore Pearson correlation was utilized in statistical testing.

The existence of a linear relationship between the variables being examined meets a fundamental assumption for use of multiple regression analysis. Regression is a technique which assists in predicting outcomes and explaining the interrelationships among variables (Munro et al., 1986). Multiple regression is used to determine the effects of two or more predictor variables on a criterion variable (Stevens, 1987).

A galloping alpha, an increase in the alpha rate, may occur when the assumption of dependent samples is violated by repeated testing on the same sample. In order to decrease the likelihood of a Type 1 error an adjusted alpha level of 0.05 was used for multiple

statistical testing in this study. This procedure decreases the chance of rejecting the null hypothesis when, in actuality, it is true (Polit & Hungler, 1986).

Findings

Four research questions were tested in this study. Findings from this research are presented by research question. T-testing was utilized for three of the research questions to examine group differences. The fourth research question explored the relationship between the variables of burnout, job satisfaction, and the four leadership styles. Pearson correlation was utilized to determine the existence of relationships, either positive or negative, among any two variables (Munro et al, 1986). Once relationships were determined, multiple regression was used to determine the correlation and amount of variance accounted for by the predictor variables on the criterion variable of job satisfaction.

Research question one.

The first research question asked "Do ICU HNs and SNs differ in perceptions of HN leader behavior?" The SN participants were asked to complete the LBA II-other to measure how they perceived the leader behavior of the HNs. The HN participants were asked to complete

the LBA II-self to determine how they perceived their own leader behavior. The results for correlated t-testing of leader behavior are shown in Table 5.

Table 5

Head Nurse and Staff Nurse Perceptions of Head Nurse Leader Behavior

Leader Behavior	n	$\bar{X}$	S.D.	S.E.	t	p-value
S1						
staff nurse	65	3.34	2.90	0.36		
head nurse	10	1.40	1.08	0.34	2.08	0.04*
S2						
staff nurse	65	5.15	2.06	0.26		
head nurse	10	4.70	2.75	0.87	0.62	0.54
S3						
staff nurse	65	8.55	3.38	0.42		
head nurse	10	10.60	2.95	0.93	-1.81	0.07
S4						
staff nurse	65	2.95	2.38	0.30		
head nurse	10	3.30	3.30	1.70	-0.44	0.66

d.o.f. = 73.
*p = .05

The adjusted alpha value results in a tabled t-value of 2.00. For the telling style of leader behavior (S1) the computed t-value is greater than the

tabled value. Therefore the null hypothesis, there is no statistically significant difference in ICU HN's and SN's perceptions of HN leader behavior for Style One, is rejected. For leader styles S2, S3, and S4, the computed t-value is less than the tabled value, therefore the null hypothesis, there is no significant difference in ICU head nurses' and staff nurses' perceptions of head nurse leader behavior for Styles two, three, and four, is accepted. Based on this analysis, group differences were found to exist as related to HN and SN perceptions of only one leader behavior. That is, HNs and SNs perceived the HN leader behavior of high task - low relationship actions differently. No group differences were found to exist regarding the other three HN leader behaviors.

Research question two.

The second research question was "Is there a difference in job satisfaction as perceived by ICU HNs and SNs?" The MSQ was used to measure level of job satisfaction. Again, correlated t-testing was utilized to compare participant's perceived job satisfaction by group. Results of the comparison are shown in Table 6.

Table 6

Job Satisfaction as Perceived by ICU Head Nurses and Staff Nurses

Group	n	$\bar{X}$	S.D.	S.E.	t	p-value
staff nurse	65	60.83	11.72	1.45		
head nurse	10	65.60	8.71	2.75	-1.23	0.22

d.o.f. = 73.
p = .05

An adjusted alpha and the tabled t-value of 2.00 were also used in this analysis. As the computed t-value is less than the tabled value, the null hypothesis - there is no significant difference in job satisfaction as perceived by ICU head nurses and staff nurses, is not rejected. That is, ICU HNs and SNs do not differ in perceptions regarding job satisfaction.

Research question three.

"Is there a difference in burnout as perceived by ICU HNs and SNs?" was the third research question investigated. Correlated t-testing was utilized to measure the difference in burnout as perceived by ICU HNs and SNs (Table 7).

Table 7

Burnout as Perceived by ICU Head Nurses and Staff Nurses

Tedium	n	$\bar{X}$	S.D.	S.E.	t	p-value
staff nurse	65	3.39	0.91	0.11	0.36	0.72
head nurse	10	3.29	0.71	0.22		

d.o.f. = 73.
p = .05

The tabled t-value at the adjusted level of significance is 2.00. The null hypothesis, there is no significant difference in burnout as perceived by ICU head nurses and staff nurses, is accepted since the computed t-value is less than the tabled value. That is, for this sample of ICU HNs and SNs, there was no difference in perceived burnout related to participant job position.

Research question four.

The final research question for this study examined the amount of variance in staff nurse job satisfaction that was explained by HN leader behavior and SN burnout. Pearson correlation and multiple regression were utilized for this purpose. The results of the Pearson correlations can be seen in Table 8 for staff nurses and Table 9 for head nurses.

Correlation coefficients were utilized to determine what relationship existed between two variables. The overall alpha was adjusted to account for the effects of multiple testing. An overall alpha value of .05 for multiple Pearson correlation tests was achieved only when a individual p-value of less than .0035 was considered for each separate correlation based on the formula $[1 - (1 - \alpha)^{15} = .05]$. Using this formula for 15 variables there were five significantly correlated variables for the staff nurse group.

Table 8

Correlation Coefficients for ICU Staff Nurses' Burnout, Job Satisfaction, and Head Nurse Leadership Style (n = 65)

	B.O.	J.S.	S1	S2	S3	S4
Burnout (B.O.)		-.39*	.40*	-.01	-.32	-.02
Job Satisfaction (J.S.)			-.34*	.20	.24	-.10
S1Style (S1)				-.24	-.72*	.01
S2Style (S2)					-.11	-.43*
S3Style (S3)						-.45*
S4Style (S4)						

*p< .0035

A significant inverse relationship existed between SN burnout and job satisfaction scores (-.39). This finding indicated that for this sample of staff nurses, participants perceiving greater job satisfaction also demonstrated lower levels of burnout. For the SN group burnout scores correlated strongly with leadership style scores representing high task and low relationship HN behavior (S1) (.40). This finding indicated higher SN burnout scores were present when SNs perceived the HN utilized high task -low relationship behavior. This leadership style is defined by Hersey and Duldt (1989) as one-way communication in which the leader defines the follower's roles and tells them what to do and how to do it.

A strong statistically significant inverse relationship was found between the style of high task - low relationship (S1) and the style of low task - high relationship (S3) (-.72) for the SN group. This finding indicated the staff nurses, from this sample, viewed the head nurse that used high task - low relationship was less often exhibiting low task - high relationship style of leadership. Low task - high relationship leadership style is a two-way

communication that is high in supportive behaviors and low in directive behaviors (1989).

A statistically significant inverse relationship was also found between the style of high task - high relationship (S2) and the style of low task - low relationship (S4) (-.43) for the SN group. This statistically significant inverse relationship was also seen between the style three (S3) and style four (S4) (-.45).

Table 9

Correlation Coefficients for ICU Head Nurse Burnout, Job Satisfaction, and Head Nurse Leadership Style (n = 10)

	B.O.	J.S.	S1	S2	S3	S4
Burnout (B.O.)		.31	-.17	-.40	-.02	.78
Job Satisfaction (J.S.)			.20	.18	-.06	-.30
S1Style (S1)				.46	-.68	-.19
S2Style (S2)					-.80* p=.006	-.52
S3Style (S3)						-.02
S4Style (S4)						

p< .0035

There was only one strong statistically significant relationship for the head nurse group in this study. This inverse relationship (-.80) between high task - high relationship (S2) and low task - high relationship (S3) behavior for the head nurse group indicated those HNs who perceived themselves as a leader utilizing high task - high relationship style of leadership were less likely to perceive themselves as utilizing low task - high relationship leadership style. Once the existence of a relationship between the variables had been established (Table 8 and 9), classical multiple regressions were utilized to further explore the fourth research question. A step-wise multiple regression technique was used to evaluate the relative importance of the five predictor variables (SN burnout and the four leadership styles) on the criterion variable of job satisfaction for the SN group. The results of the multiple regression testing are presented in Table 10 for the staff nurses. The small HN sample size prohibited application of this statistical technique with this group.

Based on the step-wise regression, SN burnout as measured by scores on the Tedium Scale explained 15% of the variance in SN job satisfaction. When adding the

HN leader behavior of high task - low relationship to the regression, the accounted for variance in SN job satisfaction increased to 19 percent. Therefore,

Table 10

Multiple Regression Analysis of Job Satisfaction onto Burnout and the Four Leadership Styles (S1, S2, S3,and S4) for Staff Nurses (n = 65).

Step Number	Variable	r	R	Beta	F	Signif. of F
1	Burnout	.39	.15	-.30	11.20	.001
2	Style (S1)	.44	.19	-.23	3.28	.075

19% of the variance in the criterion variable, SN job satisfaction, can be explained by the predictor variables, SN burnout and the specific leader behavior of high task - low relationship.

Summary

Based on the t-test procedures, ICU head nurses and staff nurses' perceptions of HN leader behavior differed only for the HN leader behavior of high task - low relationship. There were no statistically significant differences in job satisfaction or burnout as perceived by head nurses or staff nurses based on group mean scores. Correlations for SN scores on burnout, job satisfaction, and the four leadership

styles revealed significant correlations were present for five variables. Only one variable for the HN group was found to be significantly correlated. Furthermore, SN burnout and the HN leader behavior of high task - low relationship accounted for 19% of variance in SN job satisfaction.

Chapter four provides a discussion of these findings. Implications for nursing, suggestions for instrument revision, and further research recommendations are included.

Chapter 4

Discussion

The purpose of this study was to examine the relationship between head nurse (HN) leadership behavior and staff nurse (SN) job satisfaction and burnout in intensive care nursing units (ICU). In addition, job satisfaction and burnout in ICU HNs was explored.

Intensive care unit head nurses and ICU staff nurses in eight acute care hospitals were the two target populations for this study. Data were obtained through the use of demographic data forms, the Minnesota Satisfaction Questionnaire (MSQ), short form; the Tedium Scale (TS); and the Leader Behavior Analysis-Self (LBA II) and Leader Behavior Analysis-Other (LBA II).

Four research questions were generated and tested. Three research questions dealt with differences between ICU SNs' and HNs' perceptions of HN leader behavior, job satisfaction, and burnout. The fourth research question explored whether variance in SN job satisfaction could be predicted by SN burnout and the four leadership styles.

The instrumentation used in this study may possess several limitations. The Minnesota Satisfaction Questionnaire (MSQ) and the Leader Behavior Analysis (LBA) are not specific to the discipline of nursing. Internal consistency for the LBA, Style 2 was not in an acceptable range, creating a limitation to this study in terms of instrument reliability. Tools more specific to nursing may have yielded more valid and reliable responses.

In addition, utilizing four instruments was time consuming for participants. Requiring completion of four instruments may have influenced reporting of accurate responses and actual study participation rates. The small HN sample size and sensitivity of the topic of HN leadership styles and its influence on SN job satisfaction and burnout, also contributed to study limitations. Therefore, based on issues regarding instrumentation, sample size, and topic sensitivity, generalizations made from this study's findings are limited to the HNs and SNs who comprised the study sample.

Conclusions

The conclusions drawn from this study will be presented based on the variables involved. These

variables include leadership behavior, job satisfaction, and burnout.

Leadership Behavior

The results for correlated t-testing indicated group differences as related to HN and SN perceptions of leader behavior existed for only one leader behavior. That is, HNs and SNs perceived the HN leader behavior of high task-low relationship (Style 1) actions differently. No group differences were found to exist regarding the other three HN leader behaviors. There is no literature available examining the differences in HN and SN perceptions of HN leader behavior. However, based on Situational Leadership Theory (Hersey & Duldt, 1989), an effective leader must have the ability to properly diagnose the follower's readiness and be able to adjust their own leadership style accordingly. Based on this study's findings, the HNs using the leader behavior of high task - low relationship are not adjusting their leadership style to match the staff nurse's needs. The head nurses have perceived the SN group at one level of readiness with the SN group perceiving themselves at another level. This difference in perceptions would explain the differences between HN and SN perceptions for this

leadership style.

The staff nurse group demonstrated higher mean scores for their rating of HN's high task-low relationship leadership style than did the HN group of their behavior regarding this style. This finding indicated that SNs perceived HNs' leader behavior as more high task - low relationship than the HN's perception of their own leader behavior. This style of leadership, according to Hersey and Duldt (1989) is a "telling" style and is defined as one-way communication in which the leader defines the role of the follower and tells them what to do. This behavior is highly task-oriented and is appropriate for dealing with staff nurses who are at the first level of readiness. This style is frequently used with new graduates just starting nursing practice (1989). The mean years of nursing experience for this group of SNs is 10.55 and a mean of 7.72 years of ICU nursing experience. This SN group obviously has many years of experience and are, in most situations, beyond the first level of readiness. Again, the SN and HN group are perceiving the HN leader behavior of high task - low relationship differently because the SN group may be at one level of readiness and the HN group in not adjusting their

leader behavior to match SN's needs.

The correlational analysis in this study suggest an inverse relationship for the SN group between: HN style of high task - low relationship (S1) and low task - high relationship (S3); HN style of high task - high relationship (S2) and low task - low relationship (S4); and HN style of low task - high relationship (S3) and low task - low relationship (S4). These findings indicated the staff nurses from this sample viewed the HN that used leader behavior S1 less often exhibited S3 leader behavior and the HN demonstrating leader behavior style 2 or 3 was less likely to utilize leader behavior S4.

A strong statistically significant inverse relationship was demonstrated between high task - high relationship (S2) and low task - high relationship (S3) leader behaviors for the head nurse group. This inverse relationship indicated those HNs who perceived themselves utilizing high task - high relationship leader behavior were less likely to perceive themselves as utilizing low task - high relationship leadership style. The leadership style (S2) provides the follower with directive behavior from the leader whereas leader behavior (S3) is more of a participative style with the

leader and follower sharing in decision making (Hersey & Duldt, 1989). Communicating and facilitating are the main roles of the HN using the participative style of leader behavior. This finding lends support to the findings of Maguire (1986) and Duxbury, et al., (1984) indicating the promotion of higher levels of SN satisfaction and lower levels of SN burnout when the HN exhibits a leader behavior which enhances communication and collaboration. These findings also support the model hypothesized as representing relationships between leader behavior and SN job satisfaction and burnout presented in chapter one (see Figure 1).

Job Satisfaction

Results of the analysis of differences in HN and SN job satisfaction indicated that ICU HNs and SNs did not differ in perceptions regarding job satisfaction. However, when converting the SN and HN MSQ raw scores to percentiles and comparing these to the norm group provided by Weiss, et al., (1967) the percentiles for both the HN and SN group falls below the 25 percentile. This low percentile represents a low level of job satisfaction (1967). There was no literature available comparing the differences between HN's and SN's perceptions of job satisfaction.

Burnout

The findings of this correlated t-test indicated that for this group of ICU HNs and SNs, there was no difference in perceived burnout related to participant job position. However, a burnout score of three or greater indicates a high level of burnout (Pines, et al., 1981). The mean scores for both the SN and HN group for burnout was 3.39 and 3.29 respectfully. These findings indicate there is a high level of burnout experienced by both groups.

Job Satisfaction and Burnout

The results of correlational analysis in this study suggest a significant inverse relationship existed between SN burnout and SN job satisfaction scores. For this sample of SNs, participants who perceived greater job satisfaction also demonstrated lower levels of burnout. Studies by Norbeck (1985), Bryson (1985), and Dolan (1987) also support this inverse relationship between SN job satisfaction and burnout. Several additional studies revealed an inverse relationship between job tension and stress and job satisfaction (Bryson et al., 1985; Packard and Motowildo, 1987; and Norbeck, 1985). Tension and stress in these studies were indicators of burnout.

There is no literature exploring HNs' perceptions of HN job satisfaction and HN burnout. This study found no correlation between these two variables. The only correlation for the HN group was between leadership style 2 and style 3. Those HNs who perceive themselves as utilizing a high task - high relationship leader style were less likely to perceive themselves as utilizing low task - high relationship leadership style. This inverse correlation implies that HNs may not be as flexible in using a variety of leadership styles appropriate for any given situation.

However, as no significant relationships wre found betwen HN job satisfaction and burnout, support for the HN component of the model was not present. The small sample size of the HN group may have influenced absence of any significant multiple correlation for this group.

The inverse relationship between SN Job satisfaction and burnout is also supported by the theoretical definition of stress presented by Selye (1979). Positive stress can energize people and help them continue toward heightened awareness and satisfaction with performance. Negative stress depletes energy reserves and taxes the bodily systems in terms of maintenance and defense (1979). Burnout is

considered to be a syndrome of negative stress and involves developing negative job attitudes (Rich & Rich, 1987).

Positive stress as defined by Selye (1979) can be easily compared to Herzberg's (1966) determiners of job satisfaction. These determiners include: achievement, recognition, responsibility, work itself, and advancement, all of which can be seen as positive stressors. Therefore, findings from these reported studies, this investigation, and Stress Theory support the relationships between leader behavior and SN job satisfaction and burnout presented in the model.

Leadership and Burnout

A strong correlation was identified between SN burnout scores and SN scores of the HN telling style of leadership. This finding indicated higher SN burnout scores were present when SNs perceived the HN utilized high task - low relationship leader behavior (telling). The higher burnout scores are expected when one understands that the level of readiness of the group is dependent upon the situation. An experienced nurse may be at one level of readiness for a certain situation and at another level for a different situation. Therefore, for this sample of HNs and SNs, the leaders

using the leader behavior of telling are not adjusting their leader style to meet the SN's situational dependent needs. According to Hersey and Duldt (1989), an effective leader must have the ability to properly diagnose the follower's readiness and be able to change their own leadership style according to follower readiness. This finding supports the literature (Duxbury, et al., 1984) indicating an inverse relationship between HN consideration and SN burnout.

Leader Behavior and Job Satisfaction

Though there were no statistically significant relationships between the four leadership styles and job satisfaction for the SN group, there was a moderate relationship between the telling style of the HN and SN job satisfaction that has some practical significance. The correlational analysis in this study suggest an inverse relationship for the SN group between the telling style of the HN and SN job satisfaction. For this sample of SNs, participants perceived less job satisfaction when they viewed the HN as using the telling style of leader behavior. This finding supports the model hypothesized as representing relationships between leader behavior and SN job satisfaction presented in chapter one.

Job Satisfaction Predictors

A step-wise Multiple regression technique was used to evaluate the relative importance of the five predictor variables (SN burnout and the four leadership styles) on the criterion variable of SN job satisfaction. The step-wise regression revealed that SN burnout explained 15% of the variance in SN job satisfaction. When adding the HN leader behavior of high task - low relationship to the regression the explained variance in SN job satisfaction increased to 19%. This finding is supportive of the literature (Duxbury, et al., 1984) regarding leadership behavior and its impact on the behavior and attitudes of subordinates. According to Duxbury et al., (1984), a leadership behavior that is supportive of the needs of the staff nurses may moderate the effects of a stressful work environment. A leader that offers little support may add to the stress and decreased satisfaction experienced by the staff nurse, increasing the probability of burnout among staff nurses (1984). This conclusion by Duxbury et al., (1984) and findings from the current study lend additional support to the SN component of the hypothesized model.

Implications for Practice

Based on this study's findings and previous research findings (Duxbury et al., 1982; Duxbury et al., 1984; Hersey & Blanchard, 1982; Hersey & Duldt, 1989; Magurie, 1986; and Drennan & Wittenauer, 1987), nurse administrators must develop methods of increasing job satisfaction and decreasing burnout among staff nurses. Use of Situational Leadership Theory, Herzberg's Dual-Factor Theory, and the Occupational Stress Model as a guide to develop and nurture both HNs and SNs would provide a sound framework for nursing administration practice. Theory guides and influences practice; it enhances meaning, defines nursing's body of knowledge, and directs practice and research (Henry, Arndt, DiVincenti, & Marriner-Tomey, 1989).

The role of nurse administrator becomes one of developing the management team's ability to apply each of the theoretical concepts as demanded by SN need. According to Hersey and Blanchard (1982), leaders must have a variety of leadership styles that can be appropriately adapted to the combination of variables present in each situation. There is no single successful leadership style, instead, a wide style range increases the chance of leadership effectiveness

(Hersey & Duldt, 1989). Specific to leadership styles, the nurse administrator must focus on education of the management team in developing skills that result in utilization of multiple leadership styles. A leader who is effective in adapting the appropriate leadership style to follower readiness in any given situation has a higher probability of being an effective leader (Hersey & Duldt, 1989). Head nurses who are able to appropriately match the required leadership styles to the specific situational needs will come closer to contributing to staff nurse job satisfaction.

In addition to focusing on education of the management team in developing multiple leadership styles, the nurse administrator needs to consider cultivating an organizational climate which would support autonomy for both HNs and SNs. This autonomy would allow HNs more flexibility in leader behavior and provide SNs with improved job satisfaction. According to Hinshaw et al., (1987) control over professional practice within the organization and within one's own professional practice, were viewed as job satisfiers to SNs.

Recommendations

Recommendations for future studies are based on findings from this study. Replication of this study with a larger head nurse group would enhance the representativeness, and thereby, generalizability to the target population. A larger sample size of head nurses would be more likely to reveal the existance of relationships between HN job satisfaction, burnout, and leader behavior. It would also allow more meaningful comparisons between ICU head nurse and staff nurse differences in job satisfaction, burnout, and leader behavior.

Utilizing nursing specific instruments to measure the study's variables (job satisfaction, burnout, and leadership behavior) would yield more valid data. The content of the questionnaire should match the sample population and the wording of each question should be closely monitored (Stevens, 1987).

Implementation of a longitudinal study to compare the study's sample while employed in a hospital setting and again upon termination from the same institution would provide insight into reasons for termination. As sources of job dissatisfaction and burnout are well documented, an experimental study measuring the

effectiveness of interventions intended to increase job satisfaction and decrease burnout is needed. Experimental studies based on the numerous investigations of job satisfaction, burnout, and leader behavior would allow beginning examination of causality for specific relationships.

In conclusion, the complexities that influence job satisfaction, burnout, and leadership behavior are varied and remain a source of great concern for nurse administrators. The purpose of this research was to examine the relationship between HN leadership behavior and SN job satisfaction and burnout in an ICU setting. In addition, the relationship between job satisfaction and burnout of the ICU HN was explored.

The relationship between the variables of SN job satisfaction and burnout, and leader behavior offers possible solutions to nursing job dissatisfaction within the ICU setting. In this era of a national nursing shortage, it is imperative that nurse administrators identify strategies that promote both short-term and long-term job satisfaction for the ICU nurse. Development of first-level nurse managers that exhibit effective leader behavior is suggested as a goal worthy of attention by all nurse administrators.

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APPENDICES

Appendix A

Survey Approval Request

Appendix A

Director of Nursing
Hospital
Address

Dear_____,

I am currently enrolled at Old Dominion University pursuing a Master of Science degree in Nursing Administration. One of the requirements of the program is the development of a research project. Having worked in ICU/CCU's for 7 years I have selected this area for my research focus. The purpose of the study is to determine if there is a relationship between head nurse leadership style and staff nurse job satisfaction. Participation in this study would be voluntary and confidentiality guaranteed. Neither your institution nor any nurse participant would be identified as all data will be presented in aggregate form. I would appreciate your consideration in allowing your ICU/CCU head nurse and staff to participate in this study. Attached is a copy of the study abstract and survey forms your staff would be requested to complete.

I am most appreciative for your consideration of this request. I will contact you in two weeks for further clarification of the study and discuss distribution procedures. You can contact me at _____. I look forward to your response and assistance in investigation of this critical issue.

Sincerely.

Dianne V. Benton, RN
Graduate Nursing Student
Old Dominion University

Appendix B

Explanation of Study (Head Nurse)

Appendix B

Explanation of study

I am currently enrolled at Old Dominion University pursuing a Master of Science Degree in Nursing Administration. One of the requirements of the program is the development of a research project. As I have 7 years of ICU/CCU experience, I have chosen to study factors related to leader behavior, job satisfaction, and burnout in ICU/CCU nurses. Your hospital's Director of Nursing has approved my contacting you about this study.

Your participation in this study would require that you complete the 3 questionnaires provided. It is anticipated that completion of the questionnaires would require no more that 30 minutes. It is recommended that questionnaires be completed in a private place at a convenient time for you, outside your unit. Once completed place the questionnaire in the envelope provided, seal it, and place it in the sealed box in your nurse's lounge. DO NOT write your name on any of the forms in your sealed survey packet. I will be the only one to have access to this box. Please complete the questionnaires within ten days of receipt. Findings from the study will be sent to your unit to be posted.

If you choose to participate in the study, neither you nor your hospital will be identified in any way. The information you provide will be held in confidence and will not be shared with anyone in your hospital. Confidentiality is guaranteed. Your participation is voluntary. You are free to choose not to participate, however your answers are pertinent to this study. You are free to omit any question, but I hope you will consider answering all questions. These questions are valuable in understanding perceptions of leader behavior, job satisfaction, and burnout among ICU/CCU nurses.

Return of the completed survey will be interpreted as written consent to participate. Thank you for your cooperation and time. If you have any questions you may contact me at _____.

Dianne V. Benton, RN
Graduate Nursing Student
Old Dominion University

Appendix C

Explanation of Study (Staff Nurse)

Appendix C

Explanation of study

I am currently enrolled at Old Dominion University pursuing a Master of Science Degree in Nursing Administration. One of the requirements of the program is the development of a research project. As I have 7 years of ICU/CCU experience, I have chosen to study factors related to leader behavior, job satisfaction, and burnout in ICU/CCU nurses. Your hospital's Director of Nursing has approved my contacting you about this study.

Your participation in this study would require that you complete the 3 questionnaires provided. It is anticipated that completion of the questionnaires would require no more that 30 minutes. It is recommended that questionnaires be completed in a private place at a convenient time for you, outside your unit. Once completed place the questionnaire in the envelope provided, seal it, and place it in the sealed box in your nurse's lounge. DO NOT write your name on any of the forms in your sealed survey packet. I will be the only one to have access to this box. Please complete the questionnaires within ten days of receipt. Findings from the study will be sent to your unit to be posted. If you choose to participate in the study, neither you nor your hospital will be identified in any way. Anonymity is guaranteed. Anonymity means neither I, your head nurse, or anyone in your institution will be able to identify your questionnaire. Your participation is voluntary. You are free to choose not to participate, however your answers are pertinent to this study. You are free to omit any question, but I hope you will consider answering all questions. These questions are valuable in understanding perceptions of leader behavior, job satisfaction, and burnout among ICU/CCU nurses.

Return of the completed survey will be interpreted as written consent to participate. Thank you for your cooperation and time. If you have any questions you may contact me at _____.

Dianne V. Benton, RN
Graduate Nursing Student
Old Dominion University

Appendix D

Reminder Letter

Appendix D

Dear Colleague,

Recently, you received a request from me for participation in a study regarding job satisfaction and burnout in ICU/CCU nurses. If you have returned your questionnaire, I thank you. If you have misplaced your questionnaire and wish to participate in this survey, please notify the person who distributed the packets and she will, in turn, notify me. Confidentiality will be guaranteed.

If you have not returned your questionnaire, please do so as soon as possible. Your participation will help to develop a more clear understanding of issues related to job satisfaction and burnout among ICU/CCU nurses.

Thank you for your assistance. Your cooperation is greatly appreciated.

Sincerely,

Dianne V. Benton, RN
Graduate Nursing Student
Old Dominion University

Appendix E

Demographic Data Form (Head Nurse)

Appendix E

Demographic Data Form (A)

Directions: Please answer each question by completing the blanks or checking the appropriate answer. Please DO NOT put your name on this form. Thank you for your participation.

1) Age _____

2) Gender: Female ____ Male ____

3) Nursing Education:

   a) First level of nursing education achieved:
   ____ LPN
   ____ Diploma
   ____ ADN
   ____ BSN

   b) Highest level of nursing education achieved:
   ____ Diploma
   ____ ADN
   ____ BSN
   ____ MSN
   ____ Other (specify) _____

4) Amount of nursing experience since graduation from initial nursing education program:
   Years ____ Months ____

5) Number of years as ICU/CCU staff nurse ____

6) Number of years at present institution ____

7) Number of hours required to work in 80 hour pay period ____

8) Number of years in ICU/CCU administration ____

9) Number of years as Head Nurse of present unit ____

10) Do you intend to stay in this position? yes___ no___

11) Do you intend to stay in this unit? yes___ no___

Appendix F

Demographic Data Form (Staff Nurse)

Appendix F

Demographic Data Form (B)

Directions: Please answer each question by completing the blanks or checking the appropriate answer. Please DO NOT put your name on this form. Thank you for your participation.

1) Age ____

2) Gender: Female ___ Male ___

3) Nursing Education:

   a) First level of nursing education achieved:
   ____ LPN
   ____ Diploma
   ____ ADN
   ____ BSN

   b) Highest level of nursing education achieved:
   ____ LPN
   ____ Diploma
   ____ ADN
   ____ BSN
   ____ Other (specify) _____

4) Amount of nursing experience since graduation from initial nursing education program:
   years ____ months ____

5) Number of years of experience as ICU/CCU nurse ____

6) Length of time at present institution ____

7) Number of hours required to work in 80 hour pay period _____

8) Length of time in present ICU/CCU ____

9) Length of time under present head nurse ____

10) Do you intend to stay in ICU/CCU nursing yes___ no___

Appendix G

Minnesota Satisfaction Questionnaire
Short Form

Appendix G

Directions: The purpose of this questionnaire is to give you a chance to tell how you feel about your present job, what things you are satisfied with and what things you are not satisfied with. Read each statement about your present job carefully. Circle the number that best describes how you feel about each aspect of your job. Decide how satisfied or dissatisfied you feel about each aspect of your job using the rating scale provided:

1 - I am not satisfied with this aspect of my job.

2 - I am only slightly satisfied with this aspect of my job.

3 - I am satisfied with this aspect of my job.

4 - I am very satisfied with this aspect of my job.

5 - I am extremely satisfied with this aspect of my job.

On my present job, this is how I feel about:

1. Being able to keep busy all the time.. 1 2 3 4 5
2. The chance to work alone on the job.... 1 2 3 4 5
3. The chance to do different things from time to time..... 1 2 3 4 5
4. The chance to be "somebody" in the community..... 1 2 3 4 5
5. The way my head nurse manages the staff.1 2 3 4 5
6. The competence of my head nurse in making decisions..... 1 2 3 4 5
7. Being able to do things that don't go against my conscience..... 1 2 3 4 5
8. The way my job provides for steady employment..... 1 2 3 4 5
9. The chance to do things for other people1 2 3 4 5

10. The chance to tell people what to do....1 2 3 4 5

11. The chance to do something that makes use of my abilities..... 1 2 3 4 5

12. The way hospital policies are put into practice..... 1 2 3 4 5

13. My pay and the amount of work I do.... 1 2 3 4 5

14. The chances for advancement on this job 1 2 3 4 5

15. The freedom to use my own judgment.... 1 2 3 4 5

16. The chance to try my own methods of doing the job..... 1 2 3 4 5

17. The working conditions..... 1 2 3 4 5

18. The way my co-workers get along with each other..... 1 2 3 4 5

19. The praise I get for doing a good job. 1 2 3 4 5

20. The feeling of accomplishment I get from the job..... 1 2 3 4 5

Appendix H

Tedium Scale

Appendix H

Directions: Complete this questionnaire based on how you feel about your work. How often do you have any of the following experiences? Please answer by placing the number (from the scale provided) that best describes how you feel in front of each statement.

1	2	3	4	5	6	7
Never	Once or twice	Rarely	Sometimes	Often	Usually	Always

___ 1. Being tired
___ 2. Feeling depressed
___ 3. Having a good day
___ 4. Being physically exhausted
___ 5. Being emotionally exhausted
___ 6. Being happy
___ 7. Being "wiped out"
___ 8. Feeling "burned out"
___ 9. Being unhappy
___ 10. Feeling rundown
___ 11. Feeling trapped
___ 12. Feeling worthless
___ 13. Being weary
___ 14. Being troubled
___ 15. Feeling disillusioned and resentful about people
___ 16. Feeling weak and helpless
___ 17. Feeling hopeless
___ 18. Feeling rejected
___ 19. Feeling optimistic
___ 20. Feeling energetic
___ 21. Feeling anxious

Appendix I

Leader Behavior Analysis - Self

Appendix I

Directions: This questionnaire consists of twenty typical job situations that involve a leader and one or more staff members. Following each situation are four possible actions that a leader may take. Assume that you are the leader involved in each of the twenty situations. CIRCLE the letter of the decision which you think would most closely describe YOUR behavior in the situation presented. Circle only one choice.

1. You have asked one of your staff nurses to write a report concerning the acquisition of some new equipment for your unit. She usually can be given an assignment and it is completed on time with encouragement from you. The report is now overdue. You would...
   a. Tell her you want the report, explain what you want in the report, and check on her performance daily.
   b. Give her more time to complete the assignment.
   c. Tell her what you expect, when you want the report completed, but discuss with her why the report is late.
   d. Talk to her and encourage her to complete the report.

2. The interdepartment task force that you manage has been working hard to complete its division-wide report. You have been assigned a new task force member. He must complete some cost figures for his department by next week but knows nothing about the task force's requirements or the format of the report. He is excited and enthused about learning more concerning his role of the task force. You would...
   a. Tell him exactly what is needed in this report and closely monitor his progress.
   b. Ask if there is anything you can do to help him and support his excitement about being a new task force member.
   c. Specify the report format and information requirements but incorporate any ideas or suggestions he may have.
   d. Welcome him to the team, put him in touch with other members of the task force who could help him get ready to present the cost figures.

3. Recently, you have begun to have trouble with one of the people you supervise. She has become lackadaisical, and only your constant prodding has brought about task completion. Because of past experience with her, you suspect she may not have all the expertise needed to complete the high priority task you have given her. You would...
   a. Continue to direct and follow up on her efforts to complete this task.
   b. Continue to closely supervise her work and try to draw

out her attitudes and feelings concerning this task assignment.
c. Involve her in problem-solving with this task, offer support, and use her ideas in the task completion.
d. Let her know this is an important task and ask her to contact you if she has any questions or problems.

4. Your unit usually functions effectively with encouragement and direction from you. Despite your continued support and direction, their performance has dropped off drastically. The group needs more expertise and experience to increase performance. Your supervisor has become concerned. You would...
a. Emphasize the need for better performance and ask the staff to work out their problems by themselves.
b. Make sure that deadlines are met and the quality of the work is good, but talk with the staff to get their recommendations.
c. Inform the staff of exactly what you expect, when it is needed, what some of the consequences could be if poor performance continues, and frequently check performance.
d. Help the staff determine what needs to be done and encourage them to take the necessary steps.

5. Because of budget restrictions imposed on your unit, it is necessary to consolidate. You have asked a highly experienced member of your staff to take charge of the consolidation. In the past, she has usually been eager to help. While you feel she has the ability to perform this assignment, she seems indifferent to the importance of the task. You would...
a. Take charge of the consolidation but make sure you hear her suggestions.
b. Assign the project to her and let her determine how to accomplish it.
c. Discuss the situation with her. Encourage her to accept the assignment in light of her skills and experience.
d. Take charge of the consolidation and indicate to her precisely what to do. Supervise her work closely.

6. A highly productive and efficient woman on your staff has asked for your help on a task. She is accustomed to working effectively on her own. Recently, some work problems have developed that she feels she can't solve herself. You would...
a. Analyze the problems and outline methods to solve them.
b. Continue to allow her to figure out an appropriate solution independently.
c. Determine and implement an appropriate solution, but work with her in problem-solving.
d. Discuss the problems with her and support her efforts to find appropriate solutions.

7. You have asked one of your senior employees to take on a new job assignment. In his other responsibilities, he has performed well with support from you. The job you have asked him to do is important to the future of your unit. He is excited about the new assignment but doesn't know where to begin because of his lack of experience with this task. You would...

a. Discuss the job with him, supporting his ability to do it. Emphasize his outstanding performance in the past.
b. Define the activities necessary to successfully complete the job and regularly check to see how things are going.
c. Give him the assignment and let him determine how to do the job. Tell him to call you if there are any problems.
d. Specify what he is to do. but include any ideas he may have.

8. One of your staff is feeling insecure about a job you have assigned to him. He is highly competent and you know that he has the skills to complete the assignment successfully and efficiently. You would...

a. Listen to his concerns and let him know you have confidence in his ability to complete the assignment.
b. Structure the assignment so that it is clear, but consider any helpful suggestions he may have.
c. Tell him exactly what to do to get the job done and check his work daily.
d. Let him figure out how to do the assignment on his own.

9. Your staff has asked you to consider a change in their work schedule. In the past you have encouraged and supported their suggestions. In this case, your staff is well aware of the need for change and is ready to suggest and try an alternate schedule. Members are very competent and work well together as a group. You would...

a. Allow staff involvement in developing the new schedule and support the suggestions of group members.
b. Design and implement the new schedule yourself, but incorporate staff recommendations.
c. Allow the staff to formulate and implement the new schedule on their own.
d. Design the new schedule yourself and closely direct its implementation.

10. You have arrived thirty minutes late for a meeting with your staff. When you arrive, the meeting still has not started. Investigation reveals that a couple of members tried to start the meeting but most group members were discouraged because of lack of group member cooperation. This situation surprises you because the group's progress on this project has been going well. You would...

a. Restate the purpose of the meeting, then let the group function without any direction from you unless they ask for your help.
b. Take control immediately and direct the group toward project completion.
c. Direct their interaction towards task completion and encourage group members to discuss problems and feelings.
d. Ask the group to continue to discuss the assigned task and provide as much support and encouragement as possible.

11. A member of your department has had a fine record of accomplishment with your support and encouragement but little direction. She has been given similar tasks to accomplish for the coming year and you must decide how to supervise her. You would...

a. Let her function by herself providing her own support and direction.
b. Emphasize to her the importance of meeting deadlines and direct her efforts at accomplishing assigned tasks.
c. Talk with her and set goals and objectives for her task accomplishment, but consider her suggestions.
d. Involve her is setting goals and support her efforts.

12. In the past, you worked closely with your staff directing and supporting their efforts. Productivity is high and people get along well together. Recognizing their abilities, you feel they can now work more on their own. You have redirected your energies to new areas and they have continued to produce good results. You must now ask them to accept additional work. You would...

a. Assign the work to them, make sure they know exactly what to do, and supervise them closely.
b. Give them the job. Tell them that you are pleased with their past performance and that you are sure they will do well with this assignment.
c. Make sure they know what you want them to do, but incorporate any helpful suggestions they may have.
d. Let them determine how to complete the assignment.

13. You recently have been assigned a new employee who will perform an important job in your unit. Even though he is inexperienced, he is enthusiastic and feels he has the confidence to do the job. You would...

a. Let him determine what the job entails and how to do it.
b. Tell him exactly what the job entails, what you expect of him and monitor his work closely and frequently.
c. Let him know what you want him to do, but see if he has any suggestions or ideas.
d. Encourage and praise his enthusiasm and ask him how he would tackle the job.

14. Your supervisor has asked that your unit increase its productivity 10%. You know that this can be done, but it will require your active involvement. To free yourself to do this, you must reassign the task of developing a new cost control system to one of your divisional employees. The person to whom you are thinking of assigning the task has had considerable experience with cost control systems, but she is a little unsure about doing this task on her own. You would...

a. Ask her to take on the project. Encourage and support her efforts.
b. Discuss the project with her. Explain how you want the job done, but see if she has any ideas.
c. Assign her the project and let her determine how to do it.
d. Assign her the project and prepare a detailed memo explaining all the steps necessary to get the project done.

15. One of your staff has made a suggestion for change in the operations of the unit that make sense to you. In the past, she has been able to offer and implement other helpful suggestions in a productive manner with your support and encouragement. You have confidence in her abilities. You would...

a. Take charge of the suggestion and direct her in its implementation.
b. Discuss the suggestion with her, and support her efforts to direct its implementation.
c. Organize the implementation, but include her ideas.
d. Give her the responsibility for implementing the suggestion without involvement from you.

16. Due to illness in your family, you have been forced to miss the first two meetings of a committee under your direction. You have found, upon attending the third meeting, that the committee is functioning well and making good progress toward completion of its goals. You are unsure about how you fit into the group and what your role should be. You would...

a. Attend, but let the group continue to work as it has during the first two meetings.
b. Assume the leadership of the committee and begin to direct its activities.
c. Do what you can to make the committee feel important and involved, and support their past efforts.
d. Direct the activities of the group, but incorporate group members' suggestions.

17. Your staff is very competent and able to work well on their own. You have generally left them alone and delegated key responsibilities to individual members. Their performance has been outstanding. You would...

a. Provide continual support and encouragement to staff.
b. Direct and closely supervise the activities of your staff.
c. Continue to let the group work on its own.
d. Direct their efforts, but work closely with your staff to solicit their suggestions.

18. You and your supervisor have decided that a new procedure has to be installed in your unit if long term gains in performance are to be obtained. In the past, when new procedures were installed, your group has been eager to use them but has initially lacked the skills to do so. You would...

a. Make sure that you direct the implementation of the new procedure, but involve the group in discussing alternatives.
b. Closely direct the group in their use of the new procedure.
c. Get the group involved in a discussion of the new procedure and encourage their cooperation and involvement.
d. Allow the group to formulate and implement the new procedure on its own.

19. You have been recently appointed the head of a division. Under the division's former supervisor, the staff functioned adequately with considerable support and encouragement. Since you have taken over, however, the staff appears to be more concerned with social activities than with carrying out their responsibilities. The staff's performance to date has been poor. You would...

a. Discuss the staff's low performance with them and support their efforts to specify corrective measures.
b. Direct and organize the necessary corrective action, but solicit input and suggestions from the group.
c. Point out the problem and allow staff members to define their own responsibilities and tasks.
d. Define roles, responsibilities and outcomes and frequently check to see if their performance is improving.

20. One of your staff members is reluctant to take on a new assignment. She has had little experience in the area in which you want her to work. She has done a good job with other tasks you have given her. You would...

a. Explain to her what must be done and how to do it, but listen to why she is reluctant to do the task.
b. Give her the new assignment and let her determine the best way to do it.
c. Encourage her to try the job and facilitate her efforts through mutual problem-solving.
d. Tell her exactly what must be done to successfully complete the assignment and frequently monitor the results.

Appendix J

Leader Behavior Analysis - Other

Appendix J

Directions: This questionnaire consists of twenty typical job situations that involve a leader and one or more staff members. Following each situation are four possible actions that a leader may take. Assume that your head nurse (leader) is involved in each of the twenty situations. CIRCLE the letter of the decision which you think would most closely describe the behavior of this leader in the situation presented. Circle only one choice.

1. A co-worker has been asked to write a report concerning the acquisition of some new equipment for your unit. She usually can be given an assignment and it is completed on time with encouragement from this leader. The report is now overdue. This leader would...
   a. Tell her when the report was due, remind her of what is wanted in the report, and check on her progress daily.
   b. Give her more time to complete the assignment.
   c. Tell her what is expected, and direct her to complete it as soon as possible, but discuss with her why the report was late.
   d. Talk to her and encourage her to complete the report.

2. This leader is in charge of an interdepartmental task force that has been working hard to complete its division-wide report. A new member has joined the task force. He must complete some cost figures for his department by next week but knows nothing about the task force's requirements or the format of the report. The new task force member is excited enthused about learning more concerning his role of the task force. This leader would...
   a. Tell him exactly what is needed in this report and closely monitor his progress.
   b. Ask the new member if there is anything that can be done to help him and support his excitement about being a new task force member.
   c. Specify the report format and information requirements but incorporate any ideas or suggestions he may have.
   d. Welcome him to the team, put him in touch with other members of the task force who could help him get ready to present the cost figures.

3. Recently, this leader has begun to have trouble with one of the people she supervises. This person has become lackadaisical, and only the head nurse's constant prodding has brought about task completion. Because of past history, the head nurse suspects the subordinate may not have all the expertise needed to complete the high priority task you have given her. This leader would...
   a. Direct and follow up on the subordinate's efforts to

complete this task.
b. Continue to closely supervise the subordinate work and try to draw out her attitudes and feelings concerning this task assignment.
c. Involve the subordinate in problem-solving with this task, offer support, and use her ideas in the task completion.
d. Let her know this is an important task and ask her to contact you if she has any questions or problems.

4. Your unit usually functions effectively with encouragement and direction from the head nurse. Despite the leader's continued support and direction, the unit's performance has dropped off drastically. The group feels they need more skills and experience in order to be able to increase performance. Your supervisor has become concerned. This leader would...
a. Emphasize the need for better performance and ask the staff to work out their problems by themselves.
b. Make sure that deadlines are met and the quality of the work is good, but talk with the staff to get their recommendations.
c. Inform the staff of exactly what is expected, when it is needed, what some of the consequences could be if poor performance continues, and frequently check performance.
d. Help the staff determine what needs to be done and encourage them to take the necessary steps.

5. Because of budget restrictions imposed on your unit, it is necessary to consolidate. The leader has asked a highly experienced member of the staff to take charge of the consolidation. While the leader feels the staff member has the ability to perform this assignment, the staff nurse seems indifferent to the importance of the task. This leader would...
a. Take charge of the consolidation but make sure the subordinate's suggestions are heard.
b. Assign the project to her and let her determine how to accomplish it.
c. Discuss the situation with her. Encourage her to accept the assignment in light of her skills and experience.
d. Take charge of the consolidation and indicate to her precisely what to do. Supervise her work closely.

6. A highly productive and efficient woman on the staff has asked for help on a task. She is accustomed to working effectively on her own. Recently, some work problems have developed that she feels she can't solve herself. This leader would...
a. Analyze the problems and outline methods to solve them.
b. Continue to allow her to figure out an appropriate

solution independently.
c. Determine and implement an appropriate solution, but work with her in problem-solving.
d. Discuss the problems with her and encourage her to implement any solutions.

7. The leader has asked a senior employee to take on a new job assignment. In his other responsibilities, he has performed well with support from this leader. The job the leader has asked him to do is important to the future of your unit. He is excited about the new assignment but doesn't know where to begin because of his lack of experience with this task. You would...
a. Discuss the job with him, supporting his ability to do it.
b. Define the activities necessary to successfully complete the job and regularly supervise his work closely.
c. Give him the assignment and let him determine how to do the job.
d. Specify what he is to do. but solicit any ideas he may have.

8. A subordinate is feeling insecure about a job you have assigned to him. He is highly competent and this leader knows that he has the skills to complete the assignment successfully and efficiently. This leader would...
a. Listen to his concerns and express confidence in his ability to complete the assignment.
b. Structure the assignment so that it is clear, but consider any helpful suggestions he may have.
c. Tell him exactly what to do to get the job done and check his work daily.
d. Let him figure out how to do the assignment on his own.

9. The staff nurses have asked this leader to consider a change in their work schedule. In the past this leader has encouraged and supported their suggestions. In this case, staff is well aware of the need for change and is ready to suggest and try an alternate schedule. They are very competent and work well together as a group. This leader would...
a. Allow staff involvement in developing the new schedule and support the suggestions of group members.
b. Design and implement the new schedule, but incorporate staff recommendations.
c. Allow the staff to formulate and implement the new schedule on their own.
d. Design the new schedule and closely direct its implementation.

10. This leader has arrived thirty minutes late for a meeting with the staff. When the leader arrives the meeting still has not started. Investigation reveals that a couple of members tried to start the meeting but most group members were discouraged because of lack of group member cooperation. Up until now the leader believes the staff had been making good progress. This leader would...

a. Restate the purpose of the meeting, then let the group function without any direction unless they ask for the leader's help.
b. Take control immediately and direct the group toward project completion.
c. Direct their interaction towards task completion and encourage group members to discuss problems and feelings.
d. Ask the group to continue to discuss the assigned task and provide as much support and encouragement as possible.

11. A member of the department has had a fine record of accomplishment with support and encouragement but little direction from this leader. She has been given similar tasks to accomplish for the coming year and the leader must decide how to supervise her. This leader would...

a. Let her function by herself providing her own support and direction.
b. Emphasize to her the importance of meeting deadlines and direct her efforts at accomplishing assigned tasks.
c. Talk with her and set goals and objectives for her task accomplishment, but consider her suggestions.
d. Involve her is setting goals and support her efforts.

12. In the past, this leader has worked closely with the staff directing and supporting their efforts. Productivity is high and people get along well together. Recognizing their abilities, this leader felt they could work well with only encouragement. This leader has redirected energies to new areas and the staff has continued to produce good results. The leader must now ask them to accept additional work. This leader would...

a. Assign the work to them, make sure they know exactly what to do, and supervise them closely.
b. Give them the job. Tell them that performance has been good and that they will do well with this assignment.
c. Make sure they know what is expected of them, but incorporate any helpful suggestions they may have.
d. Let them determine how to complete the assignment.

13. A new employee has been hired to perform an important job in the unit. Even though he is inexperienced, he is enthusiastic and feels he has the confidence to do the job. This leader would...

a. Let him determine what the job entails and how to do it.
b. Tell him exactly what the job entails, what is expected of him and monitor his work closely and frequently.
c. Let him know what exactly has to be done, but see if he has any suggestions or ideas.
d. Encourage and praise his enthusiasm and ask him how he would tackle the job.

14. Your supervisor has asked that your unit increase its productivity 10%. The leader knows that this can be done, but it will his/her active involvement. In order to become more actively involved, the leader must reassign the task of developing a new cost control system to the day charge nurse. The person to whom the leader is thinking of assigning the task has had considerable experience with cost control systems, but she is a little unsure about doing this task on her own. This leader would...

a. Ask her to take on the project. Encourage and support her efforts.
b. Discuss the project with her. Explain how the job should be done, but see if she has any ideas.
c. Assign her the project and let her determine how to do it.
d. Assign her the project and prepare a detailed memo explaining all the steps necessary to get the project done.

15. A staff member has made a suggestion for change in the operations of the unit that make sense to this leader. In the past, she has been able to offer and implement other helpful suggestions in a productive manner with the leader's support and encouragement. The leader has confidence in her abilities. This leader would...

a. Take charge of the suggestion and direct her in its implementation.
b. Discuss the suggestion with her, and support her efforts to direct its implementation.
c. Organize the implementation, but include her ideas.
d. Give her the responsibility for implementing the suggestion without any leader involvement.

16. Due to illness in the family, this leader has been forced to miss the first two meetings of a committee under his/her direction. The leader has found, upon attending the third meeting, that the committee is functioning well and making good progress toward completion of its goals. This leader is unsure about how to fit into the group and what role should be assumed. This leader would...

a. Attend, but let the group continue to work as it has during the first two meetings.
b. Assume the leadership of the committee and begin to direct its activities.
c. Do what you can to make the committee feel important and involved, and support their past efforts.
d. Direct the activities of the group, but incorporate group members' suggestions.

17. The staff is very competent and able to work well on their own. This leader has generally left them alone and delegated key responsibilities to individual members. Their performance has been outstanding. This leader would...

a. Provide continual support and encouragement to staff.
b. Direct and closely supervise the activities of your staff.
c. Continue to let the group work on its own.
d. Direct their efforts, but work closely with staff to solicit their suggestions.

18. Your head nurse and supervisor have decided that a new procedure has to be installed in your unit if long term gains in performance are to be obtained. In the past, when new procedures were installed, the staff has been eager to use them but has initially lacked the skills to do so. This leader would...

a. Direct the initial implementation of the new procedure, but involve the group in discussing alternatives.
b. Closely direct the group in their use of the new procedure.
c. Get the group involved in a discussion of the new procedure and encourage their cooperation and involvement.
d. Allow the group to formulate and implement the new procedure on its own.

19. This leader has been recently appointed the head of a division. Under the division's former supervisor, the staff functioned adequately with considerable support and encouragement. Since this leader has taken over, however, the staff appears to be more concerned with social activities than with carrying out their responsibilities. The staff's performance to date has been poor. This leader would...

a. Discuss the staff's low performance with them and support their efforts to specify corrective measures.
b. Direct and organize the necessary corrective action, but solicit input and suggestions from the group.
c. Point out the problem and allow staff members to define their own responsibilities and tasks.
d. Define roles, responsibilities and outcomes and frequently check to see if their performance is improving.

20. One of the staff members is reluctant to take on a new assignment. She has had little experience in the area in which the leader wants her to work. She has done a good job with other tasks the leader has given her. This leader would...

a. Explain to her what must be done and how to do it, but listen to why she is reluctant to do the task.
b. Give her the new assignment and let her determine the best way to do it.
c. Encourage her to try the job and facilitate her efforts through mutual problem-solving.
d. Tell her exactly what must be done to successfully complete the assignment and frequently monitor the results.