The Situational Leadership II Experience: The Effect on RN Turnover, Engagement, and Job Satisfaction

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Problem: In 2014, the RN turnover rate was 30%, higher than the national average of 16.4% in this healthcare system located in the south-central region of the United States. Cost to fill the existing RN vacancies was calculated at $6.9 million. One factor known to increase RN turnover is ineffective nurse management, or supervisors with poor management and leadership skills. Purpose: To assist nurse managers, who attend Situational Leadership II (SL II) classes and follow up sessions, develop flexible, effective leadership styles in order to: 1) improve employee engagement, 2) improve employee job satisfaction, and 3) reduce RN turnover. Method: The use of the SL II Model has been well documented in business and the military; however, there is very little documentation of its use in the healthcare industry specifically. The SL II course is an eight-hour workshop which 115 nursing managers attended during the previous year. Two-hour follow up classes reinforcing the SL II Model using nursing-based case scenarios was presented six months after the initial courses were held at all the hospitals within this healthcare system. Permission to utilize customized nursing based scenarios was obtained from the Ken Blanchard Companies. Tools: Leadership Behavioral Analysis II (LBA II) measured leadership effectiveness and flexibility. A Gallup Survey measured employee engagement and job satisfaction. The healthcare system provided turnover reports. Samples: Nurse Managers: Following the SL II follow-up classes, there were 113 out of 115 demographic forms returned. Of these, only thirty-two contained both pre-and post-flexibility and effectiveness scores, with six of those being excluded because the nurse managers changed units or nurse manager attrition. Twenty-six usable demographic forms calculated to a participation rate of 22.6%. Employees: The annual Gallup Survey was administered across the system, with 6,528 employees out of 7,438 participating in the survey, representing a participation rate of 87.2%. Participation rates for each hospital within the system ranged from 81% - 98% with an average of 85%. Results: Impact of the implementation of the SL II Model was demonstrated using pre- and post-effectiveness and flexibility scores. There was a significant difference between pre- and post- leadership effectiveness scores, $t(25) = 6.35, p < .001$, with post scores being higher than pre scores. Leadership flexibility scores also showed a significant difference between pre and post scores, $t(25) = 5.62, p < .001$, with post scores being higher than pre scores. Job satisfaction scores showed a significant difference between 2014 and 2015, $t(24) = -2.10, p = .047$, indicating that job satisfaction decreased from 2014 to 2015. It is important to note that while decrease in job satisfaction occurred after the initial SL II course, it occurred prior to follow-up classes when the nursing perspective was added to the content. Job satisfaction scores between 2015 and 2016 also showed a significant difference, $t(25) = 3.36, p = .003$, indicating job satisfaction increased from 2015 to 2016, after both initial and follow-up SL II classes. There was not, however, a significant difference in job satisfaction between 2014 and 2016, $t(24) = 1.80, p = .084$. Employee engagement was measured using Gallup grand mean scores. Employee engagement scores decreased from 2014 to 2015, but did not reveal a significant difference, $t(24) = -0.84, p = .411$. There was, however, a significant difference between engagement scores from 2015 to 2016, $t(25) = 2.81, p = .009$, showing an increase in employee engagement scores after initial and follow-up SL II classes. Turnover percentages did not show a significant difference between 2014 and 2015, $t(25) = -0.26, p = .800$, between 2014 and 2015, $t(25) = -1.03, p = .312$, or between 2014 and 2016, $t(25) = -1.17, p = .255$. A linear regression was calculated to determine if there was a relationship between the changes in the leadership effectiveness and flexibility scores in comparison to the changes in employee engagement, job satisfaction and turnover. Changes in leadership effectiveness scores were not significant, $(F(8,17) = 1.713, p = .167)$, with an $R^2$ of .446. However, a significant regression equation was found for the change in flexibility, $(F(8,17) = 2.871, p = .032)$, with an $R^2$ of .575. Between 2015 and 2016, there was a significant association between the change in flexibility scores and the changes in turnover ($b = 10.241, t(17)=2.198, p = .042$) and engagement, ($b = .645, t(17)=2.930, p = .009$) but the change in job satisfaction was not a significant correlation ($b = 9.117, t(17)=2.003, p = .061$). Conclusion: The results demonstrated that it was not important for a nurse manager to utilize the
“correct” or effective leadership style. However, being flexible in leadership style had a significant effect on employee engagement and turnover, but not job satisfaction. **Recommendation:** The health care system should continue teaching the SL II model. The added custom scenarios included a nursing perspective, which demonstrated a connection with increased engagement and decreased turnover, but not with job satisfaction in the nursing population. The focus of this project was specific to bedside nurses within the hospital setting, but this health care system had eight hospitals that were included in the sample. There are also an additional 175 access points to the system, including home health agencies, wellness centers and clinics, all of which employ nurses, where this model would be applicable.

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Employee engagement and job satisfaction, Nurse manager development and RN turnover

**References:**


**Abstract Summary:**
One factor known to increase RN turnover is ineffective nurse management, or supervisors with poor management and leadership skills. Improving employee engagement, job satisfaction and RN turnover through the development of nurse managers will be discussed.

**Content Outline:**

I. Introduction: RN turnover is a huge problem in many hospitals in the United States.

   A. By the year 2020, it is estimated that there will be a need for an additional 711,900 Registered Nurses (RNs) in the United States, which is a 26% increase from 2010 (Feather, Ebright, & Bakas, 2015).

   B. Approximately 850,000 RNs (a third of the RN workforce) are between the ages 50-64 and nearing retirement age (Buerhaus, Auerbach, Staiger, & Muench, 2013)

   C. National bedside RN turnover, ranges from 9.8% to 39.8%, with a national average of 16.4% (NSI Nursing Solutions Inc., 2015).

      1. The south-central region of the United States reported total RN turnover at 22.0%, which is a 3.5% increase over last year (NSI Nursing Solutions, Inc., 2015).
      2. In 2014, the RN turnover rate within this healthcare system was 30%, with the majority leaving within the first five years of hire.
      3. Total Cost to fill the existing RN vacancies was calculated at $6.9 million.

II. Body: One factor known to effect RN turnover is ineffective nurse management.

   A. Supervisors with poor management and leadership skills have trouble retaining nurses.

      1. In one survey, 56% of nurses in identified poor nurse manager skills as one reason to leave (Sanford, 2011).
      2. Gallup (2015) identified that one in two employees have left their job to get away from a manager at some point in their career.

   B. Many novice nurse managers do not have the skills to be effective leaders.

      1. Nursing management is its own specialty with its own competencies.
      2. Tenure based advancement to management as the norm in many organizations, with success in a non-managerial role as the other most frequent reason to promote to management (Rigoni and Nelson, 2015).
      3. Many nurse managers are promoted into supervisory positions because they are excellent clinicians; therefore, it is assumed that they will make excellent managers (Sanford, 2011).

   C. To be an effective leader, one must have exceptional skills in coaching and helping people develop (Blanchard, Zigarmi, & Zigarmi, 2011).

      1. To promote effective leaders, executives invested in teaching Situational Leadership II (SL II) course to the leadership team in a south-central hospital system.
         1. A model for developing individuals, so they can reach their highest level of performance on a specific goal or task.
      2. Effective leadership lies in matching the appropriate leadership style to the individual’s development level (Blanchard et al., 2011)
         1. One study reviewed reported an increase in RN retention from 53.4% to 78.8% due to having management personnel in place that could effectively address the needs of novice nurses (Friedman, Cooper, Click, & Fitzpatrick, 2011).
2. Utilizing the principles of SL II allows nurse managers to deal with people and situations effectively and flexibly, thereby helping to retain nurses on their units (Zurlinden, Bongard, & Magafas, 1990).

3. Given the flexibility of SL II, leaders can employ as many leadership styles and theories as necessary (Giltinane, 2013).

4. Being able to demonstrate a relatively large spectrum of leadership styles is a clear advantage and has been shown to be very effective for hospital managers (Carlos do Rego Fortado, Da Graca Camara Batista, & Jose Ferreira Silva, 2011).

3. Situational Leadership II is a business based model, which was altered, with permission, to render the model applicable to nursing managers.

   1. The purpose was to assist nurse managers, who attend SL II classes and follow up sessions, to develop flexible, effective leadership styles.

   2. Method: Nurse managers (N=26) from 8 hospitals in a south-central hospital system attended an 8-hour SL II class and a 2-hour follow SL II class (specific to healthcare). Nurse managers completed the Leadership Behavioral Analysis II (LBA II) which measured leadership effectiveness and flexibility prior to the first session and again after the follow up. Gallup Surveys over three years measured employee engagement and job satisfaction and the healthcare system provided annual turnover reports. Pre-and post-measures were compared using paired t tests. A p value of 0.05 was used to indicate significance. Data was analyzed using the Statistical Package for the Social Sciences (SPSS) software version 22.

   3. Results: Impact of the implementation of the SL II Model was demonstrated using pre-and post-effectiveness and flexibility scores. There was a significant difference between pre- and post- leadership effectiveness scores, \( t(25) = 6.35, p < .001 \), with post scores being higher than pre scores. Leadership flexibility scores also showed a significant difference between pre and post scores, \( t(25) = 5.62, p < .001 \), with post scores being higher than pre scores. Job satisfaction scores showed a significant difference between 2014 and 2015, \( t(24) = -2.10, p = .047 \), indicating that job satisfaction decreased from 2014 to 2015. It is important to note that while decrease in job satisfaction occurred after the initial SL II course, it occurred prior to follow-up classes when the nursing perspective was added to the content. Job satisfaction scores between 2015 and 2016 also showed a significant difference, \( t(25) = 3.36, p = .003 \), indicating job satisfaction increased from 2015 to 2016, after both initial and follow-up SL II classes. There was not, however, a significant difference in job satisfaction between 2014 and 2016, \( t(24) = 1.80, p = .084 \). Employee engagement was measured using Gallup grand mean scores. Employee engagement scores decreased from 2014 to 2015, but did not reveal a significant difference, \( t(24) = -0.84, p = .411 \). There was, however, a significant difference between engagement scores from 2015 to 2016, \( t(25) = 2.81, p = .009 \), showing an increase in employee engagement scores after initial and follow-up SL II classes. Turnover percentages did not show a significant difference between 2014 and 2015, \( t(25) = -0.26, p = .800 \), between 2014 and 2015, \( t(25) = -1.03, p = .312 \), or between 2014 and 2016, \( t(25) = -1.17, p = .255 \). A linear regression was calculated to determine if there was a relationship between the changes in the leadership effectiveness and flexibility scores in comparison to the changes in employee engagement, job satisfaction and turnover. Changes in leadership effectiveness scores were not significant, \( F(8,17) = 1.713, p = .167 \), with an \( R^2 \) of .446. However, a significant regression equation was found for the change in flexibility, \( F(8,17) = 2.871, p = .032 \), with an \( R^2 \) of .575. Between 2015 and 2016, there was a significant association between the change in flexibility scores and the changes in turnover (\( \beta = 10.241, t(17)=2.198, p = .042 \)) and engagement, (\( \beta = .645, t(17)=2.930, p = .009 \)) but the change in job satisfaction was not a significant correlation (\( \beta = 9.117, t(17)=2.003, p = .061 \)).

III. Conclusion: The results demonstrated that it was not important for a nurse manager to utilize the “correct” or effective leadership style. However, being flexible in leadership style had a significant effect on employee engagement and turnover, but not job satisfaction.
A. In 2014, RN turnover at this hospital system was at 30%. By providing the Situational Leadership II courses, the goal was to decrease RN turnover to 19% by the end of 2015. The goal of the additional follow up courses was that RN turnover was not to exceed 14% by the end of 2016.

B. Actual results: RN turnover in 2015 was measured at 18.6% and 10.6% in 2016.

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**Author Summary:** Dr. Smith’s entire healthcare career was spent at Baptist Health in Little Rock, Arkansas. She was instrumental in opening Baptist Health Extended Care Hospital; one of the system’s nine hospitals where she served as the Chief Nursing Officer for ten years prior to retiring in 2017. She relocated to Indiana where she is presently an Assistant Professor in the School of Nursing at the University of Indianapolis.