SELF-REPORT OF NURSING LEADERSHIP PRACTICE AFTER COMPLETION OF TRAINING

by

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SIGNED: Teri Lee Wicker

________________________________________
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My journey was long but the path was filled with adventure, challenges and hurdles that were at times too tall, but at the end one that I will never forget nor take for granted.
DEDICATION

To Frontline Nurse Leaders in the Acute Care setting, there is no harder job than that of the nurse “in charge.” The difficulty of caring for your nurses is far harder than caring for any patient and for that I dedicate this work.
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ABSTRACT

Leadership is not a new concept in the nursing literature, but one that is increasingly under scrutiny as a characteristic of the acute care work environment affecting not only nurse satisfaction, but also patient outcomes. Numerous problems are associated with the leadership role including poor job descriptions, an increase in responsibility without an increase in authority, and – even more serious – a lack of education on how to lead others (Krugman & Smith, 2003). The purpose of this research project was to examine whether frontline nurse managers who had attended a leadership program, perceived their leadership style as containing behaviors representative of transformational leadership. A secondary purpose was to determine the participant’s opinions about the value of a leadership program for their practice. Current literature was utilized to support this research project examining a nursing systems issue.

The primary instrument used to collect data about leader practice was the Leadership Practices Inventory (LPI) (University of Georgia, 2002). An evaluation tool was also designed and utilized to gather information about the participant’s perception of their leadership behaviors after completion of a training program. Survey participants were selected from nurses who completed the Arizona Healthcare Leadership Academy (AzHCLA) (2007) course in the last four years. In the online research project, all communication was conducted by email.

Frontline leaders were asked to self-report their perception of how frequently they used specific leadership behaviors and practices. The course survey and LPI results revealed that the study participants perceived an increase in their behaviors related to
leading others as well as having learned new skills by having completed the AzHCLA course. Responses from the course survey showed that individuals had gained new skills by having completed leadership training. Nurse’s educational levels were compared to the five leadership practice subgroups from the LPI to examine whether a nurse’s educational level could better account for an increase in leadership competencies. Research data revealed that no relationship between educational levels existed but that certain leadership skills were gained by having completed a leadership educational program. By using descriptive statistics, mean scores were used to identify differences in how nurses perceived their individual competencies and behaviors after having completed leadership education. Reported perceptions of competencies and behaviors indicated that educational programs can be beneficial to frontline nurse leaders.

While results from an ANOVA showed there was no statistical significance related to education and LPI subgroups, there was a trend in the mean differences for those individuals with a master’s degree. Qualitative data revealed that course participants perceived having gained new leadership skills and behaviors. The data from this study created a baseline of information that warrants further investigation to identify if indeed education makes a difference in perceived leadership practices.
CHAPTER I: INTRODUCTION AND BACKGROUND

Introduction

Leadership is a concept that is increasingly under scrutiny as it is a characteristic of the acute care work environment that affects both nurse and patient outcomes. Nursing leadership can have strong implications for how staff nurses manage their roles as patient caregivers in the acute care setting. Staff nurses have identified that there are certain styles of leadership that interfere with their ability to provide quality patient care (Cook & Leathard, 2004). Working as a nurse leader requires complex skills and competencies that could affect not only staff, but also patients. Frontline managers have been an established part of the nursing structure for over 20 years and are expected to facilitate staff nurses in their roles as patient caregivers. Without proper education, training, and mentoring, nurse leaders may struggle in their roles, which can contribute to decreased nurse satisfaction and poor patient outcomes (Cook, 1999; Taunton, Boyle, Woods, Hansen, & Bott, 1997). Numerous problems have been associated with the nurse leadership role: No formal job description, an increase in responsibility without an increase in authority, and a lack of leadership education (Krugman & Smith, 2003).

Chapter I describes the research problem, including challenges associated with nursing leadership in the acute care environment. In addition, transformational leadership style is reviewed and potential significance of the research is described. The purpose of the research was to examine whether frontline nurse managers who had attended a leadership program perceived their leadership style as containing behaviors representative of a transformational leadership style. A secondary purpose was to
determine the participants’ opinions about the value of a leadership program for their practice.

Background

This section reviews: (a) the definition of a frontline nurse leaders; (b) nursing leadership; (c) transformational leadership style; (d) leadership and the acute care nurse work environment; (e) leadership education and (f) the Arizona Healthcare Leadership Academy (AzHCLA). While frontline nursing leadership has been established for many years, the role and definition of frontline nurse leaders continue to change. The literature (Kleinman, 2004; McGuire & Kennerly, 2006; Somech, 2003) suggests that transformational leadership can increase the frontline nurse leader’s ability to practice using an approach that includes others in decision-making. Transformational leading can be taught through courses such as those from the AzHCLA, and encourage nurse leaders to change their practice to become a more engaged transformational type leader. Courses, such as the AzHCLA, are limited in the literature but it is agreed that learning and education may be an important precursor to effective leadership (Corning, 2002; Kleinman, 2004; VanOyen, 2005).

Frontline Nurse Leaders

Acute care hospitals have a variety of nursing leadership structures, many of which use a traditional nursing management composition of senior leaders, directors, managers, and charge nurses. Nursing literature describes frontline leadership as nurses assigned as nurse manager or charge nurse (Connelly, 2004; Krugman & Smith, 2003). Although the literature contains only limited information concerning the actual role of the
charge nurse, several studies have defined the primary accountability as that of a
decision-maker (Connelly, Yoder, & Miner-Williams, 2003; Krugman & Smith, 2003;
Porter-O’Grady, 2003). Frontline nurse leaders are responsible for decision-making not
only related to patient care, but also for decisions that will affect the staff and daily
operations. Each of these is affected by the nurse’s education or work experience
(Connelly et al., 2003). For the purpose of this study, frontline nurse leader defines nurses
who are in charge of an acute care nursing unit in a management position. Some
organizations use interchangeable titles for the charge nurse such as clinical nurse leader,
nurse manager, or clinical coordinators, but all are leaders with direct patient and nurse
accountability.

Nursing Leadership

Much of the conflict in nursing today can be directly correlated to leadership
styles and practices (Hocker, 2003). Leadership behaviors and characteristics are often
associated with personality traits but and can be either learned or inborn (Upenieks,
2002). Both, traits and learned behaviors can facilitate leadership. The American Heritage
Dictionary of the English Language, 4th ed. (2008) describes a trait as a distinguishing
feature of one’s characteristics (i.e., individual features). Leadership also been defined as
a process, (i.e., events occurring between individuals who create the ability for a
transformation to occur) (Thyer, 2003). Regardless of how leadership knowledge is
gained, the role of leading others is essential to meet the needs of the nurse work
environment (Byram, 2000). It has also been noted that because resources are limited
patterns of care delivery are constantly changing, thus requiring nurse leaders to integrate
theory into practice (Krugman & Smith, 2003). Leadership theories are needed that can bring into practice empowerment, self-governance, and the ability to transform nurse work environments.

The 1999 Nursing Task Force Report noted that nurses lack formal leadership education (Tourangeau, 2003). Leadership, whether through inherited characteristics or learned experiences, can be enhanced through continuing education and training, therefore given the lack of formal education, continuing education programs are necessary to enrich nursing leaders’ skills and competencies.

Often leaders are appointed for whom have a nursing educational level in which leadership and management skills and competencies were not part of the academic preparation. When unprepared nurses take new leadership roles they may be unable to support patient care or the group practice of nurses (Anthony, Standing, Glick, Duffy, Paschall, Sauer, et al., 2005). Studies indicate that leaders continue to be challenged by heavy workloads, minimum staffing, overtime, safety risks, and limited offerings of education to maintain competence (Cho, Ketefian, Barkauskas, & Smith, 2003; Clarke, 2003; Clarke & Aiken, 2003). Other studies have shown that effective nurse leaders are capable of transforming environments to support more open communication, increased educational opportunities, nurse empowerment and autonomy, and shared responsibility in decision-making processes that improve nurse and patient outcomes (Spence-Laschinger, 2004; Wesorick, 2004; Wilson, Madary, Brown, Gomez, Martin, & Molina, 2004). Nursing leaders, even without experience, can learn to use a transformational leadership style that focuses on influencing followers and developing subcultures in
which positive relationships are formed between leaders and staff (Krugman & Smith, 2003).

The role of leadership is changing, and nurses performing leadership roles are increasingly concerned about their own abilities to lead nursing staff. Frontline nurse leaders reported that the rules of leadership are changing. To address clinical nursing issues, such as the delivery of care, staffing shortages, and behaviors of workers, nurse leaders must change their own practices (Porter-O’Grady, 2003). Nurses today no longer respond to traditional directive leadership practices but expect to participate in decision-making that affects their practice. According to Brooks and Anderson (2004), few nurses felt valued when they were unable to participate in decision-making or unrecognized for their accomplishments. Further, participative decision-making was not a part of most nurses’ workplace. Nurses want to participate in decisions about how care will be given and what will be expected of them.

Leadership Styles

Leadership theories have evolved over centuries and involve the exchange of information and negotiation between leaders and groups of people. Essentially there are three distinct different styles of leaders: 1) authoritarian, 2) democratic, and 3) laissez-faire, with many other variations in between. The authoritarian leader is one that has absolute decision making over his employees. This type of leader does not allow employees to have decision making power rather creates an environment of well-defined group actions that are usually driven by the leader (Marquis & Huston, 2006). At the opposite end of the spectrum is the democratic leader who practices leadership by taking
the time to consult with others. The democratic leader is appropriate for groups of people who work together and promotes autonomy and growth in individual workers (Marquis & Huston, 2006). This not only increases job satisfaction by involving employees or team members in processes and procedures, but also helps to develop people’s skills. The third most known leadership style is the laissez-faire leader. This type of leader is the most nondirected style of the three in that an apathetic or indifference is demonstrated by the leader (Marquis & Huston, 2006). This type of leader provides very little direction to others.

Different styles of leading can be beneficial in certain environments and structures when leading others but currently transformational leadership (Bass, 1999) is most frequently identified with creating an environment conducive to better outcomes for nurses and patients. Although transformational leadership itself has been well studied, little is known about the exact relationship between leadership behaviors, practice environments, and patient outcomes.

*Transformational Leadership Style*

In transformational leadership, the leader is directly responsible for involving others in an environment of participatory decision-making (Bass, 1999). A trend presenting in nursing literature today is that nurses respond well to transformational leadership because it builds and develops relationships that lead to empowerment, which in turn can allow the accomplishment of goals. This form of leadership can motivate the leader and followers and create synergistic environments that can manage change creatively (Marquis & Huston, 2006). As discussed in nursing literature, transformational
leadership involves using an exceptional form of influence that moves individuals and
groups to exceed expectations (Bass, 1999). According to Moss and Ngu (2006) from the
Institute of Work Psychology, transformational leaders have a clear vision and
communicate it effectively to all employees. It is more than realizing decisions need to be
made but involves defining which decisions are to be made and by whom. It is about
finding a method for leading that will promote successful employee collaboration and
communication (Lentz, 1999). Collaboration elicits creativity within systems and
promotes the success of a leader’s vision.

Because so much nursing discord is directly related to leadership styles and
practices, Hocker (2003) suggests that nurse leadership need to transition from creators of
problems to facilitators of solutions. Utilizing a transformational leadership style may
heighten one’s effectiveness as a leader. Nurses led properly are able to improve their
decision-making skills and are better able to challenge the status quo and implement
change (Cook, 1999). One aspect of transformational leading is to use a participatory
decision-making approach with staff when making decisions. By allowing staff to
appropriately participate in decision-making there is an increase in accountability for
their actions (Cook, 1999; Upenieks, 2003b). According to Girvin (1996), empowering
staff by increasing participation in decision-making can result in better outcomes for
patients as well as increase staff satisfaction. A frontline leader who lacks strong
leadership practices may be ineffective when facilitating solutions to problems
encountered on a nursing unit (Hocker, 2003; McGuire & Kennerly, 2006). Learning the
practice of transformational leading could improve the manager’s ability to deliver
effective leadership and achieve better outcomes (Byram, 2000).

*Leadership and the Acute Care Nurse Work Environment*

Nursing leaders are capable of creating and nurturing a healthy work environment
and empowering frontline staff nurses to provide quality nursing care (Best & Thurston,
2004; Formella & Sheldon, 2004; Parsons, 2004). Nurse leaders are consistently
challenged to create a practice environment that fosters multidisciplinary collaborations,
professional development and a culture of safety (Ponte, Kruger, DeMarco, Hanley, &
Conlin, 2004). Those closest to the problems should be solving them since collaborative
relationships may be the single most important element in effective healthy work
environments (Heath, Johanson, & Blake, 2004).

Nursing unit characteristics are multifaceted and differ from one unit to another.
Some units may appear frenzied and chaotic and lack organization and structure, while
others exude a sense of calm and demonstrate high levels of communication and patient
care. One unit may be affected by the nursing shortage and nurse-patient ratios while
another is affected by the design of the unit and inaccessibility to supplies and equipment.
One commonality of every acute care unit is its dependence upon good leadership.
Positive environments do not simply occur, but are created and supported by leaders who
value excellence. Effective nurse leaders are supportive, visionary, knowledgeable,
visible to staff nurses, and responsive to their concerns (Upenieks, 2000).

The ideal patient care-delivery environment enables increased productivity, better
outcomes, and more time for direct care activities (Sensmeir, 2004). Nurses not only
want, but also need to be able to provide care in an environment that contains few stressors that affect their ability to perform and provide quality care. It has been noted that the culture of the work environment can lead to communication issues that foster medical errors, broken rules, lack of support, mistakes, incompetence, poor teamwork, disrespect and micromanagement, all signs of a less than optimal workplace (Steefel, 2005). Other attributes of negative work cultures include poor collaboration, a lack of decision-making and diminished communication (Heath, Johanson & Blake, 2004). Therefore, central to nursing leadership are the skills needed to promote a workplace that will support good patient outcomes (Cook, 1999; Hocker, 2003; Upenieks, 2003a).

Hospital environments that are consistent with magnet-designated facilities promote productivity as well as efficiency. Studies have shown that effective nurse leaders promote open communication, increase educational opportunities, support nurse empowerment and autonomy, and share responsibility in decision-making processes, thus improving nurse and patient outcomes (Spence-Laschinger, 2004; Wesorick, 2004; Wilson, Madary, Brown, Gomez, Martin, & Molina, 2004). Research on magnet and non-magnet nursing leadership demonstrated that a participatory management style included creating an environment of nursing practice associated with increased retention of competent nursing staff (Upenieks, 2002, 2003a). Nurse work environments based on magnet characteristics had leaders that effectively implemented strategies that produced a work place promoting safe patient care (Havens & Aiken, 1999; Kramer & Schmalenberg, 2003).
Leadership Education

Many frontline leaders have received their training either on-the-job or through informal education programs designed by hospital educators. Hospitals have created leadership training programs to teach tasks to new leaders rather than building leadership training programs centered on improving outcomes. The results from Brooks and Anderson’s (2004) study show that ongoing leadership skill training for hospital nurse managers is needed. More formal healthcare leadership training programs have surfaced, such as the program designed by the University of Colorado which used Kouzes and Posner’s (1995) leadership theoretical framework to improve the composition of nurse leaders and improve the flow of patient care (Krugman & Smith, 2003). Another program for aspiring nurse leaders is the Dorothy M. Wylie Nursing Leadership Institute, which was also based on Kouzes and Posner’s (1995) theoretical framework (Tourangeau, 2003).

The Arizona Healthcare Leadership Academy

The Arizona Healthcare Leadership Academy (AzHCLA) (2007), was developed as a result of a research project conducted by the Arizona Nurses Association (AzNA) that identified work environment issues in Arizona hospitals. An assessment of the professional practice work environment was completed to assess workplace conditions in Arizona, compare them to best practice facilities, then disseminate individual hospital’s results to their administrative nursing teams. As a result of the survey, data were provided as a baseline for testing methods for improving hospital work environments. The AzHCLA was designed collaboratively by The University of Arizona College of Nursing,
The Eller College of Management, AzNA, and Arizona Hospital and Healthcare Association to provide leadership training to improve nurse work environments and patient care. The goal of the AzHCLA is to develop frontline nursing professionals who have the confidence and skills to improve the quality of the healthcare work environment through their leadership practices. It is assumed that by improving the quality of the healthcare work environment, patient quality of care will improve.

The program has two tiers of education. Participants receive four days of training during Tier 1 and have the option of applying for Tier 2 once having successfully completed Tier 1. The curriculum was developed in collaboration with hospitals and healthcare organizations in Arizona to meet the needs of Arizona’s healthcare systems. Faculty from the University of Arizona College of Nursing and Eller College of Management teach courses. Content development was based on the AzNA Leadership Competencies (Appendix A).

Purpose of the Study

The purpose of this research was to examine whether frontline nurse managers who had attended a leadership program perceived their leadership style as containing behaviors representative of participative or transformational leadership. A secondary purpose was to determine participant’s opinions about the value the leadership program for their practice. This research focused only on Tier 1 in the Arizona Healthcare Leadership Academy program.
Research Questions

The research questions addressed were centered on learning about the differences between frontline leaders after having completed a training program. The questions are as follows:

1. How do frontline nurse managers who have attended the AzHCLA Tier 1 course rate their management competencies after taking a leadership education course?
2. How do frontline nurse managers who have attended the AzHCLA Tier 1 course report their rating of behaviors representative of a transformational leadership style?
3. What are the differences in scores on the Leadership Practice Instrument (LPI) subscales among nurses with different educational levels?
4. What leadership behaviors do frontline leaders report they have gained from having completed the AzHCLA Tier 1 Course?
5. Is there a difference in leadership practice scores on the LPI leadership practice scores among subcategorized frontline managers?

Significance to Nursing

There is little evidence about the direct effect of leadership on patient outcomes, but there is evidence that leadership affects the work environment, which in turn has been shown to affect outcomes. Leadership styles, such as transformational leading, may have positive affects on patient outcomes as identified by Wong & Cummings (2007). Because leadership is critical for managing patients to optimal outcomes it is imperative
that leaders be responsive to their staff and implementing an effective practice of leadership.

Quality of care issues reported by the Institute of Medicine (IOM) (2004) and Agency for Healthcare Research and Quality (AHRQ) (2004) state that the nursing profession is facing imposing questions and dilemmas related to nursing leadership that supports quality-nursing care. Transformational leadership has been shown to indirectly support quality of nursing care and clinical expertise (McGuire & Kennerly, 2006; Tourangeau & McGilton, 2004).

Sheldon and Formella (2004) investigated creating and sustaining nursing environments capable of cultivating competent nurse leaders and nursing care delivery models. It was found that nursing leaders must demonstrate, lead, and excel in implementing and sustaining environments of nurse satisfaction as well as positive patient outcomes. Many studies have focused on patient safety, performance improvement, and measurement outcomes, while examining the work place environment (American Nurses Association (ANA), 2002; IOM, 2004; Kimball & O’Neil, 2002). Scholarly research identified nursing leaders as being capable of creating and nurturing positive nurse work environments that can empower frontline staff nurses with the essential characteristics critical to the improvement of patient outcomes (Best & Thurston, 2004; Formella & Sheldon, 2004; Parsons, 2004).

Nurse leaders have a responsibility to create effective properly functioning units to support the work of nurses (Anthony et al., 2005; Kerfoot & Wantz, 2003). Outcomes may be affected by nurse leaders’ abilities to minimize the interruptions of workflow
and create the type of environment that creates a smooth operating unit. Grossman and Valiga (2000) stated significant leadership in nursing is necessary if patient care outcomes are going to improve.

Summary

The constantly changing healthcare environment mandates that frontline nurse leaders learn to lead staff effectively in order to improve the environments in which patients are receive nursing care. Nurse leaders must be given education to effectively manage the challenges they will face on acute care units. Nursing must also continually identify how to create successful cultures of participatory leading in order that nurses can have increased opportunities at success in providing quality care and seeking a level of job satisfaction knowing they are giving the care patients need to get well. This research project will examine whether frontline nurse manager’s perceptions of their leadership skills contain behaviors representative of a participative or transformational leadership style after the completion of leadership training.
CHAPTER II: CONCEPTUAL FRAMEWORK

Introduction

In today’s highly fluid and competitive market, healthcare organizations need the ability to evaluate and measure how leadership is impacting nursing practice and ultimately its affect on patient outcomes. The nursing workforce is wrought with challenges, and nursing leaders are faced with finding new ways for delivering leadership to meet those challenges. How nurse leaders implement interventions can have an impact on the nursing staff and organizations success. Nurse leaders who positively influence nurse work environments can foster a more successful unit and increase an organizations ability to achieve its goals (McGuire & Kennerly, 2006).

Systems researchers’ utilize conceptual frameworks for assessing and determining quality patient care. Quality models are increasingly being used to form the conceptual framework for studies that evaluate system interventions to improve care (Mitchell, Ferketich & Jennings, 1998). Chapter II discusses the Systems Research Organizing Model (SROM) as the conceptual framework that was utilized to conduct this study. Theoretical frameworks can guide studies and enrich the value of its findings (McEwen & Wills, 2002).

Theoretical Framework

*Systems Research Organizing Model (SROM)*

For many years, Donabedian’s (1988) framework of structure, process, and outcome was the primary model for evaluating and testing patient quality of care. Donabedian’s (1988) linear framework basically states that structure affects process,
which in turn affects outcome. A linear model, such as Donabedian’s (1988) framework limits the possibility that relationships may exist among constructs. Research has shown that multiple factors can have an effect on quality of care to desired outcomes (Mitchell, et al., 1998); therefore, a more dynamic model would be beneficial in a study on how constructs interact with one another and be applied to the evaluation of nurse leaders’ perception of their leadership style after completion of AzHCLA training.

The SROM was developed as a model for systems researchers to organize and categorize nursing systems research. The four constructs that make up the SROM include: 1) *Client*; 2) *Context*; 3) *Intervention* and 4) *Outcome* (Brewer, Greenberg, McEwen, Doyle, Lamb, Effken & Verran, 2002) (Figure 1). *Client* is the construct that includes patients, nurses, or aggregates, such as nursing units or communities. *Context* provides the background of the systems of interest, such as units, hospitals, or community. *Interventions* are programs and processes that affect the other constructs in the model with the end result effecting patient *Outcome*. The interconnectedness between each construct demonstrates the feedback loops that are created, thus delineating the relationship between each of the constructs (Figure 1). The SROM as adapted for this research project is shown in Figure 2.

*Client*

*Client* is the system input and can include either patients, nurses, or aggregates such as nursing units or communities (Brewer et al., 2002). In this study, the client was the frontline nurse leader who attended the AzHCLA leadership training. Frontline nurse leaders are healthcare professionals responsible for the staff performing direct patient
care. Titles for frontline leaders can include charge nurse, nurse manager, or clinical nurse leader. Characteristics of frontline leaders can vary and include education level, number of years as a nurse, number of years as a nurse leader, the environment in which they practice, and gender (Sherman, 2005; Upenieks, 2003b).

FIGURE 1: Systems Research Organizing Model (SROM).

FIGURE 2: SROM as Adapted for Research on Leadership Behaviors.
**Context**

Context is the environment in which a change will be made. For this research, the context is the acute care nursing unit where the frontline nurse leaders practice. An acute care nursing work environment can impact nurses’ performance. A frontline leader who lacks strong leadership practices may be ineffective when facilitating solutions to problems encountered on a nursing unit (Hocker, 2003; McGuire & Kennerly, 2006). Learning the practice of a shared decision-making type of leading could improve the manager’s ability to deliver effective leadership and achieve better outcomes (Byram, 2000). The context was not examined in this research and was held constant for all participants.

**Intervention**

Interventions are defined as direct and indirect processes and the activities by which these processes are delivered. The processes are defined as the techniques or work group interactions used to deliver the intervention. Interventions have been discussed in numerous research articles describing the implementation of practice changes that could affect patient outcomes. According to Keating and Mortin (2001), theoretical foundations for implementation of interventions are well-known for providing a better understanding of new designs that affect patients. For this research the intervention was the continuing education the frontline leaders received by attending the AzHCLA that may have increased their ability to implement participatory leadership behaviors in their practice.
Tier 1 of the AzHCLA is designed to provide the fundamentals of leadership and includes the topics indicated in Table 1. The program objectives (Appendix B) are consistent with the leadership behaviors representative of a transformational leader.

A transformational leader will utilize behaviors consistent with those of a participatory leader to promote, inspire, and cultivate effective environments. Therefore, critical to the leadership course is the inclusion of content that will train front-line nursing leaders how to lead in a participatory manner. The AzHCLA objectives are designed to teach educational content that will provide class participants with an opportunity to learn new behaviors that a participative leader would use (The University of Arizona College of Nursing and The Eller College of Management, 2004) (Table 1). Tier 1 ends with each participant presenting a real-world scenario capstone project highlighting issues or dilemmas that they are likely to encounter in their own jobs.

### TABLE 1: AzHCLA Course Objectives

<table>
<thead>
<tr>
<th>Workplace Environment</th>
<th>Analyze the role of leaders in complex work environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding Organizational and Performance Measures</td>
<td>Identify quality and financial performance indicators</td>
</tr>
<tr>
<td>Team Building</td>
<td>Use the balanced scorecard to manage measures</td>
</tr>
<tr>
<td>Human Resource Management</td>
<td>Identify effective team building skills to create a synergistic environment</td>
</tr>
<tr>
<td>Conflict Management and Negotiations</td>
<td>Identify skills necessary to improve supervisor-subordinate relationships</td>
</tr>
<tr>
<td>Communication</td>
<td>Build collaborative relationships that can increase negotiations between groups and individuals and lead to shared responsibility</td>
</tr>
<tr>
<td>Time Management</td>
<td>Improve communication skills that can lead to increased decision-making and empowerment promoting increased accountability</td>
</tr>
<tr>
<td></td>
<td>Identify skills necessary to adapt to changing work environment</td>
</tr>
<tr>
<td></td>
<td>Identify time management strategies that empower self and staff</td>
</tr>
</tbody>
</table>

*Note. From, “Arizona Healthcare Leadership Academy Learning Objectives and Content,” by The University of Arizona College of Nursing and The Eller College of Management, 2004.*
**Outcome**

Outcomes are the goals that are to be attained through implementation of an intervention. Measurable outcomes are used as indicators as to whether or not targeted goals are being met, and if not, appropriate changes can then be implemented. An expected outcome of Tier 1 would be that frontline leaders project a participatory leadership style that would promote staff’s willingness or ability to make better decisions (Upenieks, 2003b) (Figure 2).

**Transformational Leadership Practices**

A transformational approach to leading can assist with organizational change and performance by leaders identifying and communicating their vision and values, and moving followers towards common goals (Tourangeau & McGilton, 2004). Transformational leading has surfaced as a style of leading that can significantly enhance the relationship between leaders and the organization’s nursing workforce (Hocker, & Trofino, 2003). Leaders and followers are able to merge ideas when using transformational leadership practices thus empowering staff and their leaders to achieve common goals. When leaders and followers work together on common goals, organizational objectives significantly increase (Lentz, 1999). Five primary concepts of exemplary transformational leading including: (a) *Modeling the Way*; (b) *Inspire a Shared Vision*; (c) *Enables Others to Act*; (d) *Challenge the Process*; and (e) *Encourage the Heart* (Tourangeau & McGilton, 2004). Challenging the process “corresponds to intellectual stimulation,” inspiring a shared vision “corresponds to getting subordinates to relate strongly to the interests of the organization,” encouraging the heart “corresponds to
individualized consideration,” modeling the way “corresponds to defining or initiating task structure,” and enabling others to act “corresponds to consideration” (Fields & Herold, 1997). The Leader Practices Inventory (LPI) is the tool used to measure the five practices of leaders. The more the practices are used by leaders, the higher the impact each leader will have on communicating the vision and mission, and meeting organizational values (Tourangeau & McGilton, 2004). Organizations that foster the transformational style of leading will have positive organizational outcomes and contribute to improved clinical practice with better patient outcomes (Byram, 2000; Tourangeau & McGilton, 2004).

**Modeling the Way**

When modeling the way the leader will question his/her beliefs, experiment and take risks. This leader will model or demonstrate to followers how to practice or behave through their own actions. According to The American Heritage Dictionary of the English Language, 4th Ed., (2007), one who models another’s behaviors is imitating another. This type of leader implements methods for leading by setting goals and objectives to be aspired. A leader who utilizes the practices associated with modeling the way will challenge themselves, attempt to be innovative, and improve upon what they do. Leaders utilizing modeling the way are willing to take risks and overcome obstacles to improve outcomes.

The leader who models a vision and shares values creates an environment of mentorship that will encourage the new nurse to support the vision and mission (Williams & Gordon, 2006). As discussed in nursing literature, transformational leading involves
the use of an exceptional form of influence which can move an individual, as well as groups, to accomplish more than what is usually expected of them (Bass, 1999). This type of leader will be an example to others.

*Inspire a Shared Vision*

Staff must realize their leader’s vision in order to share it and practice it to improve their work. Direction needs to be provided in the form of goals and general guidelines so that staff can envision the future. The provision of a vision can enhance ideas and innovations among employees (de Jong & Den Hartog, 2007). Transformational leaders have a clear collective vision and can effectively articulate a shared vision with their staff (Kleinman, 2004; Moss & Ngu, 2006).

Leaders need to be able to help others see the vision and its possibilities. According to Lentz (1999), it is more than simply who makes which decision, but rather finding a method to successfully promote collaboration in order to carry out visions and elicit creativity. Participative leadership involves a leader with the ability to provide staff the autonomy to make decisions and perform their own tasks inspiring a shared vision (de Jong & Den Hartog, 2007). This type of leader builds trust through a shared vision by following through on promises and commitments (Williams & Gordon, 2006).

*Enables Others to Act*

Empowering staff increases participation and enables others to act possibly resulting in better patient outcomes and an increase in staff satisfaction (Girvin, 1996). Empowering staff requires a culture of trust and collaboration. This type of leader is clear about the philosophy of leadership and sets achievable goals with concrete plans that can
be measured. To enable others to act requires the leader to foster an environment of trust, collegiality, and collaboration (Williams & Gordon, 2006).

**Challenge the Process**

Challenging the process means taking risks and looking for new ways to do things. Nurses want to be included and participate in decision-making requiring the leader to encourage innovative thinking and participation (Somech, 2003). Participatory leading is one aspect of transformational leading that will include the staff in changing processes and sharing the responsibility of decision-making (Upenieks, 2003b).

As stated by Bass (1999), transformational leadership techniques include the leader and their followers when making decisions to create change. According to Williams and Gordon (2006), nurses need to be prepared to critically interact with others. Transformational leaders develop cooperative relationships and support the decisions made by their employees.

**Encourage the Heart**

To keep staff determination alive requires the leader to recognize contributions from individuals that make for a winning team. Leaders must find methods for revitalizing nurses; in many cases, reward and recognition are all that is needed. Recognition strengthens one’s feeling of importance and is encouraging. Leaders should praise employees for a job well done and demonstrate the confidence and appreciation they have for them. Staff takes clear emotional cues from leaders and how they present themselves to their followers (Porter-O’Grady, 2003). This type of leader demonstrates
both recognition and celebration of accomplishments to their employees and fosters an ongoing commitment to praise and reward of their employees (Kouzes & Posner, 1995).

Relationship of Research Questions to Conceptual Model

The five research questions for this research are reflected in the model shown in Figure 2. Research Question 1 related to Leadership Competencies is a measure of the construct of Intervention. Research Question 2 related to Leadership Practices is a measure of the Outcome Construct. Research Question 3 which tests for differences in Leadership Practices based upon educational level, is reflected in the model in the relationship between Client and Outcome. Research Questions 4 examines the learning achieved through the AzHCLA Tier 1 course. Finally, Research Question 5, related to differences in Leadership Practices based upon learning achieved through the Intervention addresses the relationship between the two constructs.

Summary

The SROM, a theory-driven model, is outcome oriented and provides an effective system for organizing that consistently keeps the patient in mind. Using the SROM as a conceptual framework to organize the concepts used in this research will provide leaders with a better understanding on how to use information to improve the nurse work environment for the nurse and patient. With the utilization of research, nurse leaders can discover what evidence is available to increase their knowledge related to effectively leading others. As demonstrated in Figure 2, the SROM constructs of Client, Intervention, and Outcome can be applied to this Arizona Healthcare Leadership Academy Tier 1 project to organize information and data regarding an interventions
effect on clients. Theoretically, upon completion of the leadership AzHCLA the nurse (i.e., Client) will be able to implement leadership style behaviors (i.e., Intervention) that will improve their ability to affect others in improving the nurse work environment and patients (i.e., Outcome).
CHAPTER III: METHODOLOGY

Introduction

Chapter III reviews the methods used to conduct the research project. A description of the sample, instruments, and procedures is also included. The study utilized the Arizona Healthcare Leadership Academy Tier 1 program in a descriptive study using survey methods to gather data. A structured self-report approach was used to collect the data. The descriptive study included demographic information to describe various characteristics of the participants, a standard course evaluation (Appendix B) and the Leadership Practices Inventory (LPI) survey (Appendix C).

Population and Sample

The population included frontline nursing leaders who had completed the Arizona Healthcare Leadership Academy Tier 1 course within the past four years. Study participants were recruited from the attendance records from the AzHCLA courses, which were conducted at numerous locations within the state of Arizona. A participant letter of explanation that invited them to participate in the study was sent to all frontline nurse leaders who had completed the course (Appendix D).

Data Collection

Self-report data were collected from participants via survey. Prior to implementation of the research project, approval from the Steering Committee for the Arizona Healthcare Leadership Academy (Appendix E) and the IRB at the University of Arizona was obtained (Appendix F). An email account was set-up through Yahoo for the purpose of study correspondence. The researcher was the only person with access to the
email account, which was protected by password. Each AzHCLA past participant received an introductory letter explaining the purpose of the study, the tools that would be utilized, and permission or consent to participate by email. An email was sent to each potential participant including the letter of explanation and information on how to access the survey instrument. A deadline for return of the survey was also indicated in the letter of explanation. When the participant completed forms and the online survey, the assumption was made that there was agreement to participate (Appendix E). Reminders were sent periodically to the participants by email to encourage completion of the survey.

Instrumentation

The survey instrument was divided into three sections: (a) demographics; (b) course evaluation; and (c) the Leadership Practices Inventory (LPI). Participant demographics included six questions that described specific characteristics of the frontline leaders who had completed Tier 1. Nurse demographics included: (a) number of years as a nurse; (b) number of years as a frontline manager; (c) number of staff for whom they were responsible; (d) title of their role; (e) highest degree attained; and (f) age. These nurse demographics were used to describe the sample and to answer research question three. A course evaluation was developed to evaluate the effectiveness of the AzHCLA’s objectives. The course competencies, which were written from the program objectives, were used to answer research question one.

The course evaluation provided information about the nurses’ perception of their leadership behaviors after having completed the AzHCLA. Three qualitative questions related to the course evaluation allowed the participant the opportunity to report any
leadership behavior changes that they had made as a result of having taken the course. The responses allowed evaluation of the behaviors these nurses used to lead and whether new behavioral changes in leadership styles had been implemented. This qualitative data were used to answer research questions four and six.

The LPI, a behavior measurement instrument, measures leadership practices consistent with a transformational leadership style (Tourangeau & McGilton, 2004). The LPI subscales were used to answer research questions two, three, and five. Although the LPI instrument has been used in leadership development programs, such as 3M, Motorola, and Bank of America, the instrument has just began to surface in nursing research in the past ten years. The LPI was developed through a triangulation of qualitative and quantitative research studies and includes statements describing various leadership actions and behaviors (Tourangeau & McGilton, 2004). A modified content analysis was used to analyze descriptions of leaders’ situations and provided the fundamental patterns of the five leadership practices that lead to the development of the LPI instrument. Developed by Jim Kouzes and Barry Posner (1995), the LPI instrument is a thirty-item questionnaire in which participants rate themselves on the five best practices for leading others. Kouzes and Posner (1995) revised the LPI scale in 1999 as a ten-point, rather than a five-point, Likert scale because the higher number could represent more frequent use of a leadership behavior and demonstrate a greater sensitivity to changes in leading others (Tourangeau & McGilton, 2004).

The LPI instrument’s 30 statements measure five key practices of exemplary leaders: (a) Modeling the Way; (b) Inspire a Shared Vision; (c) Challenge the Process;
(d) **Enables Others to Act**; and (e) **Encourage the Heart** (Table 2). The key practices of exemplary leaders were measured based on six statements in the instrument. Table 2 includes the questions associated with each of the five leadership practices. Behavioral statements are measured on a 10-point Likert-scale: (a) Almost Never; (b) Rarely; (c) Seldom; (d) Once in a While; (e) Occasionally; (f) Sometimes; (g) Fairly Often; (h) Usually; (i) Frequently; and (j) Very Frequently.

**TABLE 2: LPI Survey Questions**

<table>
<thead>
<tr>
<th>Item #</th>
<th>Survey Questions by Leadership Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Challenge the Process</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I seek out challenging opportunities that test my own skills and abilities</td>
</tr>
<tr>
<td>6</td>
<td>I challenge people to try out new and innovative approaches to their work</td>
</tr>
<tr>
<td>11</td>
<td>I reach outside the formal boundaries of my organization for innovative ways to improve what we do</td>
</tr>
<tr>
<td>16</td>
<td>I make sure that people are creatively rewarded for their contributions to the success of our projects</td>
</tr>
<tr>
<td>21</td>
<td>I experience and take risks even when there is a chance of failure</td>
</tr>
<tr>
<td>26</td>
<td>I take the initiative to overcome obstacles even when outcomes are uncertain</td>
</tr>
<tr>
<td><strong>Inspire a Shared Vision</strong></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I talk about trends that will influence how my work gets done</td>
</tr>
<tr>
<td>7</td>
<td>I describe a compelling image of what our future could be like</td>
</tr>
<tr>
<td>12</td>
<td>I appeal to others to share an exciting dream of the future</td>
</tr>
<tr>
<td>17</td>
<td>I follow through on promises and commitments that I make</td>
</tr>
<tr>
<td>22</td>
<td>I am contagiously enthusiastic and positive about future possibilities</td>
</tr>
<tr>
<td>27</td>
<td>I speak with true conviction about the higher meaning and purpose of our work</td>
</tr>
<tr>
<td><strong>Modeling the Way</strong></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I set a personal example of what I expect from others</td>
</tr>
<tr>
<td>9</td>
<td>I spend time and energy on making certain that the people I work with adhere to the principles and standards that have been agreed upon</td>
</tr>
<tr>
<td>14</td>
<td>I am clear about my philosophy of leadership</td>
</tr>
<tr>
<td>19</td>
<td>I make certain that we set achievable goals, make concrete plans &amp; establish measurable milestones for the projects and programs that we work on</td>
</tr>
<tr>
<td>24</td>
<td>I make progress toward goals one step at a time</td>
</tr>
</tbody>
</table>
Transformational leaders have certain characteristics, such as the ability to influence others to accomplish goals that are consistent with what the LPI is intended to measure (Tourangeau & McGilton, 2004). For example, the transformational leadership characteristic of creating a shared vision is consistent with the key practices measured in the LPI of Modeling the Way and Inspire a Shared Vision. Thus, the LPI was deemed an effective tool for this project.

Although various analyses have shown the Leadership Practices Inventory (University of Georgia, 2002) to have sound psychometric properties little is known about its effect on nursing research. The leadership behavior statements underwent repeated tests of internal consistency reliability and construct validation through factor analysis. Internal consistency was adequate with Cronbach’s Alphas ranging between 0.70 and 0.84, and a test-retest reliability of 0.94 was reported. Researchers in healthcare, education, and business have reported similar internal consistency reliabilities in their
Data Analysis

Data analysis provided a systematic approach to organizing and synthesizing the research data to determine if patterns and relationships can be discerned. SPSS was the statistical program used to analyze the data to answer the research questions (Table 3).

Significance level for all inferential analyses using ANOVA was set at p<.05.

TABLE 3: Analysis Measures

<table>
<thead>
<tr>
<th>Measures</th>
<th>Research Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive Statistics</td>
<td>Demographic Data</td>
</tr>
<tr>
<td></td>
<td>Research Question 1 related to leaderships competencies (course objectives).</td>
</tr>
<tr>
<td></td>
<td>Research Question 2 related to LPI leadership behaviors.</td>
</tr>
<tr>
<td>Analysis of Variance (ANOVA)</td>
<td>Research Question 3 related to differences in leadership behaviors among educational groups.</td>
</tr>
<tr>
<td></td>
<td>Research Question 6 related to differences in LPI leadership behaviors among groups of learners.</td>
</tr>
<tr>
<td>Summarization of Qualitative Data</td>
<td>Research Question 4 related to grouping of participants based upon primary learning.</td>
</tr>
<tr>
<td></td>
<td>Research Question 5 related to groupings into LPI behaviors based upon primary learning.</td>
</tr>
</tbody>
</table>

Summary

Chapter III presented the rationale for the research design, as well as the method, population, sampling approach, instrumentation, data collection, and data analysis plan. A combination of a qualitative and quantitative approach was used to accurately collect, process, and synthesize the knowledge, insights, and perceptions of frontline nurse leaders having had completed leadership training through the Arizona Healthcare Leadership Academy. Other pertinent information was gathered in relations to the
demographics of the participants and will be confidentiality protected. Data analysis is described in detail in Chapter IV.
CHAPTER IV: RESULTS

Introduction

Chapter IV includes the results of data analysis of a survey examining frontline nurse leaders’ behaviors representative of a transformational leadership style, as well as a course evaluation for the AzHCLA program. Survey Monkey, a web-based program, was used to create the online survey. The web interface allowed the study participants the ability to complete the survey online. Survey data were then exported into Statistical Package for Social Sciences (SPSS), version 12.

Participant Responses

Surveys were sent by email to 323 Tier 1 course participants including both nurses and non-nurses. There were 108 returned as undeliverable email addresses. Of the 215 surveys received by participants, 190 were registered nurses (RNs). The final count of returned surveys was 76 (40%). The surveys completed were from 41 healthcare facilities, primarily acute care hospitals in Arizona.

Sample Description

Nine demographic questions were included in part one of the survey; two of the questions obtained specific information used to describe the frontline nurse leader’s title at the beginning of the course as well as at the time of the survey. Other demographic data, such as number of years as a nurse, age, years as a frontline leader, highest nursing degree attained, and the number of staff members the nurse leader is responsible for (e.g., span of control), were also gathered.
The participants were asked for their title at the time they began the course and at the time of taking the survey (Table 4). There were 32 (42%) nurses who changed their titles after completion of the course. Overall titles varied depending on the healthcare facility but all were similar to the titles the RNs held at the time of survey completion. The nurses were then asked to describe the reason for the change. Of the 32 participants who had changed titles or roles; 63% (20 RNs) accepted a new position, 19% (6 RNs) made a lateral change in roles, and 19% (6 RNs) returned to staff nursing due to a poor leadership experience. Those nurses who returned to staff nurse positions stated they did so because of poor management at the administrative level or a reorganization of their hospital leadership team.

### TABLE 4: Nurse Leader Titles

<table>
<thead>
<tr>
<th>Position or title</th>
<th>Number of nurses at start of the course</th>
<th>Number of nurses at time of the study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Leader</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Coordinator</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Manager</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Charge</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Director</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Staff RN</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Other (specialist, resource, educator)</td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>

Eighteen nurses advanced into leadership roles during the course or soon after having completed the program. Those who did not advance into a formal leadership role either stayed in the same position, made a lateral move, or working as a staff nurse (Table 5).
TABLE 5: Position Changes

<table>
<thead>
<tr>
<th>Position</th>
<th>Number of Nurses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advancing</td>
<td>20</td>
<td>23.7</td>
</tr>
<tr>
<td>Staff RN</td>
<td>6</td>
<td>3.9</td>
</tr>
<tr>
<td>Lateral Move</td>
<td>6</td>
<td>3.9</td>
</tr>
<tr>
<td>Same Position</td>
<td>44</td>
<td>60.5</td>
</tr>
</tbody>
</table>

Age

The ages of nurses ranged from under 25 to over 46 years old. The largest group is the 36 to 45 age group, encompassing 47.2% of the participants (Table 6). The second largest group is nurses over 46 years old, encompassing 43.1% of the participants.

TABLE 6: Age of Nurses

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of Nurses</th>
<th>Percentage of Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 – 35</td>
<td>7</td>
<td>0.09</td>
</tr>
<tr>
<td>36 – 45</td>
<td>34</td>
<td>0.47</td>
</tr>
<tr>
<td>&gt; 46</td>
<td>31</td>
<td>0.43</td>
</tr>
</tbody>
</table>

Work Experience

Respondents reported a varied amount of tenure, with the largest group of RNs having practiced from 16 – 20 years (Table 7). No RN reported practicing fewer than five years. When asked how long the participants had been frontline leaders, 55.5% of the nurse leaders reported they have been in leadership roles for less than five years total (Table 8). The span of control for each of the groups varied considerably with the largest number of nurses reporting responsibility for more than 50 staff (Table 9). Only nine leaders reported having fewer than 10 people in their span of control.
TABLE 7: Work Experience

<table>
<thead>
<tr>
<th>Years of Nursing Experience</th>
<th>Years as a Nurse</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 – 10</td>
<td>8</td>
<td>10.5</td>
</tr>
<tr>
<td>11 – 15</td>
<td>14</td>
<td>18.4</td>
</tr>
<tr>
<td>16 – 20</td>
<td>16</td>
<td>21.1</td>
</tr>
<tr>
<td>21 -25</td>
<td>13</td>
<td>17.1</td>
</tr>
<tr>
<td>26 – 30</td>
<td>6</td>
<td>7.9</td>
</tr>
<tr>
<td>&gt; 30</td>
<td>13</td>
<td>17.1</td>
</tr>
</tbody>
</table>

TABLE 8: Frontline Leader Experience

<table>
<thead>
<tr>
<th>Years as Frontline Leader</th>
<th>Number of Years</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5</td>
<td>38</td>
<td>55.5</td>
</tr>
<tr>
<td>6 – 10</td>
<td>20</td>
<td>28.2</td>
</tr>
<tr>
<td>16 – 20</td>
<td>6</td>
<td>8.5</td>
</tr>
<tr>
<td>21 – 25</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>26 – 30</td>
<td>1</td>
<td>1.4</td>
</tr>
</tbody>
</table>

TABLE 9: Span of Control

<table>
<thead>
<tr>
<th>Number of Staff</th>
<th>Leaders Reporting</th>
<th>Percentage of Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 10</td>
<td>9</td>
<td>12.5</td>
</tr>
<tr>
<td>11 – 25</td>
<td>10</td>
<td>13.9</td>
</tr>
<tr>
<td>26 – 35</td>
<td>6</td>
<td>8.3</td>
</tr>
<tr>
<td>36 – 50</td>
<td>10</td>
<td>13.9</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>37</td>
<td>51.4</td>
</tr>
</tbody>
</table>

Research Question 1

*How do frontline nurse managers who have attended the AzHCLA Tier 1 course rate their leadership competencies after taking a leadership education course?*

Participants rated their practice of course-taught leadership competencies on a five-point Likert-scale (Table 10). A higher value represents more frequent use of the leadership competency: (5) Always (4) Often (3) Sometimes (2) Occasionally, and (1) Never. Not every statement was answered by the participants, so the number of
respondents to individual questions ranged from 72 to 74. Effective communication (M = 4.39, SD = .520) and problem-solving skills (M = 4.37, SD = .676) were presented as the highest scored competencies indicating that study participants believed they used these competencies more effectively than others. Competencies scoring the lowest were leader environment (M = 3.78, SD = .961) and Quality & Financial (M = 3.87, SD = .826) indicating that participants believed they are not as competent in these areas.

TABLE 10: Leadership Competencies Based Upon Course Objectives

<table>
<thead>
<tr>
<th>Course Evaluation Statements</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Contribution</td>
<td>72</td>
<td>4.16</td>
<td>.75</td>
</tr>
<tr>
<td>Leaders Environment</td>
<td>73</td>
<td>3.78</td>
<td>.96</td>
</tr>
<tr>
<td>Build Relationships</td>
<td>74</td>
<td>4.35</td>
<td>.71</td>
</tr>
<tr>
<td>Skills Developed</td>
<td>74</td>
<td>4.24</td>
<td>.70</td>
</tr>
<tr>
<td>Resources for Quality</td>
<td>73</td>
<td>4.30</td>
<td>.72</td>
</tr>
<tr>
<td>Quality &amp; Financial</td>
<td>74</td>
<td>3.87</td>
<td>.83</td>
</tr>
<tr>
<td>Encourage P &amp; P</td>
<td>74</td>
<td>4.31</td>
<td>.66</td>
</tr>
<tr>
<td>Negotiation &amp; Conflict</td>
<td>73</td>
<td>4.12</td>
<td>.71</td>
</tr>
<tr>
<td>Translate Vision</td>
<td>73</td>
<td>4.06</td>
<td>.79</td>
</tr>
<tr>
<td>Effective Team Building</td>
<td>74</td>
<td>4.17</td>
<td>.71</td>
</tr>
<tr>
<td>Effective Communication</td>
<td>73</td>
<td>4.39</td>
<td>.52</td>
</tr>
<tr>
<td>Appropriate Communication</td>
<td>74</td>
<td>4.31</td>
<td>.57</td>
</tr>
<tr>
<td>Problem Solving Skills</td>
<td>74</td>
<td>4.37</td>
<td>.68</td>
</tr>
<tr>
<td>Time Management</td>
<td>74</td>
<td>4.09</td>
<td>.71</td>
</tr>
<tr>
<td>Create Environment</td>
<td>74</td>
<td>4.24</td>
<td>.62</td>
</tr>
<tr>
<td>Creative Ideas</td>
<td>74</td>
<td>4.14</td>
<td>.61</td>
</tr>
</tbody>
</table>

Research Question 2

How do frontline nurse managers, who have attended the AzHCLA Tier 1 course, report their rating of behaviors representative of participatory management?

Part 3 of the survey was the Leadership Practices Inventory which was used to answer research question 2. In this study the LPI Cronbach’s Alpha for all of the
subscales was between .79 and .88. Consistent with documented research projects having utilized the LPI in their investigations the Cronbach’s Alpha for this project has indicated a reliability substantiating the utility of the instrument.

Descriptive statistics identified the mean and standard deviation for the five leadership practices (Table 11). Each of the five practices were scored based on responses to behavioral statements measured on a 10-point Likert-scale, as well as the mean and standard deviation for each subcategory. A higher value represents more frequent use of the leadership behavior: (10) Very Frequently, (9) Frequently, (8) Usually, (7) Fairly Often, (6) Sometimes, (5) Occasionally, (4) Once in a While, (3) Seldom, (2) Rarely, and (1) Almost Never. The 30 statements measure five key practices of exemplary leaders: (a) Modeling the Way, (b) Inspire a Shared Vision, (c) Challenge the Process, (d) Enable Others to Act, and (e) Encourage the Heart. The statements were extracted from the LPI and categorized into the five key practices of exemplary leaders based on the theory behind the LPI (University of Georgia, 2002).

The more frequently a nurse uses a particular behavior the higher the scores for that specific practice. A higher score indicates that the RN is practicing participatory leading behaviors consistent with a transformational style of leadership. Scores for the LPI subscales could range from 6-60. Each of the five subscales include six behavior statements that measure or determine the frequency of use of that particular subscale. The five subscales follow with a mean and standard deviation for each of the six statements.
TABLE 11: LPI Subscales

<table>
<thead>
<tr>
<th>LPI Subscale</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model the Way</td>
<td>46.2</td>
<td>7.29</td>
</tr>
<tr>
<td>Inspire a Shared Vision</td>
<td>47.2</td>
<td>7.50</td>
</tr>
<tr>
<td>Enable Others to Act</td>
<td>50.2</td>
<td>5.92</td>
</tr>
<tr>
<td>Challenge the Process</td>
<td>53.0</td>
<td>4.53</td>
</tr>
<tr>
<td>Encourage the Heart</td>
<td>50.9</td>
<td>6.13</td>
</tr>
</tbody>
</table>

**Challenge the Process**

In response to perceived behaviors related to *Challenge the Process*, findings revealed scores that were higher for overcoming obstacles (*M* = 8.06, *SD* = 1.37) and challenging people to improve (*M* = 7.98, *SD* = 1.32). These were followed by reward success (*M* = 7.75, *SD* = 1.80) and risk failure (*M* = 7.63, *SD* = 1.68). Lower practice scores were related to challenging opportunities (*M* = 7.53, *SD* = 1.73) and outside boundaries (*M* = 7.16, *SD* = 2.04).

**Inspire a Shared Vision**

Results in response to behaviors related to *Inspire a Shared Vision* findings showed that nurse leaders scored highest on promises and commitments (*M* = 9.13, *SD* = 0.933) and second on speaking with conviction (*M* = 8.27, *SD* = 1.61). Third in rank was contagiously enthusiastic (*M* = 8.10, *SD* = 1.67) and fourth was dreaming of the future (*M* = 7.32, *SD* = 2.11). Lastly, study participants reported that they least used the practice of future trends (*M* = 7.23, *SD* = 1.79) and image of the future (*M* = 7.10, *SD* = 1.98).
Modeling the Way

Responses to behaviors related to Modeling the Way showed that RNs believed they are clear about personal example ($M = 9.20, SD = 0.90$) and their philosophy of leadership ($M = 8.73, SD = 1.12$). Holding others accountable to policies and procedures by spending the time and energy was ranked third in this category ($M = 8.50, SD = 1.27$). Making progress towards goals ($M = 8.49, SD = 1.18$) was ranked fourth, followed by setting goals ($M = 7.76, SD = 1.60$) and long-term vision ($M = 7.44, SD = 2.11$).

Enables Others to Act

Responses to behaviors related to Enables Others to Act revealed that nurse leaders value the importance in treating others with dignity and respect ($M = 9.67, SD = 0.64$) and developing relationships ($M = 9.13, SD = 0.88$). Nurse leaders reported supporting the decisions their staff make ($M = 8.66, SD = 1.12$) and actively listening ($M = 8.61, SD = 1.18$) as the next most utilized behaviors. Ensuring that the staff grow in their roles and learn the skills needed to develop themselves ($M = 8.55, SD = 1.43$) and have freedom of choice ($8.16, SD = 1.47$) were reported as the least practiced behaviors for challenging the process.

Encourage the Heart

Responses to behaviors related to Encourage the Heart revealed that participants favorably praised people for a job well done ($M = 8.95, SD = 1.06$) and demonstrate coworker appreciation ($M = 8.86, SD = 1.23$). Scores were lower for expressing confidence in people ($M = 8.69, SD = 1.17$) and recognizing people for shared values ($M = 8.49, SD = 1.38$). What we can learn ($M = 7.96, SD = 1.68$) and finding ways to
celebrate accomplishments ($M = 7.90$, $SD = 1.58$) were the least frequently reported practices for encouraging the heart.

Research Question 3

*What are the differences in scores on the LPI subscales among nurses with different educational levels?*

There were 70 participants who reported their educational degrees. Associate Degree Nurses (ADN) and Diploma degree nurses were grouped together and accounted for 23 of the participants, 35 participants had a Bachelor of Science degree, and the remaining 12 had a Masters of Science in Nursing (MSN) degree.

A One-Way ANOVA (Table 12) was used to compare the means of the five subscales to determine if there were significant differences between the LPI subscales and education levels of the nursing leadership. Results are presented for the five subscales; *Modeling the Way*, $F(1.03, 2) = .364, p<.05$, *Inspire a Shared Vision*, $F(4.46, 2) = .642, p<.05$, *Enables Others to Act*, $F(2.82, 2) = .067, p<.05$, *Challenge the Process*, $F(1.03, 2) = .362, p<.05$, *Encourage the Heart*, $F(.951, 2) = .392, p<.05$. The results generated from the One-Way ANOVA show that there is no statistically significant difference between the LPI groups and the factor of educational level; however, a pattern was detected that indicated that the higher the educational level, the higher the LPI scores, for each subscale (Table 13).
TABLE 12: ANOVA for LPI Subscales

<table>
<thead>
<tr>
<th>LPI Subscale</th>
<th>df</th>
<th>F</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model the Way</td>
<td>2</td>
<td>1.03</td>
<td>.36</td>
</tr>
<tr>
<td>Inspire a Shared Vision</td>
<td>2</td>
<td>.45</td>
<td>.64</td>
</tr>
<tr>
<td>Enable Others to Act</td>
<td>2</td>
<td>2.83</td>
<td>.07</td>
</tr>
<tr>
<td>Challenge the Process</td>
<td>2</td>
<td>1.03</td>
<td>.36</td>
</tr>
<tr>
<td>Encourage the Heart</td>
<td>2</td>
<td>.95</td>
<td>.39</td>
</tr>
</tbody>
</table>

Table 13: LPI Subscale Scores by Educational Level

<table>
<thead>
<tr>
<th>LPI Practices</th>
<th>Dip/AND Degree</th>
<th>BSN Degree</th>
<th>MSN Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 19</td>
<td>N = 35</td>
<td>N = 11</td>
</tr>
<tr>
<td><strong>Challenge the Process</strong></td>
<td>M(51.9), SD(4.9)</td>
<td>M(52.8), SD(4.6)</td>
<td>M(54.4), SD(3.6)</td>
</tr>
<tr>
<td><strong>Encourage the Heart</strong></td>
<td>M(49.9), SD(6.7)</td>
<td>M(50.7), SD(6.0)</td>
<td>M(53.1), SD(5.5)</td>
</tr>
<tr>
<td><strong>Enables Others to Act</strong></td>
<td>M(48.3), SD(5.2)</td>
<td>M(50.1), SD(6.4)</td>
<td>M(53.5), SD(4.2)</td>
</tr>
<tr>
<td><strong>Inspire a Shared Vision</strong></td>
<td>M(46.4), SD(6.2)</td>
<td>M(47.1), SD(8.2)</td>
<td>M(49.1), SD(7.6)</td>
</tr>
<tr>
<td><strong>Modeling the Way</strong></td>
<td>M(45.1), SD(7.2)</td>
<td>M(45.9), SD(7.0)</td>
<td>M(48.9), SD(8.4)</td>
</tr>
</tbody>
</table>

Research Question 4

*What leadership behaviors do frontline leaders report they have gained from the AzHCLA Tier 1 course?*

Questions 11, 12, and 13 on the course evaluation asked respondents to provide narrative responses that assessed: 1) perceived personal gains from taking the course; 2) alterations in their management practices; and 3) general feedback about the program. Results were summarized and common themes were identified.
Gains

Question 11 asked participants to briefly state what they gained from having attended the Tier 1 AzHCLA course. Study participants narrative statements were categorized based on common words, statements, or themes derived from typed written responses. The following 10 themes emerged: (a) networking skills; (b) communication skills; (c) understanding of practice; (d) improved people skills; (e) validation of practice; (f) conflict management; (g) decision-making; (h) time management; (i) confidence; and (j) leadership style. Four of these themes (time-management, decision-making, confidence, and leadership style) were reassigned to another category because of the small number of participants reporting. Therefore, for the purpose of analysis and data reduction participants statements were categorized into only six themes: 1) Networking and 2) Communication; 3) Understanding Practice; 4) People Skills; 5) Validation; and 6) Conflict Management (Table 14). Statements were reread and a determination was made as to which category would be the best fit (Table 15).

<table>
<thead>
<tr>
<th>Skills Gained</th>
<th>Number of Responses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Networking</td>
<td>8</td>
<td>12.7</td>
</tr>
<tr>
<td>Communication</td>
<td>8</td>
<td>12.7</td>
</tr>
<tr>
<td>Conflict Management</td>
<td>11</td>
<td>17.5</td>
</tr>
<tr>
<td>Understanding Practice</td>
<td>12</td>
<td>19.0</td>
</tr>
<tr>
<td>People Skills</td>
<td>12</td>
<td>19.0</td>
</tr>
<tr>
<td>Validation</td>
<td>12</td>
<td>19.0</td>
</tr>
<tr>
<td>Themes</td>
<td>Participant Statements</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1) Networking</td>
<td>• Networking increased knowledge about available resources.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Attending the program increase peer possibilities to obtain information from.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Increase in shared ideas and general information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Learned about best practice.</td>
<td></td>
</tr>
<tr>
<td>2) Communication</td>
<td>• Program helped gain better understanding of communication.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Gained a deeper insight into how to communicate including the need to listen and think before acting.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communicating with their staff increased positively.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Learned different methods of communication including how to respond to each staff differently based on that individual.</td>
<td></td>
</tr>
<tr>
<td>3) Understanding Practice</td>
<td>• Better understanding of my responsibilities as a leader.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I learned about managing people, meetings, team building.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Better basic understanding of what management means.</td>
<td></td>
</tr>
<tr>
<td>4) People Skills</td>
<td>• Techniques for rewarding and recognizing and treating people equally.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How to attain desirable outcomes from people.</td>
<td></td>
</tr>
<tr>
<td>5) Validation</td>
<td>• A sense of unity with others and experiencing the same thing.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reiterated many of the things I have learned over the years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Topics related to what I have working on.</td>
<td></td>
</tr>
<tr>
<td>6) Conflict Management</td>
<td>• Learned conflict management and negotiation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ways to handle conflict and tips for resolution.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Learned new conflict resolution techniques.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Manage problems in a positive way.</td>
<td></td>
</tr>
</tbody>
</table>
Management Practices

Participants wrote brief responses to question 12 that described how their management practices altered after taking the AzHCLA course. The primary theme that emerged from the participant’s responses was the change their approach to managing other people. Participants reported that improvements were made in their management skills related to having a better understanding of their practice overall and improvements with how they communicate with the staff they oversee. Diligent ongoing training programs can improve leadership effectiveness in the acute care environment (Brooks & Anderson, 2004). Networking and knowing their resources were also themes the participants identified.

Course in General

Question 13 asked how each individual participant felt about the course in general. Respondents praised the program for its exceptional instructors and how well organized the program was. Study participants reported that the program was motivating and allowed them to become engaged in the learning process. Participants also reported that the program was encouraging and they looked forward to the sessions because they were enjoyable. Interestingly, one participant stated they would have liked to be taught more in-depth how to time-manage while others felt the time-management session was one of the most valuable classes. Essentially no negative feedback was given.
Research Question 5

Is there a difference in leadership practice scores on the LPI among subcategorized frontline managers?

Because a difference in leadership practice scores was unable to be attained, an ANOVA was administered on the categorization of Skills Gained. Skills Gained were grouped and labeled. For the ANOVA, the factor was Skills Gained and the dependent variables consisted of the five subscales from the LPI and included: Modeling the Way, Inspire a Shared Vision, Enables Others to Act, Challenge the Process, and Encourage the Heart. The results demonstrated no significant differences between for the LPI subgroups and skills gained are as follows: Modeling the Way, $F(3.92, 9) = .934, p<.05$, Inspire a Shared Vision, $F(.750, 9) = .662, p<.05$, Enables Others to Act, $F(9.27,9) = p.509<.05$, Challenge the Process, $F(1.06,9) = .403, p<.05$, Encourage the Heart, $F(8.71,9) = .557, p<.05$.

Summary

Chapter IV presented the results of the study. The report included knowledge gained by identification of the most commonly used leadership practice behaviors including: Modeling the Way, Inspire a Shared Vision, Enables Others to Act, Challenge the Process, and Encourage the Heart, from the LPI study instrument. After collected, the data was analyzed utilizing descriptive statistics, ANOVA testing, and summarizing and categorizing of data. Chapter V will discuss and interpretation of the findings from the study.
CHAPTER V: DISCUSSION

Introduction

Chapter V discusses the research findings of the study. By identifying the successes and limitations of the study future research projects can be designed related to frontline leadership. Recommendations will be made that can help drive nurses to make decisions about their leadership practices based on evidence. The five research questions addressed in the study are as follows:

1. How do frontline nurse managers who have attended the AzHCLA Tier 1 course rate their leadership competencies after taking a leadership education course?
2. How do frontline nurse managers who have attended the AzHCLA Tier 1 course report their rating of behaviors representative of participatory management?
3. What are the differences in scores on the Leadership Practice Instrument (LPI) subscales among nurses with different educational levels?
4. What leadership behaviors do frontline leaders report they have gained from the AzHCLA Tier 1 Course?
5. Is there a difference in leadership practice scores on the LPI among subcategorized frontline managers?

Discussion of Findings

Instrument

The demographic data and course evaluation sections of the study instrument were designed solely for the purpose of this research project and the sample of nurses who were recruited. The Leadership Practices Inventory, which was the primary
instrument used to gather the type of data needed to evaluate transformational practice, proved to be an effective measurement tool in that it measured what it was intended to and is recommended for use for future leadership evaluation. The adequate performance of the instrument for this population offers acute care organizations an accurate tool to, not only evaluate leadership’s perception of their skills, but also to develop strategies for organizational improvement and quality development.

Client Construct

Demographic Data

Demographic data assisted with identifying and describing the nurses participating in this study. Because it was an online survey, there was no face-to-face contact with the nurses. The inability to verbally communicate with the participants could have kept the investigator from gathering more detailed information about the study participants. The lack of communication may have had an affect on the number of participants willing to complete the survey. Based on the questions that were asked, participants were identified as either currently in a leadership position or seeking the role of a nurse leader. The demographic questions asked enough information to help identify that the sample was representative of frontline nurse leaders. The research participants answers provided the data needed to demonstrate that the client construct was representative of the nurse leader sample needed for this study.

Nurse Titles, Age and Experience

Although nurse titles varied, it was assumed that frontline leaders in the acute care environment are responsible for performing similar duties. A total of 42% of the nurses
changed their titles thus changing their roles to some degree possibly as result of having learned new skills. Six of the participants stated they returned to staff nursing because they were disillusioned about management. Without proper on-the-job training in conjunction with classroom education, nurses may become disillusioned about the expectations of the roles and responsibilities of a leader (Cook, 1999; Taunton et al., 1997).

The age range of participants included nurses as young as 25 and as old as 45, the largest group being between the ages of 36 – 45. This would be the expectation because most leadership positions require a degree of experience, and the assumption is that the older nurses have more experience. Educational level was not associated with an increase in leadership responsibility (Research Question 3) leaving the assumption that nurses can be in leadership positions regardless of their educational background. Surprisingly, the majorities of the nurses (62%) had practiced for more than 15 years, but were only in their leadership position for less than five years. Nursing literature supports that nurse leaders need significant experience if patient care outcomes are to improve (Grossman & Valiga, 2000). In addition to leadership training issues, the majority of respondents had a large span of control (>50 people), that could add to a lack of supporting a nurse work environment working towards good patient outcomes.

Clearly, with differences in leadership characteristics each acute care organization will experience their own various issues. Organizations may need to require unique preparatory education to prepare their nursing leaders; but, to some extent, all leaders need a general educational overview of nursing leadership (Byram, 2000). One would
anticipate that a higher level of nursing education would equate to an increase in competencies related to leadership outcomes; but, as described in this research, there was no statistical significance. There was no evidence that having a higher degree made a difference in how well a nurse performed on the LPI behaviors. Although those nurses with a MSN degree showed a trend in mean differences when compared to the Dip/ADN groups possibly indicating that a MSN degree may make a difference in nurses receiving leadership education. An increase in higher educated and more experienced nurses may provide organizations an opportunity to benefit and gain positive outcomes (Corning, 2002; Kleinman, 2004; VanOyen, 2005, Connelly et al., 2003). However, a much more in-depth study is needed to determine if indeed this is an accurate assumption.

Intervention Construct

*Course Rating*

Without a pretest or direct observation for comparison, it can not be determined if there was a true improvement in self-reported leadership practices (i.e., outcome) or leadership competencies but feedback from study participants does support that nurse leaders gained new skills by completing the AzHCLA course. Study participants described their interactions with the instructors as positive. Statements reflected that participants believed there was a creative learning environment that fostered students in gaining new skills. Gains included increasing their confidence, validating skills learned, building new skills, increasing networking skills, and building a resource pool. Data from the nurse participants supports the conclusion that the AzHCLA course was an effective
intervention for increasing nurse leadership practices. Meaningful learning occurred at many levels as expressed in the nurse leaders’ feedback.

*Level of Competency*

The course evaluation revealed that nurse leaders benefited from having taken the course. Nurse leaders reported their competency level in leadership behaviors as having increased in many areas, in particular, in effective communication and problem-solving. Respondents also reported that their competency increased in building relationships and using appropriate communication. In contrast they reported that they were weaker in behaviors related to translating a vision and time management. It has been reported that nurse leaders struggle with the translation of a mission and vision into the practice of those they lead (Upenieks, 2000; Sensmeir, 2004).

The greatest weakness in leadership competency was identified in the categories of leader environment and quality/financial. Also perceived as weaker behaviors, were the utilization of negotiation techniques, effective team building skills, and implementation of strategies for time-management. These results could be a reflection of many things, such as age, number of years with experience and years as a nurse leader, and educational background. In the absence of more detailed information about each nurse leader’s responsibilities and exactly which role they practice it is difficult to know which strengths and weaknesses might be related to their demographics.

Although not statistically significant, the LPI subgroups, evaluated on research question 5, did show slight differences. *Enables Others to Act* had better significance when compared to the other subscales, indicating that more leadership behaviors are
perceived to be practiced in *Enables Others to Act* than in any one of the other subgroups. There was some consistency with how the nurses perceived their competencies from the course evaluation in the descriptive statistics that indicated a lower standard deviation for practices consistent with *Enables Others to Act* (i.e., effective communication, problem-solving, and build relationships). Thus, LPI perceived practices associated with *Enables Others to Act* were consistent with how nurses perceived the course evaluation. Results from the course evaluation and LPI have similarities in their results that may reinforce the data that was collected, such as study participants that described weaknesses in *Inspire a Shared Vision* in parts of the instruments.

*Course as Intervention*

The results of the study are reflective of what is found in nursing literature in that education and training for nurse leaders is critical to their believing they have the necessary skills to be a leader. The course competencies captured the nurse leaders’ experiences related to a transformational style of leading, thus, increasing their success at using effective leadership skills. The themes that emerged from the self-report of gains captured were similar to the practices documented in the survey instruments. Communication was identified as a gain that was also a statement from *Enables Others to Act*, and was the highest scored subscale on the course evaluation. Feedback about the course positive and all information can be utilized in making changes and improvements to curriculum and program development.
Networking Gain

Respondents reported an increase in ideas and opportunities to network during the sessions. There was a gain in available resources by connecting with other professionals who shared the same positions, roles and responsibilities. Common issues were discussed among course participants allowing students to connect with each other and share ideas. Some participants stated they identified new resources and techniques for managing by having the opportunity to talk about their own roles and responsibilities.

Communication Gain

Communication was discussed frequently in the narrative feedback, suggesting that the course provided new and innovative methods for improving communication with not only staff but also with peers. The overall experience assisted participants to recognize the need to listen and think before acting and take the time to listen to staff, which they anticipate will result in better staff outcomes.

Understanding of Practice Gain

Respondents reported a better understanding of management and leadership skills. Not only were skills learned such as communication, time-management, team building and running a meeting, but how to have better relationships with their employees and knowing when to manage them up or effectively supervise employee issues. Participants stated they were able to learn new time management skills by reorganizing and prioritizing tasks. Participants reported increased confidence in making decisions and leading others. One participant described seeing things differently and understanding the bigger picture. Frontline leaders were able to identify their leadership styles as well as
those of their peers which would increase their ability to communicate with others. Participants stated they were better at communicating with others because they could recognize not only their own style of leading, but also the styles of the individuals they are working with as well.

**People Skills Gain**

Course participants described new people skills and how to use those skills to better manage their employees, including strategies such as retaining and mentoring staff. Participants stated they acquired skills on how to attain desirable performance from the staff, techniques for rewarding and recognizing employees, and the importance of treating people fairly and with respect. In addition to how to work better with employees it was also reported there was an increase in people skills related to working with peers.

**Validation Gains**

One concept reported in the descriptive data was a perception of validation in that the course participants found some degree of comfort they were doing things right and were not alone in their practices as leaders. Nurses reported they were practicing some of the concepts and techniques they had been taught, and the course reiterated they were doing things correctly. The course was beneficial in showing that other nurse leaders were experiencing the same issues and concerns. The course provided reinforcement and information, increasing their understanding about their own leadership style.

**Conflict Management Gain**

Nurses noted multiple times in the course evaluation that there was a gain in new skills related to dealing with difficult people and strategies for resolving challenging
issues. Dealing with difficult people and situations appeared to be a concern among the participants but without face-to-face interviews it is hard to verify the degree of concern.

Outcomes Construct

Leadership Practices

The LPI instrument measured nurse leaders’ perception of their use of the five leadership practices, which are consistent with a transformational leadership style. Transformational leadership practices were described by the LPI’s five subgroup statements. These five practices were analyzed by grouping specific behaviors associated with a participatory style of leading and consistent with transformational leadership. Higher percentages of the categorized behaviors demonstrated which behaviors were utilized most often. Nurse leaders who scored higher in one practice category demonstrate the use of that particular practice more consistently. The higher scores indicated the nurse was practicing behaviors consistent with a transformational style of leading. Frontline leaders could not be categorized into the five practices based on feedback from what was gained. What did emerge was feedback information that could be evaluated describing the primary learning that had been gained. Nurses reported numerous gains from having taken the course that may be supporting their changes in titles and positions.

Systems Research Organizing Model (SROM)

Outcomes research is defined as studies that focus on assessing the consequences of an intervention, treatment or program (Sidani & Braden, 1998). The beauty of the SROM is that its strengths and limitations can be realized as the work of the intervention
is occurring or soon after and changes made as necessary. Utilizing the SROM as the conceptual model for this study was useful in assisting with organizing the study. Each of the constructs provided a method for delineating the information that was needed to answer the research questions. Gathering data to support the client construct was streamlined by customization of the demographic data to frontline nurse leaders. The acute care unit, as the context construct, lent itself to the setting for the study because it is the primary place of practice for frontline nurse leaders. The intervention could have been any one of a number of leadership programs but because the AzHCLA core competencies were designed for acute care hospital leadership there was a natural fit. Utilized as an intervention, the AzHCLA Tier 1 course had the ability to alter the client construct by increasing competencies of acute care frontline nurse leaders. When feedback loops occur, such as demonstrated in this study, one construct will affect another and a positive outcome will result. Education and training has affected the nurse leader in providing leadership practices can result in improved patient outcomes. Further studies are needed to identify if the outcomes of this intervention, improved leadership skills, will be interpreted at the context level or work place environment.

Limitations of the Study

A major limitation of this study was the lack of data from the nurse leaders prior to their taking the AzHCLA course. A pretest of the course evaluation behaviors and the LPI would have allowed for comparison of pre and post behavior. Second, the size of the sample was a limiting factor. Administrative record keeping practices need to include an accurate email address for each participant, which would have contributed to a larger
sample size of nurses. Because some participants completed the course as far back as 2002, many email addresses were no longer accurate. The sample size was further affected by removing surveys from among those who did not complete every response in the LPI. Because the total score indicated the success of the leader it was necessary for all statements to be responded to for accuracy, therefore resulting in some surveys to be eliminated. Face-to-face communication might have increased the size of the sample simply by the nature of being able to personalize the communication for each individual class.

Recommendations for Future Research

The LPI has been used effectively to evaluate students and their progress towards improved leadership skills but could also be utilized in the acute care setting to evaluate or identify strengths and weaknesses of leadership within their organizations as well. While online research is becoming increasingly more common, it does not replace the value of having a discussion with nurse leaders about their experiences. Research projects that include both face-to-face interviewing with the use of a survey instrument can greatly enhance the level of data collected.

The Leadership Practices research study could be repeated with a larger sample size by including other leadership training programs. Utilizing several programs for education of leaders would allow for a comparison of effectiveness of programs. All programs should include a pretest or self-evaluation prior to beginning the course. Because of its reliability, the LPI is a stable measurement tool to utilize with course evaluations. To supplement or augment the LPI, a more in-depth qualitative study would
be beneficial to supporting the results as well as researching ideas for improvement to leadership training. Another recommendation might be to examine if there are differences in education when compared to using the course competencies as a measurement rather than the LPI practices.

One last recommendation would be to ask direct questions related to the course content. The participants provided general information rather than providing specific in-depth feedback (i.e., fun and enjoyable). Participants might have provided more detailed information with more direct questions. More research is needed to compare nurse leader characteristics to the LPI subscales in order for education to be prepared and enhanced to improve the potential for best practice and good outcomes.

Summary

Future research is vital to the emergent leadership growth concerns related to discovering improved methods for changing how nurses lead. Nursing literature has shown that the nursing workforce is continually evolving and with the growing number of concerns related to the workforce and its environment solutions need to be identified and programs implemented to solve the issues.
APPENDIX A:

ARIZONA NURSES ASSOCIATION (AZNA) LEADERSHIP COMPETENCIES
Arizona Nurses Association (AzNA) Leadership Competencies

**Conceptual**: Where do I fit in the organization, in the community?

The knowledge and skill to envision one’s place in the organization and within the larger society; to visualize the interrelationships that exist in workplaces; to integrate the culture and historical development of values, beliefs and norms into the educational process of nurses. As a nurse, am I able to articulate where my services/roles fit in the organization/community?

1. Role models a vision for nursing practice. Understands and translates the vision of the organization into clinical practice
2. Uses problem-solving skills
3. Appreciates ambiguity
4. Clarifies and reinforces nursing’s contribution within the larger organization
5. Understands the role and accountability to achieve the highest level of nurse function appropriate to the defined culture.
6. Formulates creative ideas and new solutions
7. Understands the organizational culture

**Technical**: What are my management skills to assure that nursing service is provided?

The knowledge of direct work of the practice/teaching domain. Knowledge of the technical aspect of the managerial work to support practice/educational process, i.e. planning, designing, assessing needs and measuring performance. What skills does the nurse need to assure that nursing care is provided?

1. Demonstrates knowledge of healthcare service enough to support it with necessary resources and to ensure an acceptable level of quality.
2. Uses problem-solving skills
3. Responds to and/or facilitates change
Interpersonal: What is my competence in forming collaborative relationships and in socializing others to the profession?

The knowledge and skill of the human interactions and relations through which one leads other people in pursuit of learning. Able to form collaborative relationships in the provision of care and in socializing others in the profession.

1. Uses effective communication skills
2. Builds collaborative relationships. Able to assess areas of strength and weakness and design personalized development plans
3. Displays self-confidence. Is resilient to the realities of the marketplace
4. Values diversity: holds multiple perspectives
5. Acts as a patient advocate
6. Builds partnerships with the community

Commercial: Is the work of nursing making a difference within the available resources?

The knowledge and skill to establish and operate value-creating situations in which economic exchanges between patients/learners and the healthcare system occur. The nurse is able to identify and provide care that makes a difference in patient outcomes within the boundaries.

1. Uses resources effectively
2. Develops staff competence in using resources to achieve value
3. Markets nursing practice
4. Uses appropriate technology

Political: Do I know the rules, policies and guidelines of healthcare? Am I both proactive and reactive when the work of nursing and patient care is compromised?

The knowledge and skill to accurately assess the impact public and private policies on the performance of patient/teaching and the ability to influence public policy making at both state and federal levels to support nursing education at all levels: state, federal and international. The nurse knows the rules, policies, and guidelines specific to the provision of healthcare services. The nurse is proactive and reactive when the work of nursing is compromised.

1. Has knowledge of relevant regulation, legislation, and certification
2. Identifies the system changes needed to improve efficiencies and outcomes
3. Recommends possible solutions to regulatory/legislative concerns
4. Encourages dialogue with caregivers to assure effectiveness of policies
5. Is able to differentiate authority and influence as tools for managing the policies of the system

Governance: Is my work consistent with the mission and vision of the organization?
The knowledge and skill to establish and enact a clear vision for nursing practice/education and to create a culture to support the realization of the vision. The nurse provides care that is consistent with the mission and vision of the organization.

1. Creates the environment for practice
2. Articulates a vision for nursing practice
3. Responds to and/or facilitates change
4. Demonstrates continuous learning
5. Uses appropriate technology
APPENDIX B:
ARIZONA HEALTHCARE LEADERSHIP ACADEMY LEARNING OBJECTIVES
AND CONTENT
Arizona Healthcare Leadership Academy Learning Objectives and Content

Module One - Workplace Environment

• Analyze the role of leaders in complex work environments
  o Understanding the importance of workplace culture
  o Managing in professional cultures
  o Organizational coordination and control systems
  o Working in and around hierarchies
  o Understanding power and politics

Module Two – Human Resource Management (supervisor-subordinate relationships)

• Identify skills necessary to improve supervisor-subordinate relationships
  o Individual motivation techniques
  o Setting individual goals & objectives
  o Rewards & discipline
  o How to deal with difficult and non-performing employees
  o Importance of documentation
  o How to hire the best employees
  o Legal issues in supervision

Module Three – Understanding Organizational Performance Measures

• Identify quality and financial performance indicators

• Use the balanced scorecard to manage measures
  o Balanced scorecard performance management process
  o Qualitative performance indicators
  o Quality improvement concepts and basic measures
Module Four – Conflict Management and Negotiations

- Describe components of effective conflict management techniques
- Identify negotiation techniques
  - Managing conflict
  - Effective negotiating tactics
  - Bargaining strategies – distributive and integrative
  - Persuasion techniques

Module Five – Team Building (supervisor-work group relationships)

- Identify effective team building skills
- Develop skills to improve supervisor work group relationships
  - Group motivation techniques
  - Managing intragroup relationships
  - Managing group behavior, interactions, and development

Module Six – Communication

- Identify components of effective communication skills
- Define and evaluate appropriate communication methods
  - Communicator strategy: advantages & disadvantages of communication methods
  - Writing good memos and e-mails
  - Face-to-face communication – verbal and nonverbal
    - Communication styles – four keys to productive relationships
    - Gender and cultural differences in communication
  - Handling crucial conversations
Module Seven – Time Management

• Identify skills necessary to adapt to changing work environment

• Identify time management strategies that empower self and staff

• Managing stress
  
  o Getting organized prioritizing tasks and activities

  o Taking control of your schedule

Module Eight – Capstone Course

• Synthesize course objectives with real world scenarios

  o Integrative course that uses real-world scenarios to provide a context for highlighting the typical issues and dilemmas that participants are likely to encounter in their jobs

  o Participants will work in small groups to assess and analyze their assigned cases then deliver a brief presentation on their recommendations
Research Instrument

Part One: Participant Demographics

1. Title of current position?

2. How many total years as a nurse:


4. How many years as a frontline nurse leader:

5. Highest degree attained: Diploma ___ ADN ___ BSN ___ MSN ___ Other _____

6. Number of staff responsible for: < 10 ___ 11–25 ___ 26–35 ___ 36–50 ___ >50 ___

Part Two: Academy Participant Evaluation

1. Position title at the time of Tier 1 Academy attendance: ________________________
   Institution: __________________________________________________________

2. Have you changed titles/positions since completion of Tier 1 Academy course?
   □ No  □ Yes
   If yes, identify new title/position:
   ___________________________________________________________________
   Reason for change:
   ___________________________________________________________________
   Is new position considered to be a leadership position? □ No  □ Yes

3. Have you changed health care institutions since completion of the Tier 1 Academy?
   □ No  □ Yes
   If yes, identify new institution: __________________________________________
   Reason for change:
   ___________________________________________________________________

4. On a scale of 1 to 5, with 5 indicating very satisfied, how satisfied are you with the quality of the Tier 1, Academy course? Check one: □ 1  □ 2  □ 3  □ 4  □ 5

5. Briefly identify what you gained from attending the Tier 1, Academy course.

6. Briefly identify how your management practices altered after taking the Tier 1, Academy course.

________________________________________________________________________
________________________________________________________________________

7. Provide any specific comments related to the Tier 1, Academy course.

________________________________________________________________________
________________________________________________________________________
Rate your ability to perform the following management practices/competencies. Check the most appropriate box below for each item, using the following choices:

Never = 1  Occasionally = 2  Sometimes (half of the time) = 3  Often = 4  Always = 5

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<tr>
<td>1. Clarify and reinforce unit’s contribution within the larger organization.</td>
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<td>2. Analyze the role of leaders in the complex work environment.</td>
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<td>3. Build collaborative relationships.</td>
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<td>4. Use skills to develop/improve supervisor-subordinate relationships.</td>
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<td>5. Support health care service with necessary resources to ensure an acceptable level of quality.</td>
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<td>7. Encourage dialog with caregivers to assure effectiveness of policies/procedures.</td>
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<td>8. Utilize negotiation and conflict management techniques.</td>
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<td>9. Translates the vision of the organization/department into clinical practice.</td>
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<td>10. Utilize effective team building skills.</td>
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<td>11. Utilize effective communication skills.</td>
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<td>12. Chose appropriate communication methods for the issue (e.g., face to face, written, electronic).</td>
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<td>13. Utilize problem solving skills to set priorities.</td>
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<td>14. Utilize time management strategies to empower self and staff.</td>
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<td>15. Create a work environment to enhance practice.</td>
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<td>16. Formulate creative ideas and new solutions to enhance the work environment and insure quality.</td>
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Part Three: Leadership Practices Inventory (LPI)

Instructions: You are being asked to assess your leadership practices. Below are 30 statements describing various leadership practices. Please read each statement carefully, then look at the rating scale and decide how frequently you engage in the behavior described. Following is the rating scale you will use for your responses:

1 = Almost Never  
2 = Rarely  
3 = Seldom  
4 = Once in a While  
5 = Occasionally  
6 = Sometimes  
7 = Fairly Often  
8 = Usually  
9 = Very Frequently  
10 = Almost Always

As you select your response please be very realistic about the extent to which you actually engage in the behavior. Do not answer in terms of how you would like to behave or in terms of how you thinking your should behave. Answer in terms of how you typically behave on most days, on most projects, and with most people.

To what extent do you typically engage in the following behaviors? Choose the number that best applies to each statement and record it in the blank space to the left of the statement. Your responses will be kept confidential.

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<tbody>
<tr>
<td>Almost Never</td>
<td>Rarely</td>
<td>Seldom</td>
<td>Once in a While</td>
<td>Occasionally</td>
<td>Sometimes</td>
<td>Fairly Often</td>
<td>Usually</td>
<td>Very Frequently</td>
<td>Almost Always</td>
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1. I seek out challenging opportunities that test my own skills and abilities: ______
2. I talk about future trends that will influence how my work gets done: ______
3. I develop cooperative relationships among the people I work with: ______
4. I set a personal example of what I expect from others: ______
5. I praise people for a job well done: ______
6. I challenge people to try out new and innovative approaches to their work: ______
7. I describe a compelling image of what our future could be like: ______
8. I actively listen to diverse points of view: ______
9. I spend time and energy on making certain that the people I work with adhere to the principles and standards that have been agreed upon: ______
10. I make it a point to let people know about my confidence in their abilities: ______
11. I search outside the formal boundaries of my organization for innovative ways to improve what we do: _____
12. I appeal to others to share an exciting dream of the future: ______
13. I treat others with dignity and respect: ______
14. I follow through on the promises and commitments that I make: ______
15. I make sure that people are creatively rewarded for their contributions to the success of our projects: ______
16. I ask what we can learn when things don’t go as expected: ______
17. I show others how their long-term interests can be realized by enlisting in a common vision: ______
18. I support the decision that people make on their own: ______
19. I am clear about my philosophy of leadership: ______
20. I publicly recognize people who exemplify a commitment to shared values: ______
21. I experiment and take risks even when there is a chance of failure: ______
22. I am contagiously enthusiastic and positive about future possibilities: ______
23. I give people a great deal of freedom and choice in deciding how to work: ______
24. I make certain that we set achievable goals, make concrete plans and establish measurable milestones for the projects and programs that we work on: ______
25. I find ways to celebrate accomplishments: ______
26. I take the initiative to overcome obstacle even when outcomes are uncertain: ______
27. I speak with true conviction about the higher meaning and purpose of our work: ______
28. I ensure that people grow in their roles by learning new skills and developing themselves: ______
29. I make progress toward goals one-step at a time: ______
30. I give my coworkers lots of appreciation and support for their contributions: ______
APPENDIX D: PARTICIPANT LETTER OF EXPLANATION
Participant Letter of Explanation

Dear Arizona Healthcare Leadership Academy Graduate,

You are being invited to voluntarily participate in the above-titled research study. The purpose of the study is to investigate if frontline nurse leaders, such as yourself, who have completed a leadership program, perceive their style of leading as containing behaviors representative of a participatory leading style. A secondary purpose for the study is to determine the nurse leaders’ opinion about the value of a leadership program. You are eligible to participate because you are a nurse that completed the Arizona Healthcare Leadership Academy.

If you agree to participate, your participation will involve one online survey that will take approximately 15-30 minutes of your time. The survey will be conducted through Survey Monkey, a tool that allows professionals to gather information via online that is easy to use and confidential – link on attached link: [http://www.surveymonkey.com/s.aspx?sm=to_2fudltrZD8nMauSajky_2fA_3d_3dl](http://www.surveymonkey.com/s.aspx?sm=to_2fudltrZD8nMauSajky_2fA_3d_3dl). By volunteering to complete the survey instrument you will be agreeing to allow me to study the data you provided. Your name will not appear on any forms at any time. There will be no cost to you to complete the survey and you may withdraw from the study at any time.

Any questions you have will be answered either by email or contacting the Principal Investigator. There are no known risks from your participation and no direct benefit from your participation is expected. There is no cost to you except for your time. Once the survey is completed you will have met the requirements for participating in this project and there will be no further obligation.

Only the principal investigator will have access to your responses to the survey. In order to maintain your confidentiality, your name will not be revealed in any reports that result from this project. Information will be made available to the Arizona Healthcare Leadership Academy Steering Committee for the purposes of course evaluation.

You will be able to obtain further information from the principal investigator, Teri Wicker, RN, MSN, PhD Candidate, at (602) 881-3390. If you have questions concerning your rights as a research subject, you may call the University of Arizona Human Subjects Protection Program office at (520) 626-6721.

By participating in the survey you are giving permission to the principle investigator to use your information for research purposes. To thank you for your time you will have the opportunity to enter your name in a raffle for a $30.00 Borders Bookstore gift card. Three gift cards will be raffled. To enter the raffle you will need to enter your name and address via email.

Thank you,

Teri Wicker RN, MSN
PhD Candidate, University of Arizona
APPENDIX E: AzHCLA STEERING COMMITTEE LETTER OF APPROVAL
Dear Teri,

I am pleased to share with you that our steering committee has given unanimous support and permission to use our course students, from Tier I, as study participants in your dissertation research project.

Some of these participants have also moved onto Tier II so be sure to emphasize you are only looking at Tier I. If you need any help from me, do not hesitate to email me at bfalteraz@comcast.net or phone me at 520-531-8252.

I look forward to sharing your data, findings and recommendations with our steering committee. Good luck on this important area of study.

Sincerely,

Elizabeth (Betty) Falter
Executive Director
Arizona Healthcare Leadership Academy
APPENDIX F: IRB APPROVAL LETTER
October 16, 2007

Teri Wicker
Advisor: Joyce Verran, PhD, RN, RAAN
College of Nursing
P.O. Box 210203

BSC: B07.353 SELF-REPORT OF NURSING LEADERSHIP PRACTICE AFTER TRAINING

Dear Ms. Wicker:

We received your research proposal as cited above. The procedures to be followed in this study pose no more than minimal risk to participating subjects and have been reviewed by the Institutional Review Board (IRB) through an Expedited Review procedure as cited in the regulations issued by the U.S. Department of Health and Human Services [45 CFR Part 46.110(b)(1)] based on their inclusion under research category 7. As this is not a treatment intervention study, the IRB has waived the statement of Alternative Treatments in the consent form as allowed by 45 CFR 46.116(d) and the need for signed informed consent has been waived for parts of the study, as the research involves no risks or procedures for which consent is normally required outside of the research context as stated in 45 CFR 46.117(c)(2). Although full Committee review is not required, notification of the study is submitted to the Committee for their endorsement and/or comment, if any, after administrative approval is granted. This project is approved with an expiration date of 16 October 2008. Please make copies of the attached IRB stamped consent document to consent your subjects.

The Institutional Review Board (IRB) of the University of Arizona has a current Federalwide Assurance of compliance, FWA00004218, which is on file with the Department of Health and Human Services and covers this activity.

Approval is granted with the understanding that no further changes or additions will be made to the procedures followed without the knowledge and approval of the Human Subjects Committee (IRB) and your College or Departmental Review Committee. Any research related physical or psychological harm to any subject must also be reported to each committee.

A university policy requires that all signed subject consent forms be kept in a permanent file in an area designated for that purpose by the Department Head or comparable authority. This will assure their accessibility in the event that university officials require the information and the principal investigator is unavailable for some reason.

Sincerely yours,

Elaine G. Jones, PhD, RN, FNAP
Chair, Social and Behavioral Sciences Human Subjects Committee

EGJ/rf
cc: Departmental/College Review Committee
REFERENCES


Thyer, G. (2003). Dare to be different: Transformational leadership may hold the key to reducing the nursing shortage. Journal of Nursing Management, 11, 73-79.


