THE INFLUENCE OF NURSE MANAGER LEADERSHIP STYLE FACTORS ON

THE PERCEPTION OF STAFF NURSE STRUCTURAL EMPOWERMENT, WORK

ENGAGEMENT, AND INTENT TO STAY

By

Jennifer Moody Manning, MN, RN, CNS-BC

**DISSERTATION**

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**APPROVED BY DISSERTATION COMMITTEE:**

_____

Denise Danna, RN, DNS, NEA, BC, CNE, FACHE

_____

Deborah Garbee, PhD, APRN, ACNS-BC

_____

Demetrius Porche, DNS, PhD, FAANP, FAAN

_____

Linda Roussel, PhD, RN, NEA-BC, CNL

_____

Hilary Thompson, PhD

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ABSTRACT

Healthcare is facing many challenges which impact all practice settings. Both nurse managers and staff nurses play critical roles in overcoming the challenges faced in healthcare today. Staff nurses are intimately involved in providing care to their patients but not always involved in the decisions impacting care delivery (Health Resources and Services Administration (HRSA), 2010; Institute of Medicine (IOM), 2010). Evidence has shown when staff nurses are not engaged and empowered in their work they are more likely to become dissatisfied in their job resulting in increased turnover and adverse patient outcomes (Hauck, Griffin & Fitzpatrick, 2011; Jenaro, Flores, Orgaz & Cruz, 2010). One common reason cited for a lack of staff nurse work engagement and structural empowerment is a lack of support from nurse managers (Bamford, Wong & Laschinger, 2012; Ismail, Abidin & Tudin, 2009). Not all nurse manager leadership styles result in increased work engagement and structural empowerment in staff nurses (Cowden & Cummings, 2012). Understanding the influence of nurse manager leadership style on staff nurses was identified as a gap in the current literature which needed further investigation.

This study aimed to investigate the influence of nurse manager leadership style on staff nurse structural empowerment, work engagement, and intent to stay. A descriptive, correlational design using a staff nurse reported questionnaire with non-probability sampling was used in this study. Using an electronic questionnaire, staff nurses from three acute care hospitals located in the southeastern region of the United States answered demographic questions and completed the Multifactor Leadership Questionnaire, Conditions of Work Effectiveness Questionnaire, Utrecht Work Engagement Scale, and the Intent to Stay Questionnaire. Descriptive statistics, bivariate, and multivariate analysis were completed to

explore the relationship between the dependent variables (nurse manager leadership style factors) and the independent variables (staff nurse structural empowerment, work engagement, and intent to stay)

Transformational leadership style in nurse managers was a positive predictor of staff nurse structural empowerment and work engagement. In contrast, transactional leadership style was both a positive and negative predictor for staff nurse structural empowerment and work engagement. Passive avoidant leadership style was a consistent negative predictor of staff nurse structural empowerment and work engagement. The findings from this study are consistent with recent nursing research studies on leadership style, work engagement, and structural empowerment (Cowden & Cummings, 2012; Bamford, 2012; Wong & Laschinger, 2012; Chan, Tam, Lung, Wong & Chau, 2013). None of the nurse manager leadership styles were significant predictors of staff nurse intent to stay. The findings from this study did not support recent nursing research on staff nurse intent to stay.

Recommendations include the need for more research on the influence of leadership style on staff nurse structural empowerment, work engagement, and intent to stay in staff nurses. Additional recommendations include the need for nurse manager leadership development in healthcare settings. Through leadership development, nurse leaders can improve their skills and increase awareness regarding their impact on organizational outcomes in healthcare settings.

*Keywords: nurse managers, leadership style, transformational leadership, transactional leadership, passive-avoidant leadership, structural empowerment, work engagement, and intent to stay*

**DEDICATION**

This dissertation is dedicated to my mother, Sarah Jeannette Moody. She is the reason I chose to become a nurse. She is my inspiration in everything I do. I miss her and think of her every day.

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This dissertation would not have been possible without the kind support and help from many individuals. Foremost, I want to express my gratitude towards my family. My wonderful husband, Jason, has always been by my side and supports me in everything I do. He is my soul mate and I love him dearly.  My wonderful children, Jason Jr., Jonathan, and Emily have served as my inspiration to pursue my personal goals. I hope my many days of writing will be an inspiration to each of them to work hard and pursue their own goals in the future. I would like to thank my mother in law, Barbara. She is always telling everyone how proud she is of me. I would like to thank her for cheering me on during this journey.  I would like to thank my father, Max, for his willingness to listen and provide words of encouragement anytime I needed. Thank you for listening all these years.

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**CHAPTER I**

**INTRODUCTION**

The future of healthcare organizations is faced with innumerable challenges. The primary goal continues to be delivery of high quality, cost efficient patient care.  This cannot be accomplished without staff nurse involvement and support from their nurse managers (Health Resources and Services Administration (HRSA), 2010; Institute of Medicine (IOM), 2010). Nurse managers influence productivity, retention, and patient outcomes (Wong & Cummings, 2013). Nurse managers face challenges of improving quality and safety outcomes, controlling costs, attracting, and retaining high-performing staff nurses (Cowden & Cummings, 2011). Compounding challenges include: implementing information technology, designing new care delivery models, and focusing on value-based care (Clavelle, Drenkard, Tullai-McGuinness, & Fitzpatrick, 2012). Staff nurse engagement is necessary to overcome these challenges (Duffield et al., 2011).

As the largest segment of the healthcare workforce, staff nurses play an important role in terms of cost and drivers in the achievement of quality patient outcomes (HRSA, 2010). Between 2009 and 2030, a national shortage of registered nurses is anticipated to worsen (Buerhaus, Staiger & Auerbach, 2009). As a result, attention has been given to understand the predictors and consequences of nurse turnover. One of the major consequences of nurse turnover, is a resultant increase in organizational costs (Duffield et al., 2011).

In 2011, Klynveld, Peat, Marwick, and Goerdeler (KPMG) Healthcare, and Pharmaceutical Institute estimated the average staff nurse turnover rate at 14%. When translated into the fiscal impact of turnover in staff nurses, it has been determined that the impact on a 500-bed hospital successfully reducing nurse turnover from 13% to 10%,

translates into an $800,000 annual savings for an organization (O'Brien-Pallas, Tomblin-Murphy, Shamian, Li & Hayes, 2010). Jones (2005) estimated the cost of turnover can range between one and three times the annual salary for each staff nurse. The cost of staff nurse turnover has resulted in organizations pursuing strategies which can minimize turnover rates. In addition to increased cost, understanding the impact of staff nurse turnover is important because of the resultant decreased productivity, and poor patient care outcomes (O'Brian-Pallas et al., 2010).

Aiken, Clarke, Sloane, Sochalski, and Silber (2002) conducted a landmark study that identified that higher nurse staffing ratios were positively associated with nurse job dissatisfaction and emotional exhaustion. This study further concluded that failure to retain dissatisfied staff nurses contributed to avoidable patient deaths (Aiken et al., 2002). In 2008, Aiken, Clarke, Sloane, Lake, and Cheney identified a significant link between the hospital care environment factors of job satisfaction, burnout, and staff nurse intent to leave with patient risk of death and 30-day mortality. Positive work environments have been suggested to reduce nurse turnover, increase nurse intent to stay, and ultimately improve patient outcomes (Reinhardt, 2010; Tourangeau, Giovannetti, Tu & Wood, 2002). Nurse managers play an important role in creating positive staff nurse work environments (Luse, 2013; O'Grady, 2010).

**Role of Nurse Managers in Healthcare Work Environments**

Nurse managers have been part of the structure of acute care nursing units for over twenty years (Sherman, 2010). The role of the nurse manager is to facilitate staff nurse delivery of patient care. Many acute care hospitals utilize traditional nurse management structures. Management structures include a senior leader on the nursing unit who is

responsible for all of the decision-making impacting nurse staffing, daily operations, patient safety, and quality concerns. Nurse managers may hold a variety of titles such as Frontline Nurse Manager, Director of Nursing, or Clinical Leader (Heuston, 2011). Regardless of the title, the nurse manager is directly responsible for the unit staff nurses and quality of unit patient care (Lee & Cummings, 2008).

Nurse managers play a key role in leading patient care efforts on their units. Leadership is defined as, "…a process whereby an individual influences a group of individuals to achieve a common goal" (Northouse, 2012, p. 2). Successful nurse managers achieve goals by inspiring and motivating staff to achieve the mission and vision of the organization in the most efficient and effective manner. Achievement of goals may be facilitated through leadership behaviors. Leadership behaviors can be categorized into leadership styles which focus on how a leader acts and their actions towards others in various situations (Northouse, 2012).

**Leadership Style of Nurse Managers**

A leader's style is guided by two types of behaviors: task and relational.  Leadership task behaviors help followers achieve their objectives through accomplishment of goals. Relational leadership behaviors help followers feel comfortable with their situation, others, and themselves within the organization (Ledlow & Coppola, 2014; Northouse, 2012).  A leader's style consists of how a leader combines both types of behaviors to influence followers to achieve goals.  In order to meet the current healthcare challenges, relational leadership styles, such as transformational leadership, will be required for nurse managers (Heuston, 2011).

Over the last decade, transformational leadership style has been increasingly referred to as a preferred style of leadership in the nursing literature (Elshout, Scherp & Feltz-Cornelis, 2013; Heuston, 2011; Ismail, Abidin & Tudin, 2009). This is due to the motivational impact

transformational leaders have on their followers (Doody & Doody, 2012; Wong & Cummings, 2013).  Behaviors of transformational leaders include providing support to staff, focusing on organizational outcomes, serving as a change agent, motivating, inspiring, and engaging staff nurses (Sherman, Dyess, Hannah, & Prestia, 2013). Transformational nurse managers can have a favorable impact on staff nurse engagement and empowerment, resulting in increased intent to stay and performance (Cowden & Cummings, 2012; Wong & Giallonardo, 2013).

**Staff Nurse Structural Empowerment, Work Engagement, and Intent to Stay**

High quality patient care depends on a nursing workforce that is empowered to provide care and meets professional nursing standards. A work environment supportive of nursing practice can lead to improved outcomes for both nurses and patients (Aiken et al, 2008). Studies have shown when nurses report a perceived lack of support from nurse managers in their work environment, nurses are more likely to leave their position (Clavelle et al., 2012; Cowden & Cummings, 2012; Tourangeau, Thomson, Cummings & Cranley, 2013).

Through interaction with others, transformational leaders promote engagement of staff in their work (Zhang & Bartol, 2010). Work engagement in staff encourages empowerment (Dahinten et al., 2013; Wagner et al., 2010). A number of conditions must be present in order for empowerment to be achieved. These conditions include staff nurse decision-making, collaboration, opportunities for growth, access to information, support, and resources (Laschinger & Smith, 2013; Mauno, Kinnunen & Ruokolainen, 2007).

Structural empowerment and work engagement are organizational processes which can improve job satisfaction and performance (Tuckey, Bakker & Dollard, 2012). Only recently, has the investigation of these two constructs been evident in the nursing literature

(Laschinger, Leiter, Day & Gilin, 2009). Structural empowerment has been argued to be a powerful organizational process to increase employee involvement in their organization resulting in increased job satisfaction and productivity (Seibert, Wang & Courtright, 2011). Structural empowerment has been linked to positive organizational behaviors such as job satisfaction, organization commitment, autonomy, and intent to stay (Laschinger, Wong, Grau, Read & Stam, 2011).

Kanter (1977) defined structural empowerment as a workplace structure that enables employees to accomplish work in meaningful ways. Kanter's Theory of Structural Empowerment describes the relationship between the promotion of a leader's power through follower empowerment resulting in increased organizational performance. Kanter (1977) originally proposed that work environments providing an opportunity for learning, access to information, support, and resources are empowering. Kanter's Theory of Structural Empowerment has been used in nursing research to guide the investigation of relationships between staff nurse structural empowerment and organizational outcomes such as job satisfaction and intent to stay (Hauck et al, 2011; Li, Kuo, Huang, Lo & Wang, 2013).

Structural empowerment has been positively correlated with staff nurse intent to stay (Hauck et al, 2011). Li et al. (2013) conducted a study on structural empowerment in health care settings and concluded when staff nurses report nurse manager support and promotion of autonomy in their work environment, nurses reported an increase in intent to stay. Few studies have investigated the relationship between nurse manager leadership style and staff nurse structural empowerment (Laschinger & Smith, 2013).

Another workplace structure, work engagement, has been suggested to be a predictor of structural empowerment (Bargagliotti, 2012; Schaufeli, Wilmar, Bakker & Arnold, 2010).

Work engagement is defined as a satisfying work related state of mind (Schaufeli, Bakker & Salanova, 2006). A study conducted by Harter, Schmidt and Killham (2003) concluded that work engagement is a positive predictor of intent to stay, employee health, performance, and job satisfaction. Work engagement among staff nurses has been associated with nurse manager leadership style (Laschinger et al., 2009). Bamford, Wong, and Laschinger (2012) suggested a positive relationship between staff nurse work engagement and nurse manager authentic leadership. Authentic leadership is a type of transformational leadership (Avolio & Gardner, 2005; Kerfoot, 2006). Further investigation regarding the relationship between nurse managers leadership style and staff nurse work engagement are warranted (Jenaro et al, 2010).

While addressing the many challenges in a dynamic healthcare environment, nurse managers must recognize the positive and negative impact their leadership style may have on staff nurses (Cowden & Cummings, 2011). Understanding which nurse managers leadership style best promotes organizational processes, such as structural empowerment and work engagement, are fundamental in improving intent to stay in staff nurses (American Nurses Credentialing Center (ANCC), 2008; Flinkman, Leino-Kilpi & Salantera, 2010; Needleman & Hassmiller, 2007).

**Research Problem**

Healthcare is facing many challenges that impact all practice settings. With the uncertainty of healthcare reform, regulatory mandates, advancing technology, potential workforce shortages, changes in the population, and financial pressures; decisions regarding where to allocate resources are increasingly becoming a challenge for nurse managers (Tomajan, 2012). Staff nurses are intimately involved in the delivery of care, but not always involved in healthcare decisions, resulting in a lack of autonomy, engagement, and

empowerment among staff nurses (Jaafarpour & Khani, 2011). Not all nurse manager leadership styles result in engagement and empowerment of staff nurses. The relationship between nurse manager leadership style and staff nurse empowerment, engagement, and intent to stay remain unclear (Tomajan, 2012; Zwink et al., 2013). This gap in the literature will be used to guide this proposal.

**Purpose**

The purpose of this study was to investigate the influence of nurse manager leadership style factors on the perception of staff nurse structural empowerment, work engagement, and intent to stay.

**Research Questions and Hypotheses**

The overarching research question for this study was:

What is the strength of the relationship between nurse manager leadership style factors and staff nurse structural empowerment, work engagement, and intent to stay?

The following research questions and hypotheses guided this study:

**Research Question One**

1. What leadership style factors do staff nurses report in their nurse managers?

    There is no null hypothesis for research question one because the data analysis will include only descriptive statistics.

**Research Question Two**

2. What are the levels of structural empowerment, work engagement, and intent to stay in staff nurses?

    There is no null hypothesis for research question two because the data analysis will include only descriptive statistics.

**Research Question Three**

3.  What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse structural empowerment subscales?

    Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager transformational leadership style factors and staff nurse structural empowerment. The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager transformational and staff nurse structural empowerment.

**Research Question Four**

4.  What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse work engagement subscales?

    Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager transformational staff nurse work engagement. The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager transformational leadership style factors and staff nurse work engagement.

**Research Question Five**

5.  What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse intent to stay?

    Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager transformational leadership style factors and staff nurse intent to stay.  The null hypothesis will be rejected if the analysis shows a significant

relationship between nurse manager transformational leadership style factors and staff nurse intent to stay.

**Research Question Six**

6. What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse structural empowerment subscales?

Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager transactional leadership style factors and staff nurse structural empowerment. The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager transactional leadership style factors and staff nurse structural empowerment.

**Research Question Seven**

7. What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse work engagement subscales?

Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager transactional leadership style factors and staff nurse work engagement.  The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager transactional leadership style factors and staff nurse work engagement.

**Research Question Eight**

8. What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse intent to stay?

Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager transactional leadership style factors and staff nurse intent to

stay.  The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager transactional leadership style factors and staff nurse intent to stay.

**Research Question Nine**

9.  What is the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse structural empowerment subscales?

Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse structural empowerment.  The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager passive-avoidant leadership style factors and staff nurse structural empowerment.

**Research Question Ten**

10. What is the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse work engagement subscales?

Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse work engagement. The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager passive-avoidant leadership style factors and staff nurse work engagement.

**Research Question Eleven**

11. What is the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse intent to stay?

Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse intent to stay. The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager passive-avoidant leadership style factors and staff nurse intent to stay.

**Research Question Twelve**

12. Which of the three types of nurse manager leadership style factors have the strongest relationship with staff nurse structural empowerment, work engagement, and intent to stay?

Null Hypothesis (Ho): There is no difference in the strength of the relationship between nurse manager leadership styles and staff nurse structural empowerment, work engagement, and intent to stay. The null hypothesis will be rejected if the analysis shows a significant relationship between nurse manager leadership styles and staff nurse structural empowerment, work engagement, and intent to stay.

**Definition of Terms**

The following theoretical and operational definitions were used in this study:

**Intent to Stay**

Theoretical Definition: Intent to stay is defined as the "estimated likelihood of continued membership in an organization" (Price & Mueller, 1981, p. 546).

Operational Definition: Intent to stay will be operationalized using the six item Intent to Stay Questionnaire originally developed by Kim, Price, Mueller & Watson (1996). The six items consist of questions related to the participant's feelings about their future in the hospital.

**Leadership**

Theoretical Definition: "a process whereby an individual influences a group of individuals to achieve a common goal" (Northouse, 2012, p.2).

Operational Definition**:** The Multifactor Leadership Questionnaire (MLQ) 5X short form will be used to measure three leadership styles in this study. These three styles include transformational, transactional, and passive-avoidant leadership (Avolio & Gardner, 2005).

**Leadership Style**

Theoretical Definition: Leadership style is the manner and approach a leader uses to influence followers to achieve goals (Northouse, 2012).

Operational Definition: The Multifactor Leadership Questionnaire (MLQ) 5X short form will be used to measure three types of nurse manager leadership styles: transformational, transactional, and passive-avoidant leadership style (Avolio & Gardner, 2005).

**Nurse Managers**

Theoretical Definition: An individual or person that has direct responsibility for staff nurses and quality of patient care delivery in one or more hospitals units (ANA, 2013).

Operational Definition: A nurse manager is the person a staff nurse directly report to. The nurse manager has 24 hour accountability and responsibility for the operation and management of the staff nurse's acute care unit.

**Passive-avoidant Leadership**

Theoretical Definition: Passive-avoidant leadership is defined as a "lack of leadership". The leader takes a "hands-off approach", delays decisions, provides no feedback, and makes very little effort to satisfy the needs of followers (Lewin, Lippit & White, 1939 & Bass, 1985).

Operational Definition: The MLQ 5X short form is the benchmark measure of a variety of leadership styles including passive-avoidant leadership. The leadership style factor used to measure passive-avoidant leadership style is laissez-faire. There are four questions pertaining to passive-avoidant leadership style in the MLQ 5X short form instrument (Bass & Avolio, 1995).

**Staff Nurses**

Theoretical Definition: A person educated to provide direct patient care in hospital settings (American Nurses Association (ANA), 2013).

Operational Definition: A registered nurse, licensed to practice nursing, working at the bedside in an acute care hospital and not currently participating in orientation.

**Structural Empowerment**

Theoretical Definition: Structural empowerment is defined as the presence of social structures in the workplace that enables employees to accomplish their work in meaningful ways. Structural empowerment consists of a global measure of empowerment and six subscales: access to opportunity, information, support, resources, formal, and informal power.

Access to opportunity is characterized by the possibility for growth, movement within the organization, ability to increase knowledge, and skills within the organization. Access to resources is characterized by the ability to acquire time, materials, supplies, and financial means necessary to successfully do the work. Access to information characterized by having the knowledge needed to be effective in ones work. This includes an understanding of the organizational policies, expertise, and technical knowledge. Access to support is characterized by the guidance and feedback received from those within the organization (Kanter, 1993; Laschinger, 2013).

The process of structural empowerment fosters power. Power is the ability to mobilize material and people resources which are key to the accomplishment of organizational goals. Kanter (1993) described two types of power: informal and formal.

- Informal power is represented by the alliances formed between employees within an organization.

- Formal power is represented by job activities giving position power in an organization. Empowerment increases with opportunity, access, and support within an organization.

Operational Definition: Structural empowerment will be operationalized using the Conditions of Work Effectiveness Questionnaire II (CWEQ-II). This twenty-one item instrument consists of a global empowerment measure and six subscales of structural empowerment: access to opportunity, information, support, resources, formal power, and informal power (Laschinger, 2013).

**Transactional Leadership Style**

Theoretical Definition: Defined as a type of leader who exchanges things of value with followers as a means to advance their own agenda (Kuhnert & Avolio, 1994). Transactional leaders do not individualize the needs of the followers. Two factors of transactional leadership style are contingent reward and management by exception:

- Contingent reward is defined as the exchange between leaders and followers in which there is an exchange for a specific reward

- Management by exception is defined as negative feedback, negative reinforcement, and corrective criticism. Negative feedback may be provided in an active or passive manner to followers.

This type of leader watches for mistakes and takes corrective action when mistakes are identified (Kuhnert & Avolio, 1994).

Operational Definition: The MLQ 5X short form is the benchmark measure of a variety of leadership styles including transactional leadership. There are twelve transactional leadership style questions in the MLQ 5X short form instrument. Transactional leadership style is operationalized using three factors: contingent reward, management by exception - active and management by exception - passive (Bass & Avolio, 1995).

**Transformational Leadership Style**

Theoretical Definition: Transformational leadership style influences followers using four main leadership attributes:

- Idealized influence is defined as the role modeling exemplified by the leaders which positively impacts followers

- Inspirational motivation is defined as the promotion of a clear vision by the leader to the followers.

- Intellectual stimulation is defined as the promotion of innovation and creativity among followers by the leader.

- Individualized consideration is defined as the empowerment passed onto the followers by the leader. Empowerment is facilitated through the leader by encouraging autonomy and voice of the staff (Bass, 1985).

Operational Definition: The MLQ 5X short form is the benchmark measure of a variety of leadership styles including transformational leadership. Transformational leadership is measured in 20 of the 45 questions of the MLQ 5X short form instrument. Transformational leadership style is operationalized using five factors: idealized influence-attributes, idealized

influence-behaviors, inspirational motivation, intellectual stimulation and individual

consideration (Bass & Avolio, 1995).

**Work Engagement**

Theoretical Definition: Work engagement is defined as a positive work-related state of

mind manifested by three constructs:

- Vigor is the high level of energy and mental resilience of an employee at work.

- Dedication is defined as the strong involvement in ones work accompanied by feelings of enthusiasm and significance.

- Absorption is the full engrossment in ones work and the difficulty associated with detaching from it (Schaufeli et al., 2006).

Operational Definition: Work engagement will be operationalized using the Utrecht

Work Engagement Scale (UWES). The UWES is a seventeen item instrument based on the

three work engagement constructs described by Schaufeli et al. (2006). The three constructs

include: vigor, dedication and absorption (Schaufeli et al. 2006).

**Assumptions**

This study was based on the following assumptions:

1. Empowering and engaging work environments are likely to promote employee engagement.

2. Increased employee engagement and empowerment can result in employees who are more satisfied with the work environment and intent to stay in their current position.

3. Organizations with high levels of staff nurse satisfaction and commitment have better patient and staff nurse outcomes.

4. Participants will respond truthfully to the instruments.

5.  Leaders will not influence responses by the staff for completion of the instruments.

6.  Staff nurses will have perceptions about nurse managers leadership styles.

7.  Perception of nurse manager leadership style factors can be accurately measured using an instrument.

**Limitations**

The following limitations were acknowledged in this study:

1.  Use of a convenience sample prevents generalization of the findings to the total staff nurse population.

2.  Participants do not honestly answer the survey questions because they fear the survey is not anonymous.

3.  Participants may report based on selective memory of their nurse manager (remembering or not remembering experiences which occurred in the past).

4.  Perceptions of empowerment, engagement, and intent to stay can vary over time and one time measurement only provides one snapshot of the participant at the time of completing the survey.

**Significance of the Study**

Leadership is a process which has become increasingly complex in healthcare work environments where change is rapid and certain. It is through leadership that change can be intentional and effective in guiding future organizational paths. A nurse managers leadership style is an essential component of the healthcare work environment which can impact employee and patient outcomes (Buerhaus et al., 2009; Hess, Desroches, Donelan, Norman & Beurhaus, 2011). Organizations such as the IOM (2010), American Organization of Nurse Executives (AONE, 2013), American Nurses Credentialing Center (ANCC, 2008), Nurses

Organizations Alliance (NOA, 2004), and the American Association of Critical Care Nurses (AACN, 2010) have recognized the importance of transformational leadership style in nurse managers. Transformational leadership has been described by these organizations as a style of leadership which can promote higher levels of achievement of staff nurses.

The significance of this study was to determine if a nurse managers leadership style influences staff nurse structural empowerment, work engagement, and intent to stay. The findings from this study can be used to further support organizational strategies that aim to support the development of nurse managers leadership style as a means to improve staff nurse and patient outcomes.

**Theoretical Models**

Four theoretical models were used to guide this study. These models include the Theoretical Model of Clinical Nurses Intent to Stay (Cowden & Cummings, 2012), the Full Range Leadership Model (Avolio, 1999), Kanter's Theory on Structural Empowerment (Kanter, 1977), and Schaufeli's Work Engagement Conceptual Framework (Laschinger, Heather, Finegan & Shamean, 2001). Each tool aligns with each of the four survey instruments. The instruments will be described in further detail in Chapter III.

*Theoretical Model of Clinical Nurses Intent to Stay*

Cowden and Cummings (2012) developed a Theoretical Model of Clinical Nurses Intent to Stay adapted from previous models by Boyle, Miller, Gajewski, Hart & Dunton (2006), and Tourangeu, Cummings, Cranley, Ferron & Harvey (2010). The four major determinants of staff nurse intent to stay include the nurse manager, organization, work characteristics, and staff nurse characteristics. Examples of these determinants include:

- Manager Characteristics:

- o Characterized by leadership, praise, recognition, shared decision-making, and supervisor support.

- Organizational Characteristics

- o Characterized by career development, staffing, and time to nurse.

- Work Characteristics

- o Characterized by abuse, autonomy, and work group cohesion.

- Nurse Characteristics

- o Characterized by the nurses age, education level, position preference, and work status.

In addition to the four determinants, Cowden & Cummings (2012) described two dimensions of Clinical Nurse Intent to Stay: cognitive and affective responses. The cognitive dimension refers to the staff nurse's intrinsic motivation to achieve goals. The affective dimension refers to the emotional response which may contribute to development of intent to stay in staff nurses. Examples of both dimensions are:

- o Cognitive responses to work are characterized by staff empowerment, organizational commitment, quality of care delivered to patients, and opportunity elsewhere.

- o Affective response to work are characterized by the nurse's desire to stay, job satisfaction, joy at work, and moral distress.

Collectively, the four work determinants and the two dimensional responses to work contribute to staff nurses intent to stay in their current position (Cowden & Cummings, 2012).

### *Full Range Leadership Model*

An explanation of a leader's transformational process has been described by Bass (1985) in his Full Range Leadership Model. In this model, three styles of leadership are described

based on a continuum from transformational to transactional to passive-avoidant leadership. The Full Range Leadership Model incorporates seven factors divided among the three leadership styles.

The first leadership style described in the Full Range Leadership Model is transformational leadership. This style is the first on the continuum in the Full Range Leadership Model. Transformational leadership style has been investigated in leadership research since the 1980s (Northouse, 2012). This style of leadership has been described in the literature because of the positive impact transformational leaders have on followers (Avolio, 1999). The term "transformational leadership" was originally coined by Downton (1973) and later defined by Burns in his classic publication of *Leadership* in 1978. According to Burns (1978), this style of leadership influences others through inspiration and motivation.

Transformational leadership is defined by the way the leader influences followers. In 1985, Bass expanded Burns ideas into a model of transformational leadership. Transformational leaders transform followers by increasing their awareness of task importance and value. Transformational leaders are successful in getting followers to focus on the team or organization, and activating their higher order needs. The conceptual model of transformational leadership is defined in terms of the "influence" a leader has on followers (Bass & Riggio, 2005).

Transformational leaders influence followers using four major factors. Each of these factors highlights attributes associated with this relational leadership style (Bass, 1985). The four main factors associated with transformational leadership style are idealized influence, inspirational motivation, intellectual stimulation, and individual consideration. These factors are defined as:

- Idealized influence

  - Characterized by the leader's charismatic attributes and role modeling

    behaviors.

- Inspirational motivation

  - Characterized by the leader's visionary and inspirational behaviors.

- Intellectual stimulation

  - Characterized by the leader's creative and innovative stimulation regarding

    challenges.

- Individual consideration

  - Characterized by the leader's respect and recognition displayed by the leader

    to the followers.

This style of leadership demonstrates moral character, ethical values, and morality in the

collective goals of the leader, and followers (Northouse, 2012).

Transactional leadership is the second leadership style in the Full Range Leadership

Model. In 1947, Weber first described transactional leadership and, in 1985, the concept was

revisited by Bass.  The key element of transactional leadership is the belief that workers are

motivated by rewards. Transactional leaders exchange things of value with followers as a

means to advance their own agenda. Transactional leaders do not individualize the needs of

the followers. There are two main factors associated with transactional leadership: contingent

reward and management by exception. These factors are defined as:

- Contingent reward

  - Characterized by the exchange between leaders and followers where there is an

    exchange for a specific reward.

- Management by exception
  - Characterized by a leader's negative feedback, negative reinforcement, and corrective criticism. Characterized by two sub factors:
    - Active management by exception refers to the manner by which a leader watches for mistakes and takes corrective action soon after the mistake is identified.
    - Passive management by exception refers to the manner by which the leader watches for mistakes and takes corrective action in a passive manner such as during an employee's evaluation (Bass, 1985; Kuhnert, & Avolio, 1994).

The third leadership style, described in the Full Range Leadership Model continuum is passive-avoidant. There is one factor associated with passive-avoidant leadership style: laissez-faire. Passive-avoidant leadership has the least impact on followers. This style of leadership is defined as non-transactional and a "lack of leadership." Passive-avoidant leaders exemplify laissez-faire behaviors and take a "hands-off approach." This leader delays decisions, provides no feedback, and makes very little effort to satisfy the needs of followers (Bass, 1985).

Among the three styles of leadership described in the Full Range Leadership Model, transformational leadership style has the most positive impact on followers (Avolio & Bass, 2004; Wong & Cummings, 2013). This is achieved through clear communication, rewarding performance, and building teamwork (Bass, 1985). This style of leadership can have the greatest impact on staff nurse motivation to achieve goals through empowerment (Cowden & Cummings, 2012; Germain & Cummings, 2010).

***Kanter's Theory of Structural Empowerment***

Structural empowerment focuses on structures within organizations. The premise of this theory is based in the belief that a leader's power will be enhanced by empowering others resulting in an increase in organizational performance. Two sources of power exist in organizations: formal and informal. Formal power primarily focuses on independent decision-making and accompanies high-visibility jobs. Informal power is achieved through the building of relationships with colleagues and peers (Kanter, 1993).

According to Kanter's theory, there are six conditions necessary for structural empowerment to take place:

- Access to opportunity
  - Characterized by the possibility for growth, movement within the organization, ability to increase knowledge and skills within the organization.
- Access to resources
  - Characterized by the ability to acquire time, materials, supplies, and financial means necessary to successfully do the work.
- Access to information
  - Characterized by having the knowledge needed to be effective in one's work. This includes an understanding of the organizational policies, expertise, and technical knowledge.
- Access to support
  - Characterized by the guidance and feedback received from those within the organization (subordinates, peers, and superiors).
- Formal power

- o Obtained from specific job characteristics such as adaptability, autonomy, flexibility, visibility, and centrality to organizational goals.

- Informal power

- o Obtained from developing communication with others (peers, subordinates, cross functional groups, and sponsors), social connections (Kanter, 1993; Laschinger et al., 2011).

***Work Engagement Conceptual Framework***

The concept of work engagement has been defined as a "positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption" (Schaufeli & Bakker, 2004, p. 4). Based on this definition, there are three subscales associated with the Work Engagement Conceptual Framework:

- Vigor

- o Characterized by the mental resilience and high levels of energy experienced during work. It is the willingness to exert effort in ones work and to persist during difficult times.

- Dedication

- o Characterized by the strong involvement in work. It is the experience of enthusiasm, inspiration, pride, sense of significance, and challenge.

- Absorption

- o Characterized by the happy engrossment in ones work, the full level of concentration where time quickly passes and one has difficulty detaching from work.

Work engagement has been described as a predictor of structural empowerment (Schaufeli et al., 2006). Laschinger et al. (2009) suggested that empowering leadership styles can result in increased work engagement in staff nurses. More research is needed to understand the relationship between nurse manager leadership style and staff nurse work engagement and structural empowerment (Laschinger et al., 2009).

**Theoretical Model Summary**

Four theoretical models were used to guide this study. The research questions aimed to investigate the influence of nurse manager leadership style factors on staff nurse structural empowerment, work engagement, and intent to stay. The Theoretical Model of Clinical Nurses Intent to Stay was used to guide this study in evaluating the factors impacting staff nurse intent to stay. The Full Range Leadership Model describes three types of leadership styles which was measured in nurse managers. Kanter's Theory of Structural Empowerment will be used to guide this study in evaluating staff nurse level of structural empowerment. Schaufeli's Work Engagement Conceptual Framework was used to guide this study in evaluating staff nurses level of work engagement. The relationships among these four theoretical models as they guided this study are depicted in Figure 1.

**Introduction Summary**

Nurse managers are faced with the daily task of facilitating staff nurse delivery of patient care in challenging work environments. Through their leadership style, nurse managers strive to achieve organizational goals by inspiring and motivating staff. Transformational leadership style has been increasingly referred to as a preferred style of leadership in nurse managers (Clavelle et al., 2012; Cummings et al., 2010). This style of leadership has been associated with positive staff nurse work environment outcomes such as structural empowerment, work

engagement, intent to stay. The purpose of this study was to determine the influence of nurse

manager leadership style factors on staff nurse structural empowerment, work engagement,

and intent to stay.
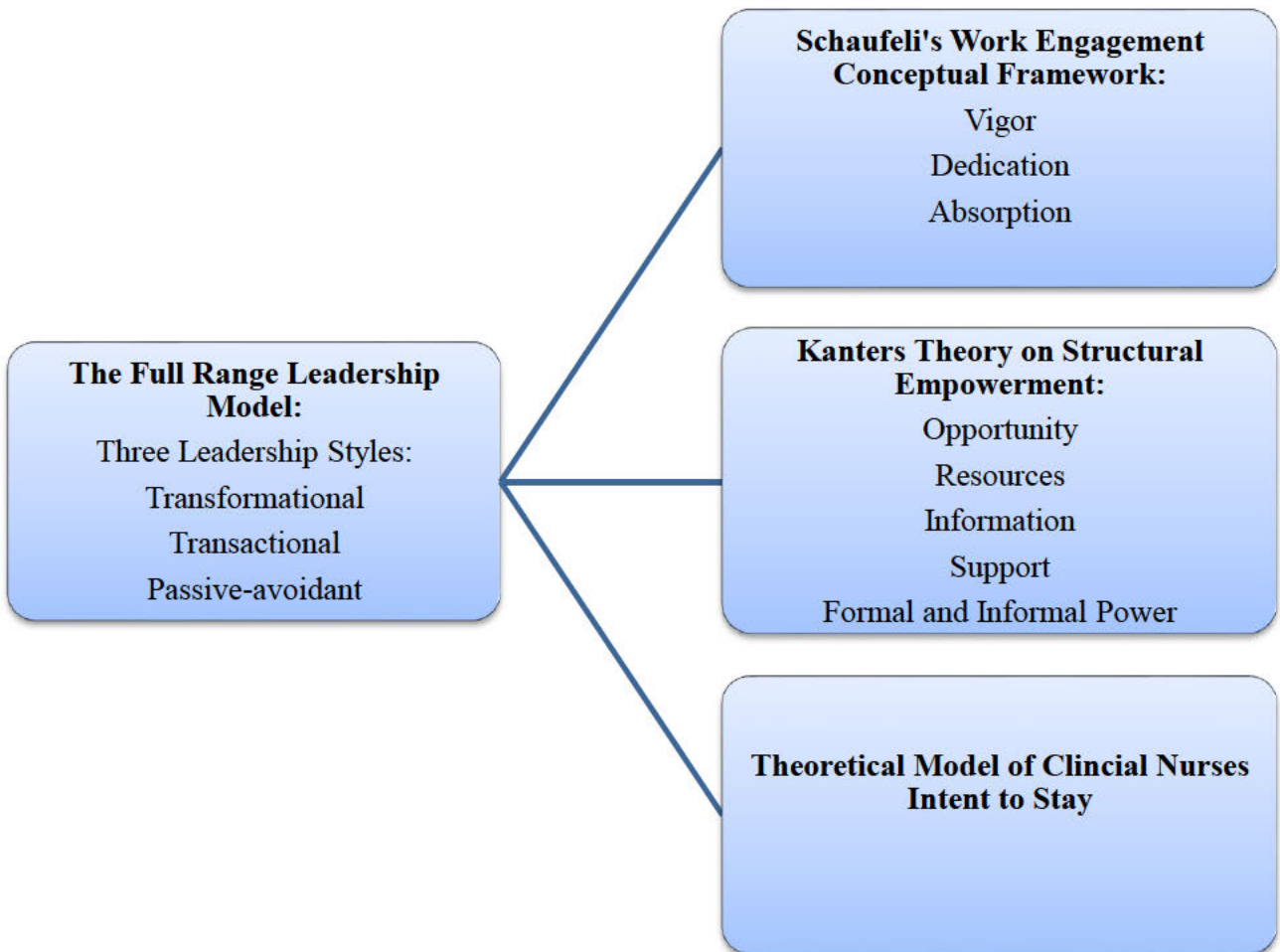


Figure 1. Relationships among study variables and the Four Theoretical Models

*Note*. Full Range Leadership by Bass (1985); Schaufeli's Work Engagement Conceptual Framework by Schaufeli et al. (2006); Kanter's Theory on Structural Empowerment by Laschinger, 2013, and the Theoretical Model of Clinical Nurses Intent to Stay by Kim et al. (1996).

**CHAPTER II**

**REVIEW OF RELATED LITERATURE**

Chapter I provided a general introduction to the study variables of nurse manager leadership style, staff nurse structural empowerment, work engagement, and intent to stay. The research problem, purpose, research questions, hypotheses, definitions of terms, assumptions, limitations, significance, and the theoretical models for this study were described. Chapter II includes a historical development of leadership theories, supporting literature for the study variables of nurse manager leadership style, staff nurse structural empowerment, work engagement, and intent to stay. This review will elucidate the literature supportive of the research questions and the proposed problems presented in Chapter I.

The electronic databases used for this literature review included MEDLINE, CINAHL and PUBMED. A broad search of peer reviewed studies based on the study terms of staff nurse, nurse managers, leadership, transformational leadership style, transactional leadership style, passive-avoidant leadership style, structural empowerment, work engagement, and intent to stay in staff nurses were conducted. Publications reviewed included research articles, theoretical articles, concept analyses, expert opinions of nursing and business leaders from 2007 to 2014. Landmark publications and classic studies published prior to 2007 were included. Organizational websites were reviewed. These websites included the AONE (2013), ANCC (2008), NOA (2004), Robert Wood Johnson Foundation (RWJF, 2010), HRSA (2010), AACN (2010), Agency for Healthcare Research and Quality (AHRQ) (2009), and The Joint Commission (TJC), 2009).

**A Call for Leadership in Healthcare Work Environments**

In response to the research findings highlighting the pivotal role nurse managers play in

creating positive work environments, a call for change in nursing leadership has recently been

made by various national organizations. These organizations include the IOM (2010), AONE

(2013), ANCC (2008), TJC (2009), NOA (2004), and the AACN (2010). Each of these

organizations highlights the essential need for nurse managers to exemplify leadership styles

that maximize organizational outcomes (Cowden & Cummings, 2011).

These organizations reinforce the research findings linking nurse managers with

organizational outcomes as well as describe strategies to facilitate the translation of research

findings into practice. The Future of Nursing (FON) report titled *Leading Change, Advancing*

*Health,* described key recommendations envisioning a future of healthcare that institutes

reform, continuously adapts to change, and emphasizes patient centered care (IOM, 2010).

The FON report called for the development of nurse managers to serve as full partners and

work collaboratively with the healthcare team, remain accountable, develop leadership

competencies, and support healthy work environments. The FON recommendations

highlighted the key role nurse managers play in advancing health and leading change (IOM,

2010).

The AONE 2013-2015 strategic plan described the need for nurse manager development

based on leadership competencies which promote the design and implementation of

innovative health care delivery models. The AONE is part of an alliance of four nursing

organizations called the "Tri-Council" for nursing. The Tri-Council consists of the AACN,

American Nurses Association (ANA) and the National League for Nursing (NLN). The Tri-

Council focuses on initiatives which promote excellence in nursing leadership. In 2010, the

Tri-Council released a report describing registered nurse supply and demand projections. This report emphasized the need to strengthen the nursing workforce in order to meet the need of increasing patient health care demands. A focus on improving nurse work environments as a means to reduce the turnover rates was emphasized (Raup, 2009). Moreover, a call for support of healthy work environments by nurse managers was identified as an essential component to improve healthcare outcomes (AONE, 2013). This support is in conjunction with the ANCC Magnet® model.

The ANCC model for Magnet® recognition (2008) consists of five components: (a) transformational leadership, (b) structural empowerments, (c) exemplary professional practice, (d) new knowledge, innovations, and improvements, and (e) empirical outcomes. As one of the five components, transformational leadership emphasizes the importance for nurse managers to exemplify behaviors consistent with transformational leadership style. Transformational leadership behaviors include serving as a mentor, empowering others, role modeling, and encouraging independent thinking among followers (Bass, 1985). In support of the Magnet® model, TJC recognized transformational leadership style as essential in implementing processes that resulted in the improvement of safety for staff and patients in healthcare environments (Upenieks & Abelew, 2006; TJC, 2009).

In 2010, the NOA, a coalition of major nursing organizations throughout the United States, released a statement which identified specific elements necessary for healthy work environments. One of the major elements described ideal leadership behaviors in nurse managers. Leadership behaviors exemplifying expertise, competency, credibility, and visibility within health care organizations were described (Sherman, 2010). According to the

NOA (2004), these leadership behaviors should be included as key competencies a nurse manager should possess in the work environment.

The AACN identified six standards to support the establishment and maintenance of a healthy work environment (Ulrich, Lavandero, Hart, Woods, Leggett & Taylor, 2006). The AACN six standards include: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership. Each standard is considered a fundamental component that contributes to a healthy work environment (Cassidy & Barden, 2006). By identifying authentic leadership, a type of transformational leadership, the AACN highlighted leadership style as a key element impacting staff nurse work environments (Avolio, 1999; Shirey, 2006).

Each of these organizations has brought attention to the essential role of nurse managers in healthcare environments. Transformational leadership style in nurse managers are needed in healthcare climates experiencing rapid technological advancement, shorter hospital stays, escalating costs, and a continued demand for quality care (Needleman & Hassmiller, 2007). Transformational leadership style focuses on the promotion of supportive staff nurse work environments as an essential component to improve organizational outcomes such as staff nurse empowerment, intent to stay, and reducing patient mortality (Aiken et al., 2011; ANCC, 2008; Sherman, 2010). Understanding the elements of leadership style begins with an understanding the concept of leadership and its long development throughout history.

**Leadership Defined**

Leadership is a universal phenomenon observed across every human civilization and in many animal species (Ledlow & Coppola, 2014). Through the centuries, leadership has been studied by great minds such as Plato, Caesar, Homer, and Confucius. Some leaders are born

with instinctive skills such as charisma and insight into human motivation. Moreover, all great leaders allocate time and energy to study and develop leadership competencies (Ledlow & Coppola, 2014). Anyone attempting to define leadership will quickly discover that it has been defined in many ways (Northouse, 2012).

Leadership scholars agree the concept does not ascribe a single definition (Bass, 1985). According to Burns (1978), leadership can be defined as, " influencing followers to act for certain goals that represent the values and the motivations, the wants and needs, the aspirations and expectations of both leaders and followers" (p. 9). Although there is a lack of agreement regarding the meaning of leadership, most agree the influence exerted by one person or a group of individuals over others is the central premise (Northouse, 2012). When considering the extent of influence the leader has on others, questions such as, what leadership characteristics does the leader possess which enables them to influence others, emerge. The answer can be found by understanding the historical development of leadership theories and paradigms over time (Kouzes & Posner, 1987).

**Three Phases of Leadership Development**

The historical development of leadership has been described in three phases (Appendix A). The three phases are: trait, behavioral, and situational (Ledlow & Coppola, 2014). During each of these phases, new leadership theories and paradigms were developed.

**Trait Phase**

In the early 1900s, views of leadership focused on the innate, or biological, aspects of leadership as it was believed that leaders were born and not made. It was during this phase that one of the most well-known leadership theories, "The Great Man Theory," was developed by Carlyle, (Ledlow & Coppola, 2014). The Great Man Theory concentrated on great leaders

and the traits which explained the reason for their success. Examples of leadership traits include intelligence, extraversion, education, confidence, experience, and initiative.

During the trait phase, landmark studies were conducted by Lewin, Lippitt, and White (1939). Lewin et al. (1939) revealed three distinct leadership styles: autocratic, democratic, and laissez-faire. Autocratic leaders provide clear expectations and maintain a clear division between the leader and followers. Autocratic leaders make decisions with little to no input from the group. Democratic leaders were described as effective leaders because they offer guidance to the group and allow input from group members. Laissez-faire leaders were described as leaders who provide little to no guidance to the group and leave decision-making up to the group (Lewin et al., 1939). For many years, the three leadership styles described by Lewin et al. (1939) served as the dominant thought on leadership until a shift occurred in the late 1940s.

**Behavioral Phase**

The behavioral phase ranged between the 1940s through the 1960s. During this time, there was a shift in focus from the leader to the situations surrounding the leader (Stogdill, 1948). The landmark Ohio leadership studies built upon Stogdill's (1948) work by further emphasizing the importance for the leader to identify and utilize behaviors best suited for the situation. Examples of these behaviors were originally described as initiating structure and consideration. Initiating structure behaviors are defined as the skills required to accomplish work tasks. Examples of consideration behaviors include respect, trust, and development of camaraderie among employees (Stogdill, 1963).

During the time of the Ohio studies, University of Michigan researchers were conducting studies on leadership performance. The University of Michigan study findings suggested

grouping leaders into two classifications: employee oriented or production oriented as a means to conceptualize leadership. The employee orientated classification referred to the leadership behavior focusing on the relationships between employees. The production orientated classification described the leadership behavior focusing on the technical production aspects of an employee's position (Bower, 1966).

In addition to a focus on situations surrounding the leader, during the behavioral phase, a shift occurred which led to a focus on leadership skills. Katz (1955) proposed Skills Theory which described three leadership skill categories: technical, human, and conceptual. Technical skills refer to the knowledge of leadership competencies. Human skills referred to the leader's ability to interact effectively with others. The conceptual category referred to the leader's understanding what needed to be done, how to do it, and the right time to act. Conceptual leadership skills refer to the ability to analyze trends, recognize opportunity, and anticipate change (Katz, 1955). During the latter part of the behavioral phase, leadership scholars shifted their focus from leaders to followers (Ledlow & Coppola, 2014).

During the late behavioral phase, leadership theories further emphasized the relationship between leaders and followers. It was also during this phase that an emphasis on leadership style emerged. Macgregor's (1960) X and Y Theory hypothesized that a leader's behavior is determined based on assumptions about the group within the organization. The "X" referred to lazy and extrinsically motivated followers. The "Y" referred to responsible and intrinsically motivated followers.

Blake & Mouton (1964) developed a unique approach to leadership using a 4 x 4 managerial grid. The grid consisted of five managerial styles: country club, team leader, impoverished, produce or perish, and middle of the road. The "middle of the road" managerial

style was placed in the middle of the grid. Each style was prioritized based on the managers "concerns for people" versus "concerns for the product". The least effective leadership style, described as "impoverished." The impoverished managerial style described one who does not care about the product or the people. The most effective style, the "team leader" was defined as a leader who places high priority on both the product and people. Blake & Mouton (1964) proposed that each leader has a dominant style which is used in most situations.

**Situational Phase**

The current leadership phase, ranges from 1960 to 2014, is the situational phase. This phase is marked by a shift from focus on leadership skills to the influence of leader on followers with shared goals (Seeman, 1960). An emphasis on the motivational requirements a leader has on followers, through their leadership style, was the focus of this phase. An emerging definition of leadership developed during this phase states, "Leadership is a reciprocal process of motivating followers to realize goals held by both leaders and followers" (Burns, 1978, p. 425).

It was during this phase that the largest number of leadership theories and models were developed. During the situational phase, some of the most well-known leadership theories and models were developed: Contingency Theory (Fiedler, 1967), Path-Goal Theory (House, 1971), Leader-Exchange Theory (Graen & Cashman, 1975), Situational Theory (Hersey & Blanchard, 1977), and the Transformational Leadership Model (Bass, 1985).

One of the early theories influencing the development of the situational leadership phase was the Contingency theory proposed by Fielder (1964). Path-Goal theory, developed by House (1971) emphasized the leader's impact on follower performance, satisfaction, and motivation by offering rewards, clarifying the path, and removing obstacles in the

achievement of goals. Four leadership styles were identified: directive, supportive, participative, and achievement oriented. The directive leadership style describes the leader providing specific guidance to the group. Supportive refers to the leader who shows concern and is friendly with the group. Participative refers to the leader who consults and considers recommendations from the group. Lastly, achievement oriented refers to the setting of high goals by the leader with the expectation that followers will achieve them.

Leader-Member Exchange (LMX) Theory described by Graen and Uhl-Bien (1995) focuses on the interaction between leaders and followers. Leader-Member Exchange theory suggested that leaders accomplish goals through a variety of relationships with the group members. This theory emphasized the importance for leaders to be aware of their relationship with their followers (Northouse, 2012).

Hersey and Blanchard's Situational Theory (1977) emphasized the "maturity of the follower" as a means of the leader determining the degree of supervision needed. There are three relational components proposed in this theory: directive, supportive, and maturity. Directive behavior refers to the tasks provided by the leader. Supportive behavior is the relational component provided by the leader.  Maturity refers to the development level of the followers. Maturity is based on the competence and commitment demonstrated by the members of the group.

The post-World War II era of the 1970s consisted of rapid technological development and the development of a competing world economy. These developments resulted in many organizational changes (Stone & Patterson, 2005). Downsizing and reorganization became increasingly common in the 1980s where the benefits of increasing profit margins resulted in employees becoming increasingly dissatisfied and powerless. An organizational shift occurred

during this time which resulted in a focus on processes to develop employee morale, motivation, and commitment. During this organizational shift, a transformational leadership model emerged (Covey, 2000).

Transformational leadership was described by Burns in 1978 as a transformational process of leadership resulting in followers engaging with the leader to higher levels of motivation. Burns (1978) suggested the situation influenced the leader to adapt to a style based on surrounding circumstances. Transformational leadership style was developed from a variety of leadership theories such as the Leader-Member Exchange Theory (LMX), Trait theory, and Path Goal theory. The borrowed elements of these earlier theories included the use of leadership traits which best influenced followers to achieve goals. Each of these borrowed aspects from the various theories resulted in the development of the Transformational Leadership Model.

The Transformational Leadership Model was further developed by Bernard Bass in 1985. Two major assumptions underlined this theory. These assumptions were (a) awareness of task importance motivates followers and, (b) a focus on the team produces better work. This model is defined in terms of the influence a leader has on followers. Transformational leadership style was described as part of the Full Range Leadership Model which contrasts transformational leadership with transactional and passive-avoidant leadership styles. The Transformational Leadership Model has been applied in a variety of disciplines such as business, psychology, and nursing (Bass & Avolio, 1995).

**Summary of the Three Phases of Leadership Development**

Although leadership principles are timeless, the models examining those principles have changed over time. Historically, leadership theory has transitioned through the trait,

behavioral, and situational phases resulting in leadership models emphasizing the relational

aspects of the leader with followers (Appendix A). During the initial trait phase, emphasis was

placed on innate aspects of the leader. A shift occurred during the behavioral phase where the

focus transitioned from a leader focus to followers. The influence leaders have on others as a

means to meet organizational goals emerged. The most recent phase, situational phase, set the

stage for development of the largest number of leadership theories. It was during the

situational phase, that transformational leadership was defined and described.

Transformational leadership is a relational leadership espoused because it inspires staff

efforts. Compelling evidence suggests that transformational leadership effectively promotes

staff structural empowerment, work engagement, and intent to stay (Cowden & Cummings,

2011).

**Leadership Styles**

Many leadership styles have been described throughout the various leadership phases.

The Full Range Leadership Model highlights three major leadership styles: transformational,

transactional, and passive-avoidant. Each of these three styles have been described in prior

research studies proving insight into the influence leadership style can have on followers

(Cowden & Cummings, 2012; Wong & Cummings, 2013).

Studies on transformational leadership style have included more rigorous research

designs and consistent positive findings associated with staff nurse job satisfaction, intent to

stay, and patient outcomes (Duffield et al., 2011; Kooker & Kamikawa, 2009; Wong et al.,

2013). Articles published on transformational leadership have consisted of descriptive

quantitative designs. Beginning in 2007, a series of systematic reviews were published

investigating staff nurse outcomes of leadership practices.  Each of these reviews included

recommendations for leaders to adopt transformational leadership. Each of the subsequent articles are summarized in a collective findings table (Appendix B).

A systematic review conducted by Pearson et al., (2007) hypothesized an association between leadership attributes and healthy work environments. Of the 116 titles and abstracts reviewed, forty-eight were included in the final review and data extraction. Eight themes were identified based on the review and synthesis of the data. The eight themes are: collaboration, education, emotional intelligence, organizational climate, professional development, positive behaviors, positive qualities, and a need for a supportive environment. Transformational leadership was concluded to be positively associated with nurse, patient, and/or organizational outcomes (Pearson et al., 2007).

Wong and Cummings (2007) conducted a systematic review which aimed to examine the relationship between nurse leadership and patient outcomes. From the title and abstract review of 14,042 articles, seven quantitative research articles were included in the final review and data extraction. Wong and Cummings (2007) concluded that a significant relationship existed between leadership behaviors, styles, and/or practices, and patient outcomes such as patient satisfaction and adverse events. Relationships were explored between nurse leadership and patient mortality and were reported as inconclusive (Wong & Cummings, 2007).

Cummings et al., (2010) conducted a systematic review which aimed to investigate staff nurse outcomes and leadership style. Of the 34,664 titles and abstracts reviewed, 53 were included in the final review and data extraction. The results of the review revealed 64 staff nurse outcomes. These were grouped into five categories of staff satisfaction with work, role and pay, staff relationships with work, staff health and well-being, staff work environment factors and productivity, and staff effectiveness. Higher nurse job satisfaction was associated

with leadership styles which focused on people and relationships (e.g. transformational leadership). Lower nurse job satisfaction was associated with leadership styles which focused on tasks (e.g. management by exception). The recommendations of this review stated there was a need for increased support from organizations in developing transformational leaders as a means to improve organizational outcomes (Cummings et al., 2008).

Germain and Cummings (2010) conducted a systematic review of over 6,000 titles and abstracts which yielded eight studies in the final review and data extraction. The aim of the study was to analyze leadership factors and their influence on staff performance. Using content analysis, five leadership factors were identified as positively influencing staff nurse motivation and ability of the nurse to perform. These leadership factors included: autonomy, work relations, resource access, nurse factors, and leader practices (Weston, 2010). With the evidence that relational leadership styles, such as transformational leadership, result in achievement of positive outcomes for the nursing workforce, the authors recommended support of this leadership style in healthcare organizations (Germain & Cummings, 2010).

A systematic review of over 30,000 titles and abstracts yielded 23 articles selected for review and data extraction by Cowden and Cummings (2011). This systematic review aimed to examine the relationship between the leadership practices of nurse managers and staff nurse intent to stay. The authors concluded that leadership practices described as transformational and supportive to the staff were positively related to the staff nurse intent to stay. Staff turnover was positively impacted by nurse manager behaviors exemplifying clear communication, rewarding of performance, building teamwork, and addressing flexibility in scheduling. Transformational leadership practices have been identified to positively impact nurse retention due to the focus on collaboration and communication of a shared vision (Bass,

1985). The impact transformational leadership style has on staff nurses intent to remain in their current position remains unclear (Cowden & Cummings, 2011).

Cowden and Cummings (2012) recommended the incorporation of relational leadership theory into management practices as a means of supporting staff nurse retention (2012). In 2012, Cowden and Cummings published a Theoretical Model of Clinical Nurses Intent to Stay. The Theoretical Model of Clinical Nurses Intent to Stay model will be used to guide this study and was described in detail in the theoretical frameworks section of Chapter I.

In 2013, Wong, Cummings, and Ducharme published a systematic review update. The aim of this systematic review update was to add to the previous review which analyzed articles from 1985-2005. The update included articles from 2005-2012. In the 2013 systematic review, twenty articles were selected based on an initial review of 121 titles and abstracts. In the studies reviewed, leadership was measured as leadership styles, behaviors, practices, and competencies. Nineteen patient outcome variables were grouped into five categories using content analysis: patient satisfaction, patient mortality, patient safety outcomes, adverse events, complications, and patient healthcare utilization. Wong et al. (2013) concluded there was a positive relationship between relational leadership styles, high patient satisfaction, low patient mortality, medication errors, restraint use, and hospital acquired infections (Wong et al., 2013).

Compared to the earlier systematic review, a positive trend in more rigorous research design and methods was identified. For example, Wong et al. (2013) noted an increase in multisite studies and advanced statistical procedures such as Hierarchical Data Modeling (HLM) and Structural Equation Modeling (SEM). A broader range of clinical settings was noted with the majority of the studies in acute care. A lack of leadership models was identified

as well as a lack of the influence of leadership style on staff and patient outcomes. The majority of the studies were cross-sectional and there was a significant heterogeneity of patient outcomes and clinical settings. Future development and testing of leadership models based on the impact on organizational outcomes were recommended (Cowden & Cummings, 2012). In addition to the series of systematic reviews, many research studies have been conducted to further investigate the relationship between leadership style and organizational outcomes.

Kooker and Kamikawa (2009) conducted a study evaluating the impact a six month staff nurse and nurse manager training program in a Hawaiian medical center had on nurse retention and patient outcomes. The program included a three month staff nurse fellowship program and clinical coaching for each staff nurse within the first 12 months of employment. All nurse managers participated in an academy program emphasizing leadership content. All programs were based on Magnet® initiatives. The study findings stated that following the intervention, there was an increase in the nurse retention rate, patient satisfaction, and staff nurse satisfaction. The nurse retention rate increased from 2005-2009 (63.81% to 68.2%, respectively). Patient outcomes, as measured by hospital acquired decubitus ulcer rates, decreased from 15.3% in 2005 to 6.7% in 2009 (Kooker & Kamikawa, 2009).

A descriptive correlational study by Duffield et al. (2011) aimed to investigate the impact of nurse manager leader characteristics on staff nurse job satisfaction and intent to stay. The sample included 2,488 Australian nurses from 21 public hospitals. Logistic regression revealed a significant relationship between leadership behaviors, staff nurses intent to stay, and job satisfaction ($p<0.05$). Examples of leadership behaviors included: provides frequent feedback, visible and available, consults with staff, provides praise and recognition, and

supports flexible work schedules. The strengths of this study include the large sample of nurses from multiple sites relating the impact of nurse manager characteristics on nurse outcomes (Duffield et al., 2011).

A secondary analysis conducted by Wong and Giallonardo (2013) aimed to test a model of authentic leadership, staff trust in nurse managers, areas of work life, and nurse assessed patient outcomes using structural equation modelling.  Data collected in a cross-sectional sample of 280 registered nurses working in multiple Canadian acute care hospitals completed surveys on Authentic Leadership, Trust in Management, and Areas of Work life. Authentic Leadership is a type of transformational leadership (Avolio & Gardner, 2005).

There are similarities and differences between authentic and transformational leadership style. One similarity is that both leadership styles include a relational component and encompass a transformational process as part of leadership.  One difference is that transformational leaders actively set out to transform the follower into a leader where an authentic leader may achieve this by simply role modeling (Avolio & Gardner, 2005). The mediating mechanisms (trust in manager and areas of work life) were significantly related to authentic leadership and nurse reported adverse patient outcomes. Adverse patient outcomes included nurse reported medication errors, nosocomial infections, patient falls, and patient/family complaints (Wong & Giallonardo, 2013).   The strengths associated with this study include the use of structural equation modelling to investigate the relationship between nurse managers and organizational outcomes. The inclusion of adverse patient outcomes as a study variable emphasize the indirect, yet significant impact nurse managers can have on patient outcomes (Wong & Giallonardo, 2013).

Andrews, Richard, Robinson, Celano, and Hallaron, (2012) conducted a descriptive study investigating the perception of leadership style among staff nurses and nurse leaders. The perception differences of leadership style between the staff (n=179) and leaders (n=16) were hypothesized to be related with satisfaction with the leader. Both groups were administered the user and rater forms of the MLQ 5X short form survey. The findings concluded that nursing staff perceived leaders as being largely transformative. When leadership style was viewed as transformational, there was an increase in nurse staff job satisfaction. Frontline nurse leaders were viewed as less transformative than higher ranking administrative nurse managers. The variation between the nurse leader and staff nurse findings suggest leaders should increase their awareness of how their leadership style is perceived among their staff. The unique approach in the investigation on perception of leadership style among staff nurses and nurse managers emphasized the critical importance of providing insight for nurse managers regarding how nurses perceive their leadership style (Andrews et al., 2012).

Recent studies on transactional leadership style have reported conflicting findings; moreover, consistent findings have been reported for passive-avoidant leadership style. Bormann and Abrahamson (2014) conducted a descriptive, correlational study which aimed to examine the relationship between staff nurse perception of nurse manager leadership styles and staff nurse job satisfaction. Using the Multifactor Leadership Questionnaire (MLQ) 5X short form, transactional leadership style was positively and significantly associated with staff nurse satisfaction with their supervisor. Passive-avoidant leadership style was negatively and significantly associated with staff nurse job satisfaction. Recommendations from this study supported the use of transactional leadership style by nurse managers as a means to motivate staff nurses with rewards. The authors recommended avoidance of nurse manager passive-

avoidant leadership style which is characterized by little contact with staff nurses (Bormann &

Abrahamson, 2014).

Negussie and Demissie (2013) conducted a study which aimed to investigate the

relationship between leadership styles of nurse managers and staff nurse job satisfaction. In

this descriptive, correlational study of 175 staff nurses, a positive and significant relationship

was reported for nurse managers exemplifying transactional-contingent reward leadership

style and staff nurse job satisfaction. A negative and significant relationship was concluded

for those managers exemplifying transactional management by exception leadership style –

passive and passive-avoidant leadership style with staff nurse job satisfaction. The authors

suggested the significant relationship between transactional-contingent reward leaders and job

satisfaction was due to the reward provided to the staff nurse. A lack of leadership was

suggested to explain the negative relationship between nurse managers exemplifying

transactional management by exception leadership style-passive and passive-avoidant

leadership style with staff nurse job satisfaction (Negussie & Demissie, 2013).

Transformational leadership has increasingly been the focus of many research studies.

The majority of studies have used descriptive designs. Systematic reviews have addressed

transformational leadership style, each concluding with recommendations to incorporate

transformational leadership style as a strategy to benefit organizational outcomes. Outcomes

of transformational leadership which have been investigated included staff nurse job

satisfaction, patient satisfaction, and staff nurse intent to stay. This style of leadership focuses

on people and relationships as opposed to tasks. The process by which this leadership style

influences followers remains unclear.  One explanation may be through empowerment and

engagement of followers (Laschinger & Smith, 2013).

**Staff Nurse Structural Empowerment**

Workplace behaviors and attitudes are determined by social structures in the workplace. These structural determinants within the organization cultivate the growth of structural empowerment. Some examples of structural determinants are access to information, support, resources, and opportunity for growth. Access comes from formal and informal power systems (Laschinger & Smith, 2013). The degree of control over the work environment contributes to work effectiveness. When employees have access to workplace structures, there is an increase in feelings of autonomy, self-efficacy, and organizational commitment. When leaders create a positive work environment, the result is a positive influence on staff. Nurse leaders with empowering behaviors have a positive impact on staff nurses (Ning, Zhong, Libo & Qiujie, 2009; Hauck et al., 2011).

Empowered staff have greater authority and responsiveness to the achievement of organizational goals. Effective leaders are challenged to establish empowering work environments. This challenge resides in the role of effective leadership (Wong & Laschinger, 2012). Empowerment has been described as a key component of a healthy work environment resulting in increased employee job satisfaction and intent to stay. Empowerment is the belief that an employee brings expertise and contributes to the work environment. Empowerment increases in environments where collaboration and communication occur.  Organizations that support and recognize empowerment may experience improvement in staff nurses intent to stay (Hauck et al., 2011). The majority of the published studies on work empowerment were conducted using descriptive research designs and suggest that environmental factors such as a supportive work environments and transformational leadership behaviors promote structural empowerment in staff nurses (Wong & Laschinger, 2012).

Nurse managers play a key role in promoting collaboration and communication within the work environment (Lashinger, 2013). The nurse manager leadership style which successfully empowers staff needs to be more clearly understood. When nurses perceive leaders as authentic and are involved in decision-making, the nurses respond in a positive way by reporting increased job satisfaction and work effectiveness (Wong & Laschinger, 2012). Examples of some of the research studies investigating the relationship between structural empowerment and organizational outcomes are described in subsequent paragraphs.

Hauck et al. (2011) examined the relationship between perception of structural empowerment and anticipated turnover among a sample of 257 critical care registered nurses across five critical care units. Based on the Conditions of Work Effectiveness Questionnaire II (CWEQ-II) results, the critical care nurses reported moderate levels of empowerment. A negative correlation between structural empowerment and anticipated turnover was concluded. Hauck et al. (2011) suggested further research was needed to confirm the importance leadership styles have on staff empowerment.

MacPhee, Skelton-Green, Bouthillette, and Suryaprakash (2012) conducted a qualitative study aimed to evaluate frontline and midlevel nurse manager perspectives of their leadership following participation in a one-year leadership development program. Twenty-seven frontline and mid-level nurse managers were interviewed after participating in an empowerment development program. Increased self-confidence, positive changes in leadership styles and perception of staff recognition were reported by the nurse leaders. This study emphasized the impact leadership development programs have on nurse manager leadership development as it specifically related to empowerment in leaders. The potential

impact this program may potentially have on staff empowerment was described (Macphee et al., 2012).

Fitzpatrick, Campo, and Gacki-Smith (2013) aimed to examine the relationship between critical care nurse's structural empowerment and intent to leave. A total of 6,589 critical care nurses were surveyed regarding their perception of empowerment and intent to leave. One of the major conclusions from this study identified a negative and significant relationship between the perception of staff nurse empowerment and their intent to leave. Among the study participants, 41 % indicated they intend to leave their current position in the next year. Recommendations from this study include the need for nurse leaders to create structures that promote empowerment among staff nurses as a means to reduce staff turnover (Fitzpatrick et al., 2013).

Laschinger, Leiter, Day, & Gilin (2009) aimed to examine the impact of empowering work conditions on nurse work engagement and effectiveness. A secondary analysis of survey data from 185 new registered nurses (less than two years post-graduation) and 294 experienced nurses were used to develop a hypothesized model of work engagement. Using structural equation modelling, this study concluded that work engagement is an important mechanism impacted by staff nurse empowerment and their feelings of effectiveness. The impact of staff engagement was concluded to be higher in experienced nurses, but was found to be important in both nurse groups. This was the first study to relate staff nurse empowerment and work engagement. Further clarification regarding the relationship between these constructs and the impact nurse leaders can have to promote these organizational processes are needed (Laschinger et al., 2009).

Laschinger et al., (2011) aimed to examine the mechanisms by which senior nurse leadership influences mid and frontline nurse manager intent to remain in their current position. A secondary analysis survey of 231 middle and 788 first line managers were surveyed using non-experimental predictive design. Transformational leadership style of senior nurse managers was found to empower middle and front line nurse managers leading to increased perception of organizational support, quality care, and decreased intent to leave. Empowered managers are more likely to stay in their role, commit to achieving quality patient care, and were effective role models to staff (Laschinger et al., 2011).

Laschinger and Smith (2013) examined the influence of authentic leadership and structural empowerment on new graduates (less than two years post-graduation) and experienced registered nurses perception of collaboration. In a sample of 342 new graduates and 273 experienced nurses, structural equation modelling was used to develop a model relating authentic leadership, structural empowerment, and inter-professional collaboration. The staff nurse perception of authentic behavior in their nurse leaders and structural empowerment was concluded to be important in influencing inter-professional collaboration in their work environment.

Wong and Laschinger (2012) conducted a study testing a model linking authentic leadership with staff nurse structural empowerment, performance, and job satisfaction. Using a non-experimental, predictive survey of 280 acute care nurses in Ontario, Canada, variables were measured using four instruments. The instruments used in the study measured nurse perception of authentic leadership, structural empowerment, job satisfaction, and self-rated nurse performance. One of the conclusions from this study identified a significant positive relationship between the perception of authentic leadership style of the nurse manager and

staff nurse structural empowerment ($p<0.01$). This study provides further evidence to support a relationship between nurse manager leadership style and staff empowerment.

Li et al. (2013) conducted a study on the mediating effects of structural empowerment on job satisfaction for nurses in long-term care facilities. Using a cross-sectional design, a total of 65 Taiwanese long-term care facility registered nurses were surveyed to explore the mediating effects of work empowerment on job satisfaction. A positive and significant relationship between staff nurse structural empowerment and job satisfaction was concluded in this study.

In summary, various studies have been conducted in nursing literature to support the relationship between staff nurse structural empowerment and various organizational outcomes such as turnover, work engagement, effectiveness, performance, and job satisfaction. Nurse manager leadership style is suggested to influence staff empowerment. More research is needed to explore the importance of transformational leadership style as it relates to staff empowerment as well as the mediating affects empowerment may have on staff nurse intent to stay.

**Staff Nurse Work Engagement**

Schaufeli et al. (2003) defined work engagement as a fulfilling, positive work related state of mind characterized by three main components: dedication, absorption, and vigor. Each of these three components is defined based on the impact they have on the individual in their work. Dedication is defined as the sense of pride one has with work. Absorption is the engrossment one has with work related tasks and vigor is the high level of energy and effort one contributes to work (Schaufeli, et al., 2010).

Nursing research literature has suggested that staff nurse work engagement can be preceded by organizational factors such as authentic leadership style and a supportive work

environment (Bogaert, Clarke, Willems & Mondelaers, 2012). A supportive work environment may include access to job resources, control over workloads, fairness, rewards, and developmental opportunities (Bamford et al., 2012).

Outcomes of engagement include work satisfaction and commitment to the organization. Engagement has been described as the opposite of burnout and linked to positive health and wellbeing (Lashinger et al., 2009). A relationship between employee engagement and intent to leave has been suggested in various research studies (Laschinger, 2009; Schaufeli, 2004). Engaged employees remain in their job for longer periods of time (Halbesleben & Wheeler, 2008). Understanding this organizational behavior construct as it relates to nurse manager leadership styles can provide a better understanding of how engagement can be promoted among staff nurses as well as the mediating effects engagement may have on staff nurse intent to stay.

Sawatzky and Enns (2012) aimed to explore key predictors of retenion in Emergency Room (ER) registered nurses. A cross-sectional survey of 261Canadian ER nurses was conducted. Sawatzky and Enns (2012) reported 26% of ER nurses intended to leave their current job within one year. Work engagement was determined to be a significant negative predictor of intent to leave ($p<0.001$). Staff nurse engagement was associated with job satisfaction, compassion satisfaction, compassion fatigue, and burnout. Recommendations from this study suggest nurse managers focus on influencing factors which increase engagement in the staff nurses as a strategy to improve retention (Sawatzky & Enns, 2012).

A dissertation published by Wonder (2011) compared 370 staff nurses reporting on engagement in Magnet® versus non-magnet hospitals. It was concluded that there was no significance difference between staff nurse work engagement based on working in Magnet®

or non-magnet hospitals. A significant relationship was found between experienced and new graduate nurses reported work engagement. The results of this dissertation can be used to guide leaders in promoting engagement in staff nurses (Wonder, 2011).

Bogaert et al. (2012) conducted a cross-sectional survey of 357 nurses in Belgian hospitals. The aim of this study was to test a causal model predicting relationships between practice environment ratings, workload, work engagement, job outcomes, and assessments of quality of care by psychiatric registered nurses. Bogaert et al. (2012) concluded that practice environment factors influenced staff nurse engagement resulting in increased job satisfaction and decreased intent to leave. Practice environment factors included nurse-physician relationships, nurse manager support at the unit level, and organizational support. Staff nurses who reported increased engagement reported perceiving high levels of quality of care.

Jenaro et al. (2010) conducted a descriptive correlational study of 412 nurses working over 30 different nursing units in Salamanca, Spain. The aim of this study was to examine the association between nurse characteristics, job characteristics, and work engagement. The research concluded that work engagement was predicted by job satisfaction, high quality of work life, low social dysfunction, and low stress associated with the delivery of patient care. Supervisor support was identified as a positive and significant predictor for the dedication and vigor subscales of staff nurse work engagement. Halbesleben & Wheeler (2008) concluded that work engagement is a positive predictor of employee intent to stay, performance, and job satisfaction.

Bamford et al. (2012) conducted a secondary analysis of 280 staff nurses in acute care hospitals. Bamford et al. (2012) hypothesized that authentic leadership of nurse leaders was positively correlated with staff nurse work engagement. It was concluded that 33% of the

variance of staff nurse work engagement was explained by nurse manager authentic leadership style, person/job match, and years of registered nurse work experience. Based on the relationship between work engagement and positive organizational outcomes, it would be beneficial to further understand the impact leadership styles have on work engagement (Laschinger & Smith, 2013).

Research studies have supported the importance of work engagement among work environments resulting in increased employee productivity. Various work environment factors have been investigated based on their impact on work engagement. Additionally, the impact of work engagement has been investigated with suggestions for increased job satisfaction, quality of work life, and organizational commitment (Jenaro et al., 2010). As leaders in hospital environments, nurse managers are optimally positioned to enhance nurse engagement (Bamford et al., 2012). The impact transformational leadership in nurse managers may have on staff nurse work engagement is unclear. Further investigation is needed to understand the relationship between these two variables (Simpson, 2009).

**Staff Nurse Intent to Stay**

Intent to stay is defined as the probability of an individual remaining in their current position (Gregory, Way, LeFort & Barrett 2007). Due to projected nurse shortages and a focus on decreasing healthcare costs, this organizational outcome has been a frequent topic of discussion in the nursing literature. In a landmark study, Aiken et al. (2002) concluded that more than 40% of nurses working in hospitals reported being dissatisfied with their jobs. Additionally, one in three staff nurses under the age of 30 reported planning to leave their job within the next year. This high rate of intent to leave among staff nurses has been replicated in

subsequent nursing studies with ranges from 13% to 46% (Borkowski, Amann, Song & Weiss, 2007; Flinkman et al., 2010; Kovner et al., 2007).

Although the reasons cited for nurses leaving vary, one common reason cited is the lack of support from the nurse manager (Flinkman et al., 2010). The leadership style of the manager is of particular interest based on the broad impact a manager can have over their staff. In a systematic review by Cowden and Cummings (2011), relational leadership style, such as transformational leadership, was reported to be positively related to staff nurse intent to stay. Understanding the relationship between leadership practices and intent to stay is fundamental to retaining nurses (Wong & Cummings, 2013).

Sourdif (2004) investigated the predictors of intent to stay in staff nurses. In this single site study, 108 Montreal staff nurses completed an author-developed intent to stay survey. The five instrument subscales consisted of: intent to stay, work satisfaction, satisfaction with administration, organizational commitment, and work group cohesion. The strongest predictor of staff nurse intent to stay was satisfaction with work and administration which was explained by 25.5% of the variance. The recommendation was to develop strategies to develop nurse manager leadership styles which provide support to staff nurses.

Chan et al. (2013) conducted a systematic review which aimed to evaluate the relationship between registered nurse employment and their intent to leave. From an original search of 8,499 articles in six databases over a ten-year period (2001-2010), a total of 31 articles were selected for synthesis. The authors concluded that the relationship was complex and registered nurse intent to leave is influenced by organizational, individual, and external factors. Examples of organizational influences were work environment, work demands, and social support. Examples of individual factors include job satisfaction, burnout, and

demographic factors. An example of an external factor was job opportunities. It was concluded that additional studies were needed due to the diversity of studies conducted and complexity of the causative factors impacting staff nurses intent to leave (Chan, 2013).

Lee, Dai, Park, and McCreary (2013) explored the relationship between quality of work life and nurses intent to leave. A cross-sectional sample of 1283 Taiwanese nurses were issued surveys aimed to measure quality of work life and intent to leave. More than 50% of the registered nurses surveyed intended to leave their current position. Predictors of intent to leave included registered nurses who reported being single, diploma graduates, and working in a nonteaching hospital. Four dimensions of intent to leave were concluded: a supportive milieu with job security, professional recognition, work arrangement, and home life balance and staffing.

Tourangeau, Cummings, Cranley, Ferron, and Harvey (2010) aimed to identify nurse reported determinants of intent to stay. The other major objective of this study was to develop a model of staff nurses intent to remain. Eight themes were identified which influence nurse intent to remain. The eight themes included: (a) relationship with co-workers; (b) condition of the work environments; (c) relationship with and support from one's manager; (d) work rewards; (e) organizational support and practices; (f) physical and psychological responses to work; (g) patient relationships; and (h) other job content and external factors. The large number of themes highlighted the complexity of determinants of staff nurse intent to stay. Nurse managers exemplifying transformational leadership style can impact staff nurse intent to stay (Tourangeau et al., 2010).

A systematic review of over 30,000 titles and abstract yielded 23 articles selected for review and data extraction. Cowden and Cummings (2011) examined the relationship between

leadership practices of nurse managers and staff nurses' intent to stay. Cowden and Cummings (2011) concluded that leadership practices described as transformational and supportive to the staff were positively related to the staff nurses intent to stay. Nurse manager behaviors positively impacting staff turnover include clear communication, rewarding of performance, building teamwork and addressing flexibility in scheduling. Transformational leadership practices have been identified to positively impact nurse retention due to the focus on collaboration and communication of a shared vision (Bass, 1985). The impact transformational leadership style has on staff nurses intent to remain in their current position remains unclear (Cowden & Cummings, 2011).

Wallis and Kennedy (2013) investigated the impact of a one year leadership training program on staff nurse retention. The researchers concluded that development programs hold promise in reducing turnover. A report of the impact of team dynamics was significantly influenced by the existing culture and structure of the organization.

Intent to stay has been a topic of frequent attention in research literature (Tourangeau et al., 2010; Twibell et al., 2012). Although the reasons for not staying in a staff nurse position may vary among nurses, one common reason cited is lack of support from nurse managers. A nurse managers leadership style can significantly impact a nurse's intent to stay (Cowden & Cummings, 2011). Studies have been conducted evaluating factors leading to a nurse's intent to stay. Many of these factors are influenced by the nurse manager through their leadership style. Further investigation regarding the importance of which leadership style best influences staff nurse intent to stay and the mediating factors (e.g. manager, organization, nurse, and work) of staff nurse intent to stay need to be further explored.

**Non-Nursing Literature Review Related to the Study Variables**

Investigation of the study variables was conducted in disciplines outside of nursing. Some of the disciplines included psychology, business, and leadership. The types of studies reviewed investigated one or more of the study variables of leadership style, empowerment, engagement or intent to stay. The majority of the studies reviewed used quantitative descriptive designs.

A study by Jacobs et al. (2013) investigated the impact of transformational leadership style on employee wellbeing. A sample of 318 employees from the information and communication technology sector reported a significant relationship between manager transformational leadership and employee wellbeing ($p<0.001$). In information technology (IT) employees, increased employee wellbeing was more likely to be associated with transformational leadership style. As a style of leadership conveying trust and meaningfulness among employees, this style could be important in the development of workplace measures supportive of health promotion (Jacobs et al., 2013).

Syrek, Apostel & Antoni (2013) investigated stress in highly demanding IT jobs and the impact of transformational leadership on employee time pressure, exhaustion, and work life balance. A sample of 262 IT employees in Germany participated in this study. It was concluded that when transformational leadership was increased, there was a decrease of reported time pressure and exhaustion. Transformational leadership was identified as an important factor for employee work life balance (Syrek et al., 2013).

Elshout et al. (2013) conducted a mixed methods study to investigate the link between leadership style, employee satisfaction, and absenteeism. In this Netherlands based study of a mental health care institution, semi-structured interviews were conducted with ten

participants. The results were triangulated with data from employee satisfaction surveys and sickness rates. A pattern was observed between low employee satisfaction, high sickness rates, and transactional leadership style. These findings were in contrast to transformational leadership styles. Conclusions from this study supported transformational leadership style as the best suited leadership style to promote employee satisfaction (Elshout et al., 2013).

A quantitative study in academic medicine faculty was conducted to demonstrate methods to improve retention of academic medical faculty. Ries, Wingard, Morgan, Farrell, Letter and Reznik (2009) concluded that retention of faculty who participated in the development program which included leadership development were more likely to remain in their current position. The faculty development program used in this study can guide an organization's goals of improving retention among academic faculty.

Ismail et al. (2009) examined the mediating effect empowerment and transformational leadership have on employee effectiveness. A sample of 118 human resource employees were surveyed in this study. Conclusions from this study identified a positive and significant relationship between employee empowerment, manager transformational leadership style, and employee performance.

Halbesleben and Wheeler (2008) aimed to investigate whether work engagement and job embeddedness predicted job performance and intent to stay. A sample of 587 employees in a variety of United States industries concluded that engagement and embeddedness were significantly associated with employee performance and intent to leave ($p<0.05$). Implications for the findings reveal the importance of these constructs in supporting employee intent to remain in their current position (Halbesleben & Wheeler, 2008).

Structural equation modelling was used to investigate a sample of 1,698 employees from varying fields (insurance, occupational health, pension fund company, and home care institution). This large sample study concluded that among varying fields of employment, work engagement was predicted by available job resources and impacts employee turnover intention (Schaufeli & Bakker, 2004).

**Literature Review Summary**

Based on the limited number of studies available, the literature is unclear regarding the influence of nurse manager leadership style on staff nurse empowerment, engagement, and intent to stay. Chapter II presented the literature which supports the research questions and proposed problems presented in Chapter I. A summary of findings for each of the articles presented in this chapter are provided in Appendix B. A definition of leadership was provided as well as a description of the historical development of leadership theories. Supporting literature for the research variables of transformational leadership, structural empowerment, work engagement, and intent to stay were described to provide a framework for the intended study plan described in Chapter III.

## CHAPTER III

## METHODS

Chapter III describes the proposed study methods. Chapter I introduced the study variables of nurse manager leadership style, staff nurse structural empowerment, work engagement, and intent to stay. Chapter II presented the review of literature related to the study variables introduced in Chapter I. Chapter III describes the research design, sample, settings, instruments, research procedures, and data analysis.

**Design**

This study utilized a descriptive, correlational design to analyze and evaluate the research questions. A quantitative approach using survey instruments was selected because this research strategy can be easily replicated and reach a large sample of participants (Cresswell, 2008; Burnes & Grove, 2010). Selection of the study design was guided by the research questions. A descriptive, correlational design was determined to be appropriate to answer the research question, "What is the strength of the relationship between nurse manager leadership style factors and staff nurse structural empowerment, work engagement, and intent to stay?"

An online survey was administered to staff nurses. Surveys provide a way to obtain information in a standardized form to investigate the interrelationships of variables within a sample (Cresswell, 2008). The survey began with twelve demographic questions (Appendix C).

Demographic information included age, gender, specialty unit, hospital bed size, professional credentials, current job position, highest educational degree, hours worked per week, type of shift, years of nursing experience, years in current position, and years with the

organization. Participant responses to demographic questions were used to identify characteristics about the sample.

The remaining demographic questions asked about the participant's current job in the hospital, level of education, hospital size, nursing credentials, number of hours worked per week, type of shift, specialty unit, and years of experience in their current job, the hospital and in nursing practice. The participant responses to these questions were used to identify the sample work environment. Prior research studies have concluded that work characteristics can impact staff nurse work environments (Aiken et al., 2008; Bamford, 2012). Aiken et al. (2008) conducted a study evaluating the impact nurse practice environments can have on patient outcomes. Aiken et al. (2008) concluded that the level of nurse education was associated with quality of patient care. Bamford et al. (2012) conducted a study which identified differences in levels of engagement among staff nurses based on their years of experience in nursing.

Four survey instruments followed the demographic questions. Each of the four instruments have been validated in multiple studies using staff nurses as participants in a variety of settings. The MLQ 5X short form was used to measure staff nurse perceptions of nurse manager leadership style (Avolio & Bass, 2004). The Utrecht Work Engagement Scale (UWES) measured staff nurse perception of their work engagement (Schaufeli & Bakker, 2003). The Conditions of Work Empowerment (CWEQ-II) measured perception of work empowerment in staff nurses (Laschinger, 2013). The Theoretical Model of Clinical Nurses Intent to Stay Scale measured staff nurse's intent to stay in their current position (Kim et al., 1996).

**Sample**

A non-probability purposive sample of staff nurses working in three acute care hospitals was solicited to participate in the study. This sample may not be representative of the general staff nurse population due to nonprobability purposive sampling (Cresswell, 2008). In order to be included in the study, staff nurses who participated in the study were: (a) able to read and understand the English language; (b) were currently employed as a staff nurse; and (c) were not attending orientation for their current position. Since the survey instructions and questions were written in English, only those nurses able to read and understand English were included in the study. Nurses currently attending orientation were excluded because they may not have had enough time with their nurse manager to confidently report perception of their nurse managers leadership style.  Sample size was determined using power analysis.

Power analysis is an important aspect of research designs which allow researchers to determine the optimal sample size within a given degree of confidence (Burnes & Grove, 2010). For this study, a power analysis was conducted using G Power 3 software®. The target sample size was determined using an a priori calculation of the required sample size for a given alpha, power and effect size.  A required sample size of 395 participants was calculated based on an effect size ($f^2$) of 0.02, alpha error of probability of 0.05 and a power of 0.8 in a two-tailed analysis. Based on this calculation, the aimed sample size for this study was 400 staff registered nurse participants. An alpha error of probability of 0.05 indicates that five out of 100 times a true null hypothesis will be rejected, termed a Type I error. A small effect size was chosen based on the assumption that the true differences between the study variables would be small. The estimated power of 0.80 was determined to be a substantial power to find significant relationships between the study variables (Cohen, 1988).

**Setting**

The setting consisted of three acute care hospitals located in the southeastern region of the United States. Each of the selected hospitals were accredited by The Joint Commission (TJC). Each of the hospitals were acute care facilities with approximately 200-400 beds. These three hospitals were chosen based on their similarity in bed size, accreditation, non-profit status and similar locations.

**Human Subjects Protection**

All participants in the study were contacted in accordance with the policies bound by the Institutional Review Boards (IRB) of the respective hospitals and the researcher's academic institution. Study participants were informed that participation in the survey would not have any impact on their position within the organization.

The rights of the subjects were protected in several ways. The Louisiana State University Health Sciences Center (LSUHSC) in New Orleans Institutional Review Board (IRB) approval was obtained (Appendix D). At the time of the survey each participant was provided an invitation and consent form to review (Appendix E). Participants were informed that participation was voluntary, assured of privacy and confidentiality, and could withdraw from the study at any time. The privacy of participants was protected. The individual results were not released to anyone. Only aggregate data analysis was reported. The benefit to the participants included the knowledge that participation can help healthcare professionals to understand the influence nurse manager leadership style factors has on staff nurse structural empowerment, work engagement, and intent to stay. There may have been a benefit to the hospitals in further understanding the influence nurse manager leadership style factors has on staff nurse structural empowerment, work engagement, and intent to stay.

Personal information, such as name and address, was not collected to prevent the personal identification of participants.  Each consent form and survey was labeled with a unique identification code. Study data was maintained by the researcher in a password protected computer after data was collected and coded.

**Research Procedures**

The researcher met with the Chief Nursing Officer of each acute care hospital to explain the purpose of the study and determine the interest of the hospital to participate in the study. A gatekeeper was identified. The gatekeeper sent the survey to the staff nurses using their work email addresses. Invitations to complete the survey were distributed by email to all staff nurses in each hospital. The survey instrument remained open for online responses for six weeks. A reminder email was sent at the end of week two and week four. At six weeks, the survey closed.

The email included an invitation to participate in the survey (Appendix E). This invitation included a consent to participate. At the bottom of the consent, participants were asked to select one of two informed consent options. Selecting the "I agree and do consent" option was considered as having providing consent. Selecting the "I do not agree or consent" option, considered the participant choosing not to participate. A setting in Survey Monkey™ restricted the participant from proceeding further with the survey when the "I do not agree or consent" option was chosen. For those choosing not to consent, a screen appeared thanking them for their time. For those participants who consented to participate, a survey link containing a Universal Resource Link (URL) which stated "begin survey" appeared. Once accessed, the survey questions appeared. The first survey question asked, "Are you currently working as a staff nurse?" If the participant answered "no", the survey ended and the

participant was directed to a screen thanking for agreeing to participate in the survey. If the nurse answered "yes", they were directed to another screen which asked, "Are you currently attending orientation for your current job?" If the nurse answered, "yes" the survey ended and they were directed to a screen thanking them for agreeing to participate in the survey. If the staff nurse answered, "no", participants were directed to the remaining survey questions.

After the second and fourth week, a reminder email was sent to all staff nurses at each of the three hospitals reminding them to participate if they had not already done so (Appendix F and G, respectively).  The survey remained open for a six week period following the initial invitation email. Once the survey was closed, staff nurse survey responses were exported into a Microsoft® Excel spreadsheet. Participant responses were maintained in a secure computer file for subsequent data analysis.

The entire survey consisted of a total of 101 questions. The survey took approximately 15-20 minutes to complete. As the participant moved through the survey, a bar at the top of the screen appeared displaying the percentage of the survey which had been completed. Participants were able to save the survey for completion at a later time. Each survey response was a required field to eliminate the possibility of an incomplete survey from being submitted. In order to minimize survey fatigue, the survey was created in a user-friendly fashion which ensured a minimal number of "clicks" to access and complete the survey. In addition to the consent information at the beginning of the survey, the participants were informed of the purpose of the study and the approximate time for completion (Burnes & Gove, 2010).  A general breakdown of the survey questions are described in Table 1.

Table 1

*Survey Breakdown*

| Survey Topic | Number of Survey Questions |
| --- | --- |
| Demographic Questions | 12 |
| Multifactor Leadership Questionnaire (MLQ) 5X short form | 45 |
| Conditions of Work Effectiveness Questionnaire II (CWEQ) | 17 |
| Utrecht Work Engagement Scale (UWES) | 21 |
| Intent to Stay (ITS) Questionnaire | 6 |
| **Total number of survey questions** | **101** |

*Note*. From "Multifactor Leadership Questionnaire," by B. Bass & B. Avolio, 1995, Copyright by Bass & Avolio. From "Conditions for work effectiveness questionnaire I and II" by H. Laschinger, 2013. Copyright by Laschinger, 2013. From "Utrecht work engagement scale" by W. Schaufeli & A. Bakker, 2003. Copyright by Schaufeli & Bakker, 2003. From "Intent to Stay Questionnaire" by Kim et al., 1996. Reprinted with permission.

**Instruments**

Four previously developed instruments were used in this study. The instruments included the MLQ 5X short form, CWEQ, UWES, and ITS Questionnaire. These four instruments were chosen based their ability to accurately measure the study variables as well as their reported validity and reliability in prior studies. Each of the four instruments have been widely used across a variety of research settings.

**Multifactor Leadership Questionnaire (MLQ) 5X short form**

The MLQ 5X short form is a commercially available and copyrighted questionnaire. It is considered to be the benchmark measure of transformational leadership. This questionnaire was originally developed based on leadership interviews by Bass (1985). This instrument is a useful tool to measure three major leadership styles: transformational, transactional and passive-avoidant (Blake & Mouton, 1964). The MLQ 5X short form has been internationally used to measure leadership in a wide variety of disciplines such as business, healthcare, government, education, the military and nursing (Bass & Avolio, 1995).

The total instrument length was 45 items and used a Likert scale. Participants were asked

to consider statements based on a scale of 0 (not at all), 1 (once in a while), 2 (sometimes), 3

(fairly often) to 4 (frequently, if not always) (Bass & Avolio, 1995).  Over the years, this

instrument has been revised by the original developers. The original survey measured six

leadership factors and three outcomes. Following continuous testing and research, revisions to

the instrument were made to include three leadership styles, nine factors, and three outcome

variables. Because the authors do not allow inclusion of the entire MLQ 5X short form in the

dissertation, only a sample of items from the MLQ 5X short form are included (Appendix H).

The MLQ 5X short form measures a continuum of leadership styles from

transformational (considered a higher order leadership style) to transactional (considered a

mid-range leadership style) to passive-avoidant leadership (considered a lower order

leadership style). Five factors are used to measure transformational leadership style. These

included: idealized influence – attributes, idealized influence–behavior, inspirational

motivation, intellectual stimulation, and individual consideration.  Three factors were used to

measure transactional leadership style. These included: contingent reward, management by

exception - active, and management by exception - passive. One factor, laissez-faire, was used

to measure passive-avoidant leadership. There were four items for each factor. Nine questions

in the survey measured three leadership outcome factors: extra effort(three items),

effectiveness(four items), and satisfaction(two items). A summary of the MLQ 5X short form

styles, factors, item numbers, and descriptions are depicted in Table 2 (Avolio, 1999; Avolio

& Bass, 2004).

**Psychometric Properties of MLQ 5X short form**

The MLQ 5X short form instrument has been widely used for over 25 years with a

reported internal consistency (Chronbach's Alpha) ranging between 0.76-0.89 (Avolio &

Bass, 2004). This instrument has been validated across various cultures and organizations.

The instrument is easy to administer and has been translated into dozens of languages.

Extensive research using the MLQ 5X short form has reported strong construct validity,

internal consistency, and factor loadings (Avolio & Bass, 2004). Based on the strong

validation evidence for this instrument, it was chosen over other leadership instruments for

this study (Table 2).

Table 2

*Multifactor Leadership Questionnaire 5X short form Scales and Descriptions*

| Leadership style | Factors | # | Description |
|---|---|---|---|
| Transformational | Idealized Influence -Behavior | 4 | Leader builds trust and confidence through personal association |
| | Idealized Influence -Attributes | 4 | Leader develops a collective sense of mission and values |
| | Inspirational motivation | 4 | Leader creates a collective vision |
| | Individual consideration | 4 | Leader teaches and coaches on an individual basis |
| | Intellectual stimulation | 4 | Leader encourages innovation through examination and analysis of critical assumptions |
| Transactional | Contingent Reward | 4 | Leader provides meaningful rewards based upon task completion |
| | Management by Exception-active | 4 | Leader seeks deviation from expectations and provides punishment |
| | Management by Exception-passive | 4 | Leader reacts to situations after they become serious |
| Passive-avoidant | Laissez-faire | 4 | Absence of leadership |
| Outcome Factors | Satisfaction | 2 | Three outcomes of leadership |
| | Effectiveness | 4 | |
| | Individual/Group and Organization | 3 | |

*Note.* From "Multifactor Leadership Questionnaire," by B. Bass & B. Avolio, 1995, Copyright by Bass & Avolio. Reprinted with permission. # = number of items in questionnaire (Appendix H).

**Conditions of Work Effectiveness Questionnaire (CWEQ-II)**

Structural empowerment has been defined by Kanter (1977) as the presence of social

structures in the workplace that enable employees to accomplish work in meaningful ways.

Empowerment is a process which fosters power. Power is the ability to mobilize materials and

people resources used to accomplish organizational goals. Kanter (1993) described two types

of power: informal and formal. Informal power is facilitated by the alliances formed between

employees within an organization. Formal power is facilitated by those persons serving in the

visible positions and central jobs within an organization. Structural empowerment increases

with increased opportunity, access, and support within an organization (Wong et al., 2013).

Staff nurse structural empowerment has been linked to a number of outcomes such as job

satisfaction, autonomy, trust, respect, and intent to stay (Hauck et al., 2011). Authentic

leadership style has positively correlated to staff nurse empowerment (Laschinger, Heather,

Wong, Kaufmanni, & Math, 1999).

Structural empowerment was measured using the CWEQ-II. The first 19 items of this

self-reported survey measured staff nurse's perception of structural empowerment based on

six subscales (Table 3). Each item was measured using a five-point Likert scale ranging from

1 (never), 3 (some) to 5 (a lot).  The last two items were used as global measures of

empowerment. These items measured responses using a five-point Likert scale ranging from 1

(strongly disagree) to 5 (strongly agree). For each subscale, the items are summed and

averaged with a score ranging from 1 to 5 (Appendix I).

A total empowerment score was calculated by summing the scores from all six subscales

for a maximum score of 30. Scores ranging from 6-13 indicate low empowerment. Scores

ranging from 14-20 indicate moderate levels of empowerment and scores from 23-30 indicate

high empowerment (Laschinger, 2013).

Table 3

*Conditions of Work Effectiveness-II (CWEQ) Instrument Subscales and Item Numbers*

| Subscale | Item number in CWEQ-II instrument |
|---|---|
| Access to opportunity (AO) | 1-3 |
| Information (I) | 4-6 |
| Support (S) | 7-9 |
| Resources (R) | 10-12 |
| Formal power (FP) | 13-15 |
| Informal power (IP) | 16-19 |
| Global Empowerment (GP) | 20-21 |

*Note*. From "Conditions of Work Effectiveness-II," by Laschinger, 2013, Reprinted with Permission.

**Psychometric Properties of CWEQ-II**

The CWEQ-II is a modified version of the original CWEQ. The CWEQ-II has been used

frequently in nursing research since 2000 and has shown consistent reliability and validity. A

panel of experts were used to establish face and content validity of the CWEQ-II instrument.

The first four subscales (opportunity-AO, information-I, support-S, and resources-R)

contained three questions each for a total of 12 questions. The CWEQ-II has a high

correlation with another measure of empowerment, the Global Empowerment Measure

(GEM) ($r$=0.56), demonstrating additional evidence of construct validity (Laschinger, 2013).

The previously established internal consistency (Crohnbachs Alpha) for the all instrument

subscales range from 0.71-0.90 (Laschinger, Heather, Finegan & Shamian, 2001).

**Utrecht Work Engagement Scale (UWES)**

Work engagement was measured using a seventeen item Utrecht Work Engagement

Scale (UWES).  This instrument has been used in over 22,000 subjects and in several

countries including China, Finland, South Africa, Spain, and the Netherlands. The UWES consists of three subscales: vigor, dedication, and absorption (Schaufeli et al., 2006).

Vigor is defined as a high level of energy and mental resilience while working. Vigor was the willingness to invest effort in work and persist when faced with challenges at work. Vigor was measured in six items of the seventeen item instrument. Dedication was described as a strong involvement in work and the feeling of pride and enthusiasm in one's work. Dedication was measured in five items of the seventeen item instrument. Absorption was defined as the full engrossment in one's work where time passes quickly and one has difficulty detaching themselves. Absorption was measured with six items of the seventeen item instrument (Appendix J).

This seventeen item instrument is rated based on a seven-point Likert scale ranging from 0 (never), 1 (almost never), 2 (rarely), 3 (sometimes), 4 (often), 5 (very often) and 6 (always). One example of the sample item measuring for Absorption is "I get carried away when I'm working." One example of the sample item measuring Vigor is "At my job, I feel strong, and vigorous." One example of a sample item for Dedication is "I am enthusiastic about my job" (Schaufeli et al., 2006).

**Psychometric Properties of UWES**

The internal consistency (Chronbach's Alpha) for the overall instrument is 0.90. The internal consistency for each of the subscales is: 0.72 for Vigor, 0.84 for Dedication, and 0.77 for Absorption (Schaufeli et al., 2006). Previously conformed confirmatory factor analyses confirmed the three factor structure (Schaufeli & Bakker, 2003). A high degree of validity and reliability has been established using this instrument across many occupations and populations (Schaufeli et al., 2006).

**Intent to Stay (ITS) Questionnaire**

The Theoretical Model of Clinical Nurses Intent to Stay scale was originally developed

by Price and Mueller in 1981. The Intent to Stay scale is used to measure nurse's intentions

for continued membership in an organization. The original instrument consisted of one

question with Likert scale responses. The question was, "Which of the following statements

most clearly reflects your feelings about your future in the hospital? (1) Definitely will not

leave, (2) Probably will not leave, (3) Uncertain, (4) Probably will leave, and (5) Definitely

will leave" (Price & Mueller, 1981, p. 546).

Kim et al. (1996) increased the measure to one and six questions respectively. The

rationale for increasing the number of items was to increase the reliability and to include

additional aspects of intent to stay. The additional questions addressed nurse's intent to leave

their job, leave the hospital, and the time frame. The six item instrument was used in this

study to measure intent to stay in staff nurses in their current job and hospital, for the next

one, three and five years) (Appendix K).

**Psychometric Properties of ITS Questionnaire**

This instrument does not contain any subscales. The six item instrument has an internal

reliability (Chronbach's alpha) of 0.89-0.90 (Yoder, 1995). This instrument has been used in

numerous nursing research studies and across various nursing specialties (Cowden &

Cummings, 2011). A depiction of each of the four instrument subscales, item numbers, and

reliability are depicted in Table 4.

**Data Analysis**

The researcher sought to examine the strength of the relationship between nurse manager

leadership style factors and staff nurse structural empowerment, work engagement, and intent

to stay. The anticipated sample consisted of 400 staff nurse participants. The statistical

techniques used included univariate statistics, bivariate statistics, and multivariate statistics to

test the following null hypotheses.

Table 4

*Summary of Survey Instrument Subscales, Item Numbers and Reliability*

| Variable | Instrument | Subscale | # items | Chronbach α |
|---|---|---|---|---|
| Leadership | Multifactor Leadership Questionnaire (MLQ) 5X short form | Transformational Transactional Passive-avoidant | 45 | 0.76-0.89 |
| Structural Empowerment | Conditions of Work Effectiveness Questionnaire (CWEQ-II) | Opportunity Information Support Resources Formal power Informal power | 21 | 0.71-0.90 |
| Work Engagement | Utrecht Work Engagement Scale (UWES) | Dedication Vigor Absorption | 17 | 0.72-0.84 |
| Intent to Stay | Intent to Stay Questionnaire | No subscales | 6 | 0.89-0.90 |

*Note*. From "Multifactor Leadership Questionnaire," by B. Bass & B. Avolio, 1995, Copyright by Bass & Avolio. From "Conditions for work effectiveness questionnaire I and II" by H. Laschinger, 2013. Copyright by Laschinger, 2013. From "Utrecht work engagement scale" by W. Schaufeli & A. Bakker, 2003. Copyright by Schaufeli & Bakker, 2003. From "Intent to Stay Questionnaire" by Kim et al., 1996. Reprinted with permission.

Descriptive statistics were determined for the staff nurse demographic data (age, gender,

specialty unit, hospital bed size, professional credentials, current job position, highest

educational degree, hours worked per week, type of shift, years of nursing experience, years in

current position, and years with the organization). Bivariate analysis included correlation

testing using Pearson-Product-Moment statistical analysis. Bivariate analysis examined

relationships among the demographic and instrument responses. SAS® software, Version 8

was used to analyze the data collected (Appendix L).

Multivariate analysis was used to conduct multiple regression of the study variables and

determine the strength of the relationship between nurse manager leadership style and staff

nurse structural empowerment, work engagement, and intent to stay. The initial approach to the data analysis consisted of running several elimination methods (e.g. forward, backward and stepwise). Once it was determined the three methods concurred, the method with the simplest explanation was subsequently used. The chosen method for analysis was the backward elimination technique. This technique began with all candidate variables included in the analysis. For example, to test the predicted value of the dependent variable (leadership style factors) was set to the value of one of the independent variables (e.g. structural empowerment, work engagement or intent to stay). The deletion of each of the independent variables (e.g. each of the work engagement subscales) was removed based on it causing the smallest decrease in R squared. R squared represents how well the variable fits within the model along the regression line. The removal of independent variables continues, in a step-wise fashion until the variables remaining significantly contributed to the model. Significance was based on a pre-determined alpha value. The alpha level for the model was set at $p<0.05$.

**Summary of Methods**

The primary purpose of this study was to investigate the strength of the relationship between nurse managers leadership style factors and staff nurse structural empowerment, work engagement, and intent to stay. Several null hypotheses were tested to answer each of the twelve research questions. The current chapter presented the design, sample, setting, human subject protection, instruments, research procedure, data gathering techniques, and data analysis plan for the study. Following careful collection of data and entry into the SAS® software, Version 8, data analysis was calculated for the study variables using univariate, bivariate, and multivariate analysis. Implications for nursing will be described in terms of education, practice, and further areas of recommended research inquiry.

**CHAPTER IV**

**RESULTS**

This descriptive correlational research study examined the influence of nurse manager leadership style factors on staff nurse perception of structural empowerment, work engagement, and intent to stay. This chapter describes the participant demographics and the results of the data analysis which were guided by the study questions and the conceptual framework.

**Demographics and Research Procedures**

Staff nurses from three acute care hospitals in the southeastern region of the United States were emailed online surveys using Survey Monkey™. The email included a welcome letter followed by a consent to participate. The first two questions of the survey were used to determine if the participants met inclusion criteria. The first two questions of the survey asked (a) "are you currently working as a staff nurse?" and (b) "are you currently attending orientation for your current job?" If the participant selected "yes" that they were a staff nurse and "no" they were not currently attending orientation, the survey continued. If the participant did not meet the inclusion criteria, the survey closed and the participant was thanked for his/her time.

Prior to sending out the surveys, the researcher met with each hospital's Chief Nursing Officer (CNO) to obtain approval for the study. Each CNO provided a "gatekeeper" for communication purposes. For this study, each hospital "gatekeeper" emailed the surveys to the respective staff nurses. A total of three email "blasts" were sent and included the initial survey invitation, two week reminder, and a four week reminder. The researcher attended the shared governance meetings at Hospitals A and C to discuss the study with hospital

administration, directors, and staff in order to obtain permission to survey the hospital nurses. Hospital B did not request a meeting. Hospital B provided the survey to the nurses through a learning management system aimed to increase the response rate. According to Hospitals B's "gatekeeper", this was the best system for communicating with their nurses.

Each participating hospital was sent a unique URL containing the survey invitation, consent link and survey questions. The survey included demographic questions, the Multifactor Leadership Questionnaire (MLQ) 5X short form, Utrecht Work Engagement Scale (UWES), Conditions of Work Effectiveness Questionnaire (CWEQ), and the Intent to Stay (ITS) questionnaire. Once the survey closed, raw data was saved in Microsoft® EXCEL (Version 2013). Analysis was completed using SAS® software, Version 8.

In total, 630 of the 2,008 staff nurses responded to the survey for an overall response rate of 31%. Participants were removed from the final analysis if they did not consent, did not meet inclusion criteria or exited the survey early. Among the group of staff nurses who responded, a total of 441 were included in the final data analysis (Table 5).

Table 5

*Frequency Distribution of Staff Nurse Participants by Hospital*

| Variable | Hospital A | | Hospital B | | Hospital C | | Total | |
|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) |
| Received survey | 601 | | 761 | | 646 | | 2008 | |
| Accessed survey | 210 | (35) | 144 | (19) | 276 | (43) | 630 | (31) |
| Did not consent | 10 | (2) | 5 | (1) | 61 | (9) | 76 | (4) |
| Did not meet inclusion criteria | 28 | (5) | 22 | (3) | 42 | (7) | 92 | (5) |
| Exited the survey early | 10 | (2) | 4 | (1) | 7 | (2) | 21 | (1) |
| Included in final analysis | 162 | (27) | 113 | (15) | 166 | (26) | 441 | (23) |

The online survey opened on July 21, 2014 and closed on September 1, 2014. Hospital B requested the survey to be completed by mid-August so it would not conflict with their staff satisfaction survey in October.  Based on this request, Hospital B's initial survey was emailed on July 17, 2014 and closed on August 16, 2014. The IRB was notified and approved this modification.  There was no noted impact on the data collected from this hospital based on this request.

Among the sample of staff nurse participants, 393 (89.1%) were female and 48 (10.9%) were male.  The largest group of subjects ranged between the ages of 30 to 39 (n=116, 26.3%). This was closely followed by the age ranges of 40 to 49 (n=106, 24.0%) and the age range of 50-59 (n=98, 22%). A total of 49 (11.1%) participants were over age 60 (Table 6).

Table 6

*Frequency Distribution for Staff Nurse Participants by Gender and Age (n=441)*

| Variable | n | % |
|---|---|---|
| Gender | | |
| Male | 48 | 10.9 |
| Female | 393 | 89.1 |
| Age | | |
| 20-29 | 72 | 16.3 |
| 30-39 | 116 | 26.3 |
| 40-49 | 106 | 24.0 |
| 50-59 | 98 | 22.2 |
| 60+ | 49 | 11.1 |

The largest portion of the sample of staff nurses (n=215, 48.8%) reported working in 100-250 bed hospitals. This was closely followed by 189 (42.9%) of the staff nurses who reported working in 251-500 bed hospitals. The majority of the participants (n=319, 88.9%) reported they currently worked as a staff nurse. A small number of participants reported working as an educator in their current job (n=10, 2.3%). Two (0.5%) nurses reported

working as a Clinical Nurse Specialist (CNS) and 4 (0.9%) of the nurses reported working as a Nurse Practitioner (NP). Thirty four (7.7%) reported "other" as their current job position (Table 7).

Table 7

*Frequency Distribution for Staff Nurses by Hospital Size and Job Position (n=441)*

| Variable | n | % |
|---|---|---|
| Hospital size | | |
| <100 beds | 16 | 3.6 |
| 100-250 beds | 215 | 48.8 |
| 251-500 beds | 189 | 42.9 |
| >500 beds | 21 | 4.8 |
| Current Job Position | | |
| Staff nurse | 391 | 88.7 |
| Educator | 10 | 2.3 |
| CNS | 2 | 0.5 |
| Nurse Practitioner | 4 | 0.9 |
| Other | 34 | 7.7 |

*Note.* CNS = Clinical Nurse Specialist.

More than half of the participants reported having a Baccalaureate Degree in Nursing (n=225, 51.7%). Among the study participants, 153 (34.7%) possessed an Associate Degree in Nursing and 24 (5.4%) had a Masters Degree in Nursing as the highest education preparation. A small percentage of the sample had a Diploma in Nursing (n = 36, 8.2%) (Table 8).

Among the study participants, 96 (21.8%) reported having a certification in nursing. 16 (3.6%). Two (0.5%) of the nurses reported having an advanced practice registered nurse (APRN) license. Sixteen of the nurses (3.6%) reported being a master's prepared registered nurse and none of the nurse participating in the study reported having a doctoral degree. Nine (2%) of the nurses reported "other" as their professional credentials (Table 8).

Table 8

*Frequency Distribution for Staff Nurses by Highest Educational Degree and Professional Credentials (n=441)*

| Variable | n | % |
|---|---|---|
| Highest educational degree | | |
| Diploma | 36 | 8.2 |
| Associate | 153 | 34.7 |
| Baccalaureate | 225 | 51.7 |
| Master's Degree | 24 | 5.4 |
| Doctoral Degree | 0 | 0 |
| Professional Credentials | | |
| Registered Nurse | 319 | 72.1 |
| RN with certification | 96 | 21.8 |
| APRN | 2 | 0.5 |
| Masters Prepared RN | 16 | 3.6 |
| Doctoral Prepared RN | 0 | 0 |
| Other | 9 | 2.0 |

Among the study participants, 109 (24.7%) worked in medical/surgical units and 107 (24.2%) worked in a critical care unit. The remaining portion of the study participants worked in perioperative (n=49, 11/1%), maternal/infant health (n=50, 11.3%), behavioral health (n=21, 4.8%); rehabilitation nursing (n=6, 1.4%) and pediatric (n=4, 0.9%) nursing specialty units. Ninety-five (21.5%) of the nurses reported working in a unit other than those listed in the survey (Table 9).

The largest portion of the sample (n=252, 57.1%) reported working day shift. A smaller number of nurses (n = 117, 26.5%) reported working night shift. The majority of the staff nurses worked 33 to 40 hours per week (n=300, 68%). A small percentage reported working part time (n = 36, 8.2%). Sixteen nurses (3.6%) reported working less than part time, or less than 20 hours per week. In this study, 89 (20.2%) nurses worked more than 40 hours per week (Table 9).

Table 9

*Frequency Distribution for Staff Nurses by Specialty Area, Hours Worked Per Week and Type of Shift (n=441)*

| Variable | n | % |
| --- | --- | --- |
| Specialty area | | |
| Medical/surgical | 109 | 24.7 |
| Critical care | 107 | 24.2 |
| Perioperative | 49 | 11.1 |
| Maternal/infant health | 50 | 11.3 |
| Behavioral health | 21 | 4.8 |
| Rehabilitation Unit | 6 | 1.4 |
| Pediatric Unit | 4 | 0.9 |
| Other | 95 | 21.5 |
| Hours worked per week | | |
| <20 | 16 | 3.6 |
| 20-32 | 36 | 8.2 |
| 33-40 | 300 | 68.0 |
| >40 | 89 | 20.2 |
| Type of shift | | |
| Day shift | 252 | 57.1 |
| Evening shift | 5 | 1.1 |
| Night shift | 117 | 26.5 |
| Other | 67 | 15.2 |

*Note.* Day shift = 7am-7pm, Evening shift = 3pm -11pm, and Night shift = 7pm-7am.

A majority of the staff nurse participants (n = 133; 30.2%) reported working 5 to 10 years in their current position. This was followed by a reported 77 (17.5%) of the staff nurses having more than fifteen years' experience in their current position. Fifty-five (12.5%) of the staff nurses reported having less than one year experience in their current position (Table 10).

For current hospital employment, 126 (28.0%) staff nurses were employed in their present hospital between 5 and 10 years. A slightly smaller number of staff nurses (n =106; 24%) reported working in their current hospital between 1 and 5 years. Seventy-seven nurses (77.5%) reported working in nursing between 5 and 10 years (Table 10).

Table 10

*Frequency Distribution for Staff Nurses by Years in Present Position, Years in Hospital, and Years in Professional Field (n=441)*

| Variable | n | % |
|---|---|---|
| Years in present position | | |
| 0-1year | 55 | 12.5 |
| >1-5 years | 120 | 27.2 |
| >5-10 years | 133 | 30.2 |
| >10-15 years | 56 | 12.7 |
| >15 years | 77 | 17.5 |
| Years in present hospital | | |
| 0-1year | 53 | 12.0 |
| >1-5 years | 106 | 24.0 |
| >5-10 years | 126 | 28.6 |
| >10-15 years | 51 | 11.6 |
| >15-20 years | 43 | 9.8 |
| >20-25 years | 30 | 6.8 |
| >25-30 years | 15 | 3.4 |
| >30 years | 17 | 3.9 |
| Years in professional field | | |
| 0-1year | 29 | 6.6 |
| >1-5 years | 79 | 17.9 |
| >5-10 years | 77 | 17.5 |
| >10-15 years | 55 | 12.5 |
| >15-20 years | 57 | 12.9 |
| >20-25 years | 44 | 10.0 |
| >25-30 years | 34 | 7.7 |
| >30 years | 66 | 15.0 |

**Research Questions**

This study investigated the influence of nurse manager leadership style factors on staff

nurse structural empowerment, work engagement, and intent to stay. In addition to the

demographic questions, the instruments used to measure the study variables included the

Multifactor Leadership Questionnaire (MLQ) 5X short form, Conditions of Work

Effectiveness Questionnaire (CWEQ II), Utrecht Work Engagement Scale (UWES), and the

Intent to Stay (ITS) Questionnaire. The study results will be described based on each research

question which guided this study. The first two questions were analyzed using univariate statistics. Questions three through twelve were analyzed using multivariate statistics.

**Research Question One**

What leadership style factors do staff nurses report in their nurse managers?

The Multifactor Leadership Questionnaire (MLQ) 5X short form instrument measured a continuum of leadership styles from transformational to transactional to passive-avoidant leadership (Bass, 1985). Five factors were used to measure transformational leadership style: idealized influence-attributes, idealized influence-behavior, inspirational motivation, intellectual stimulation, and individual consideration.  Three factors were used to measure transactional leadership style: contingent reward, management by exception - active and management by exception - passive. One factor was used to measure passive-avoidant leadership: laissez-faire. The scores to measure the leadership factors ranged from 0 (not at all), 1 (once in a while), 2 (sometimes), 3 (fairly often) to 4 (frequently, if not always) (Bass & Avolio, 1995). Table 11 depicts the means and standard deviations for MLQ 5X short form factors measured in this study. The most prevalent nurse manager leadership style factor reported by the staff nurses in this study was transformational–inspirational motivation (M=2.69; SD=1.01). This was closely followed by the transactional–contingent reward leadership style factor (M=2.59; SD=1.04). The least prevalent nurse manager style factor reported by the staff nurses was passive-avoidant (M=1.43; SD=0.98).

Table 11

*Descriptive Statistics for Nurse Manager Leadership Style Factors*

| Styles | Factors | M | SD |
|---|---|---|---|
| Transformational | Idealized Influence-attributes | 1.74 | 0.72 |
| | Idealized Influence-behavior | 2.4 | 1.11 |
| | Inspirational motivation | 2.69 | 1.01 |
| | Individual consideration | 2.33 | 0.98 |
| | Intellectual stimulation | 2.24 | 1.02 |
| Transactional | Contingent Reward | 2.59 | 1.04 |
| | Management by exception - active | 2.19 | 0.93 |
| | Management by exception - passive | 1.53 | 0.94 |
| Passive-avoidant | Laissez-faire | 1.43 | 0.98 |

Note. From "Multifactor Leadership Questionnaire," by B. Bass & B. Avolio, 1995.

**Research Question Two**

What are the levels of structural empowerment, work engagement, and intent to stay in staff nurses?

*Structural Empowerment*

The Conditions of Work Effectiveness Questionnaire (CWEQ-II) subscales reported by the study participants were scored using Likert scale responses which ranged from 1 (never), 3 (some) to 5 (a lot).  The last two items measured global empowerment. The global empowerment items included five point Likert scales ranging from 1 (strongly disagree) to 5 (strongly agree) (Laschinger, 2013). The CWEQ included a global measure of empowerment and six subscales: access to opportunity, information, support, resources, formal, and informal power. A total empowerment score was calculated by summing the scores from the six structural empowerment subscales. Table 12 depicts the means and standard deviations for subscales of structural empowerment instrument.

The structural empowerment subscale reported with the highest frequency by the staff nurses was "access to opportunity" (M=3.99; SD=0.77). The structural empowerment

subscale reported with the lowest frequency by the nurses was "formal power" (M=3.06; SD=0.93). A total empowerment score of 18.9 (SD= 6.31) was reported for the study participants. The total empowerment score can range from low to high. Scores ranging from 6-13 indicate low empowerment. Scores ranging from 14-20 indicate moderate levels of empowerment and scores from 23-30 indicate high empowerment (Laschinger, 2013). This score indicated a moderate level of empowerment among the total sample of staff nurses (Laschinger & Smith, 2013).

Table 12.

*Descriptive Statistics for Staff Nurse Structural Empowerment*

| Subscales | M | SD |
|---|---|---|
| Access to opportunity (AO) | 3.99 | 0.77 |
| Information (I) | 3.23 | 0.86 |
| Support (S) | 3.29 | 0.95 |
| Resources (R) | 3.31 | 0.99 |
| Formal power (FP) | 3.06 | 0.93 |
| Informal power (IP) | 3.67 | 0.78 |
| Global Empowerment | 3.59 | 1.01 |
| Total Empowerment | 18.9 | 6.31 |

*Note*. From "Conditions for work effectiveness questionnaire I and II" by H. Laschinger, 2013.

### *Work Engagement*

The scores for the Utrecht Work Engagement Scale (UWES) ranged from 0 (never), 1 (almost never), 2 (rarely), 3 (sometimes), 4 (often), 5 (very often) and 6 (always). The UWES consists of three subscales: vigor, dedication, and absorption (Schaufeli & Bakker, 2003). Table 13 depicts the means and standard deviations for the three subscales of vigor, dedication, and absorption as well as the level of total work engagement.

The total engagement score was calculated by averaging each of the work engagement subscales. The total work engagement score can range from very low to very high. Scores less

than 1.93 indicate very low work engagement. Scores ranging from 1.94-3.06 indicate low

work engagement. Scores ranging from 3.07-4.66 indicate average work engagement. Scores

ranging from 4.67-5.53 indicate high work engagement. Scores greater than 5.54 indicate very

high work engagement. The score of 4.08 for the participants in this study indicated an

average level of empowerment (Schaufeli & Bakker, 2003).

The work engagement subscale reported with the highest frequency by the total

sample of staff nurses was dedication (M=4.49; SD=0.95). The engagement subscale reported

with the lowest frequency by the staff nurses was absorption (M=3.65; SD=0.82).

Table 13

*Descriptive Statistics for Staff Nurse Work Engagement*

| Subscale | M | SD |
|---|---|---|
| Vigor | 3.99 | 0.89 |
| Dedication | 4.49 | 0.95 |
| Absorption | 3.65 | 0.82 |
| Total Work Engagement | 4.08 | 0.82 |

*Note.* From "Utrecht work engagement scale" by W. Schaufeli & A. Bakker, 2003.

### Intent to Stay

The Intent to Stay scale was used to measure nurse's intentions for continued

membership in their current job and hospital. Six questions were asked based on the staff

nurses intent to stay for the next one, three, and five years. The Likert scale responses were (1)

definitely will not leave, (2) probably will not leave, (3) uncertain, (4) probably will leave,

and (5) definitely will leave (Kim et al, 1996).

The lower the number, the more likely the participant intended to stay in their hospital

and/or job. Table 14 depicts the means and standard deviations for responses to the Intent to

Stay questions. A mean score of 1.9 (SD=1.2) indicated a majority of the staff nurses

"probably will not leave" their job and hospital in the next one year, three years (M=1.9;

SD=1.05), and five years (M=2.7; SD=1.26). A mean score of 2.17 (SD=1.18) indicated a

majority of the staff nurses "probably will not leave their hospital in the next one year, three

years (M=2.38; SD=1.23), and five years (M=2.55; SD=1.27).

Table 14

*Descriptive Statistics for Staff Nurse Intent to Stay*

| Intent to Stay | M | SD |
|---|---|---|
| Intent to stay in current job and present hospital for: | | |
| one year | 1.90 | 1.05 |
| three years | 2.40 | 1.20 |
| five years | 2.67 | 1.26 |
| Intent to leave current hospital for a similar job in: | | |
| one year | 2.17 | 1.18 |
| three years | 2.38 | 1.23 |
| five years | 2.55 | 1.27 |

*Note.* From "Intent to Stay Questionnaire" by Kim et al, 1996.

**Bivariate Analysis for Questions Three through Twelve**

Following the univariate analysis for research questions one and two, a bivariate analysis

was conducted to evaluate the internal consistency among the instrument subscales. Appendix

M depicts the correlations for the leadership style factors measured with the Multifactor

Leadership Questionnaire (MLQ) 5X short form, structural empowerment subscales measured

with the  Conditions of Work Effectiveness Questionnaire (CWEQ II), work engagement

subscales measured with the Utrecht Work Engagement Scale (UWES), and the items in the

Intent to Stay (ITS) Questionnaire. The bivariate analysis revealed that many of the subscales

in the four survey instruments were highly correlated. The level of significant was set at

$p<0.001$ (Appendix M).

**Multivariate Analysis for Questions Three through Twelve**

Following the bivariate analysis, a multivariate analysis was conducted. The multivariate regression analysis was completed to explore the influence of nurse managers leadership style factor on the perception of staff nurse structural empowerment, work engagement, and intent to stay. A regression analysis was determined to be appropriate for this study because it measured the relationship between several independent variables: staff nurse structural empowerment, work engagement, and intent to stay, and the dependent variable: nurse manager leadership style factors. This type of statistical analysis is widely used in research and helps to answer questions about the predictive relationship among variables (Burnes & Grove, 2010). It is important to note that this type of analysis does not answer questions about causation among the variables.

The type of regression analysis used in this study was a backward elimination procedure (Kleinbaum, Kupper, Nizam & Muller, 2007). Backward elimination regression analysis consists of analyzing a dependent variable (nurse manager leadership style factors) against a set of independent variables (staff nurse structural empowerment, work engagement, or intent to stay). In a step-wise fashion, the independent variables were eliminated based on their inability to contribute to the significance of the model. In this analysis, significance was set at $p<0.05$. As independent variables were removed, if their level of significance was above the set alpha, it was eliminated from the model. The remaining independent variables consisted of only those which significantly contributed to the dependent variable (Kleinbaum et al., 2007). The regression data depicted for the following research questions shows those variables which met the $p<0.05$ level of significance.

The multivariate results for each of the research questions will be individually described. Research questions three through five address the strength of the relationship between transformational leadership style factors and each of the study independent variables. Research questions six through eight address the strength of the relationship between transactional leadership style factors and each of the study independent variables. Research questions nine through eleven address the strength of the relationship between passive-avoidant leadership style factors and each of the study independent variables. Research question twelve represents the overarching research question and addresses strength of the relationship between each of the leadership style factors and the independent variables investigated in this study.

**Research Question Three – Transformational Leadership and Structural Empowerment**

What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse structural empowerment?

The transformational leadership style factors measured in this study included idealized influence-attributes, idealized influence-behaviors, inspirational motivation, intellectual stimulation, and individual consideration. The structural empowerment subscales included access to opportunity, information, support, resources, formal power, and informal power. In addition to the six subscales, a global measure of empowerment was measured.

*Idealized influence-attributes*

In the first step of the backward elimination regression analysis, the transformational leadership factor of idealized influence-attributes was analyzed against the global measure of empowerment and the six structural empowerment subscales of opportunity, information, support, resources, formal and informal power (Figure 2).

*Figure 2*. Research Question Three – Idealized Influence – Attributes. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 2, the structural empowerment subscale of resources was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 3).



*Figure 3*. Research Question Three – Idealized Influence – Attributes. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
*$p<0.05$.

In Step 3 of the backward elimination analysis, the structural empowerment subscale of informal power was removed because it did not meet the condition of $p<0.05$ (Figure 4).



*Figure 4.* Research Question Three – Idealized Influence – Attributes. Step Three of Backward Elimination Regression Analysis Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
*$p<0.05$.

In step 4 of the backward elimination analysis, the structural empowerment subscale of opportunity was removed because it did not meet the condition of $p<0.05$ (Figure 5).



*Figure 5.* Research Question Three – Idealized Influence – Attributes. Step Four of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest.
*$p<0.05$.

In step 5 of the backward elimination analysis, the formal subscale of structural

empowerment was removed because it did not meet the condition of $p<0.05$ (Figure 6).



*Figure 6.* Research Question Three – Idealized Influence – Attributes. Step Five of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. **$p<0.001$

In the final backward elimination step, the only variables remaining in the model were

global empowerment and the two subscales of information and support. The result of the

analysis for research question four concluded the transformational leadership style factor of

idealized influence – attributes was a significant  and positive predictor of the global measure

of empowerment (β=0.380, $F$=31.2, $p<0.001$) and the two subscales of information (β=0.171,

$F$=5.52, $p<0.001$) and support (β=0.538, $F$=55.25; $p<0.001$) (Table 15).

*Idealized influence-behaviors*

In the first step of the backward elimination regression analysis, the transformational

leadership factor of idealized influence-behaviors was analyzed against the global measure of

empowerment and the six structural empowerment subscales of opportunity, information,

support, resources, formal and informal power (Figure 7).

*Figure 7.* Research Question Three – Idealized Influence – Behaviors. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step two, the structural empowerment subscale of informal was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 8).



*Figure 8.* Research Question Three – Idealized Influence – Behaviors. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step three of the backward elimination analysis, the structural empowerment subscale of resources was removed because it did not meet the condition of $p<0.05$ (Figure 9).



*Figure 9*. Research Question Three – Idealized Influence – Behaviors. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
*p<0.05.

In step four of the backward elimination analysis, the structural empowerment subscale of opportunity was removed because it did not meet the condition of $p<0.05$ (Figure 10).



Figure 10. Research Question Three – Idealized Influence – Behaviors. Step Four of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest.
*p<0.05.

In step five of the backward elimination analysis, the structural empowerment subscale of formal was removed because it did not meet the condition of p<0.05 (Figure 11).



*Figure 11.* Research Question Three – Idealized Influence – Behaviors. Step Five of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest.
*p<0.05

In the final backward elimination step, the variables remaining in the model were global empowerment and the two subscales of support and information. The result of the analysis for research question four concluded the transformational leadership style factor of idealized influence – behaviors was a significant and positive predictor of the global measure of empowerment (β=0.236, F=12.66, p<0.001) and the two subscales of information (β=0.167, F=5.57, p<0.001) and support (β=0.481, F=46.58; p<0.001) (Table 15).

*Inspirational Motivation*

In the first step of the backward elimination regression analysis, the transformational leadership style factor of inspirational motivation was analyzed against the global measure of empowerment and the six structural empowerment subscales of opportunity, information, support, resources, formal and informal power (Figure 12).
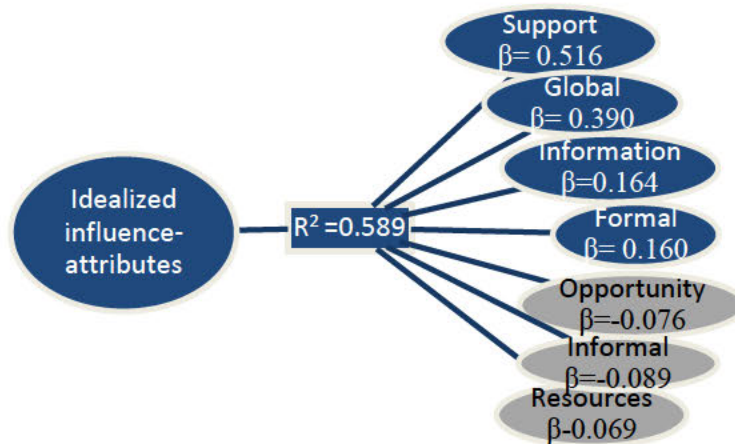
*Figure 12.* Research Question Three – Inspirational Motivation. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step two, the structural empowerment subscale of resources was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 13).
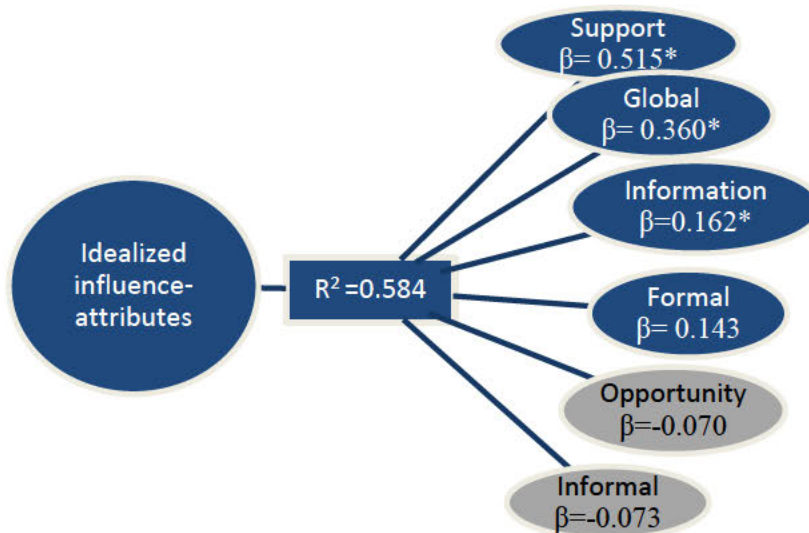


Figure 13. Research Question Three – Inspirational Motivation. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step three of the backward elimination analysis, the structural empowerment subscale of formal subscale was removed because it did not meet the condition of $p<0.05$ (Figure 14).
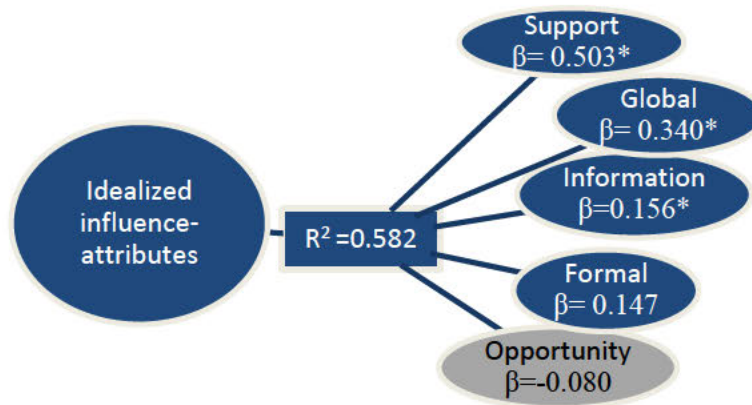


*Figure 14.* Research Question Three – Inspirational Motivation. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color
*$p<0.05$.

In step four of the backward elimination analysis, the structural empowerment subscale of informal subscale was removed because it did not meet the condition of $p<0.05$ (Figure 15).



*Figure 15.* Research Question Three – Inspirational Motivation. Step Four of Backward Elimination Regression Analysis. β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
*$p<0.05$.

In step five of the backward elimination analysis, the structural empowerment subscale of opportunity was removed because it did not meet the condition of $p<0.05$ (Figure 16).
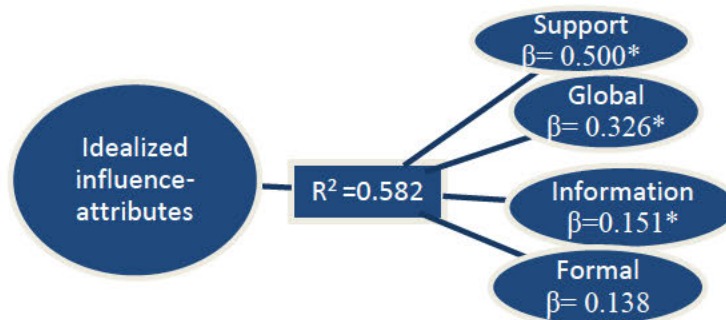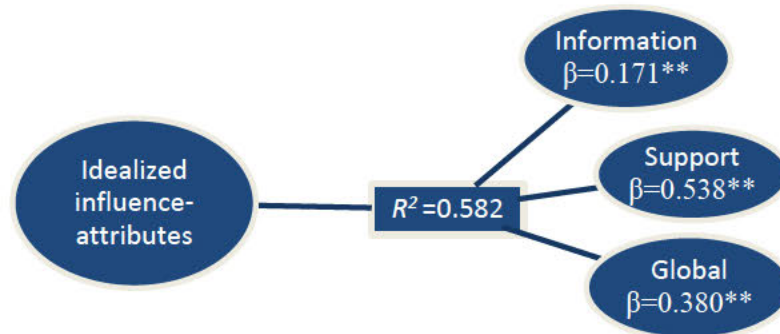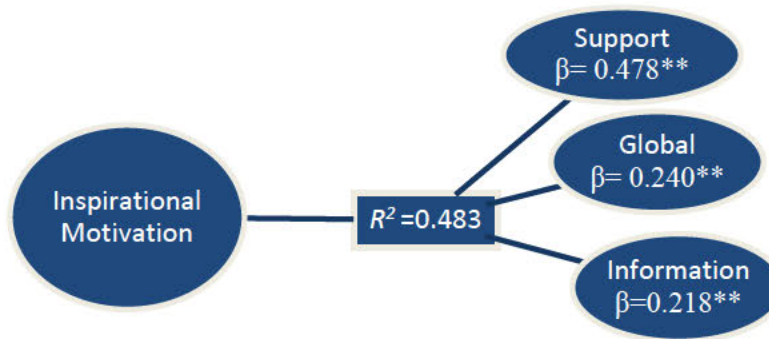


*Figure 16.* Research Question Three – Inspirational Motivation. Step Five of Backward Elimination Regression Analysis Beginning at the top, β weights are ranked from highest to lowest.
**$p<0.001$.

In the final backward elimination step, the only variables remaining in the model were global empowerment and the two subscales of information and support. The result of the analysis for research question four concluded the transformational leadership style factor of inspirational motivation was a significant and positive predictor of the global measure of empowerment ($\beta=0.240$, $F=11.87$, $p<0.001$) and the two subscales of information ($\beta=0.218$, $F=856$, $p<0.001$) and support ($\beta=0.478$, $F=41.73$; $p<0.001$) (Table 15).

*Intellectual Stimulation*

In the first step of the backward elimination regression analysis, the transformational leadership style factor of intellectual stimulation was analyzed against the global measure of empowerment and the six structural empowerment subscales of opportunity, information, support, resources, formal and informal power (Figure 17).
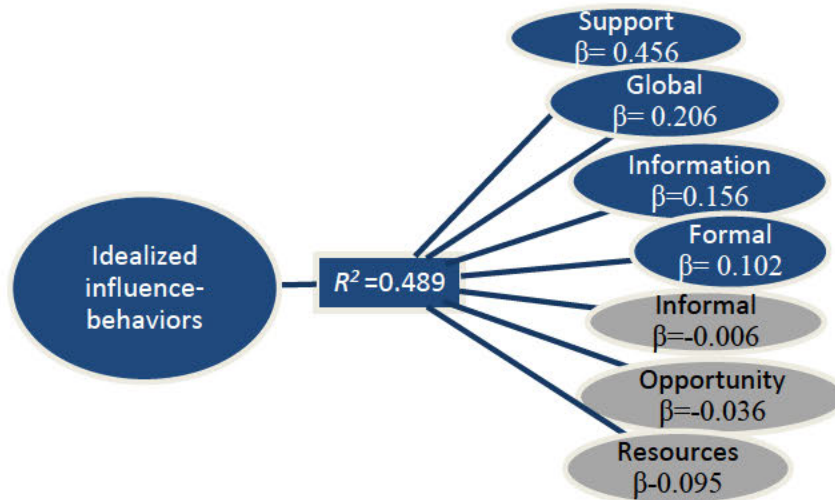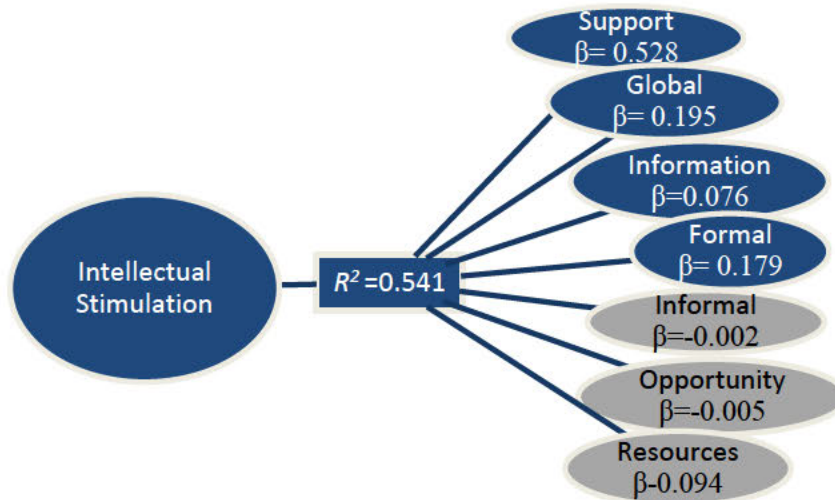
*Figure 17.* Research Question Three – Intellectual Stimulation. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step two, the structural empowerment subscale of informal power was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 18).
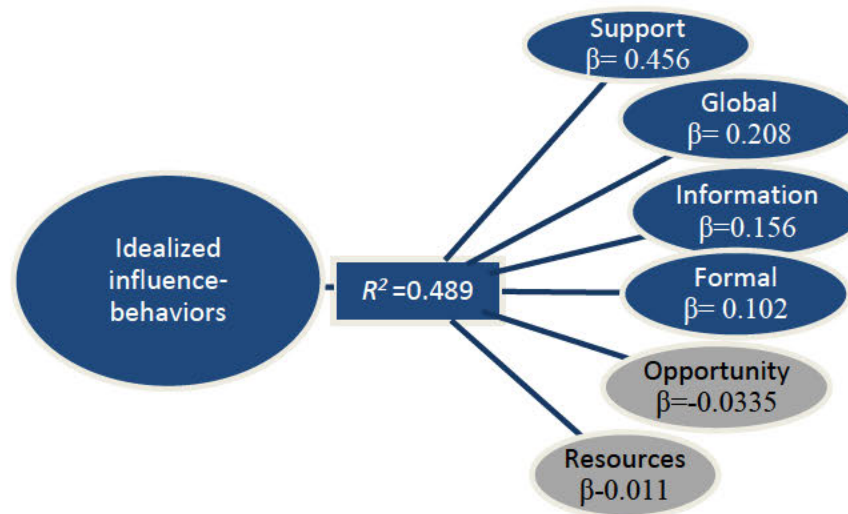


*Figure 18.* Research Question Three – Intellectual Stimulation. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step three of the backward elimination analysis, the structural empowerment subscale of opportunity subscale was removed because it did not meet the condition of $p<0.05$ (Figure 19).
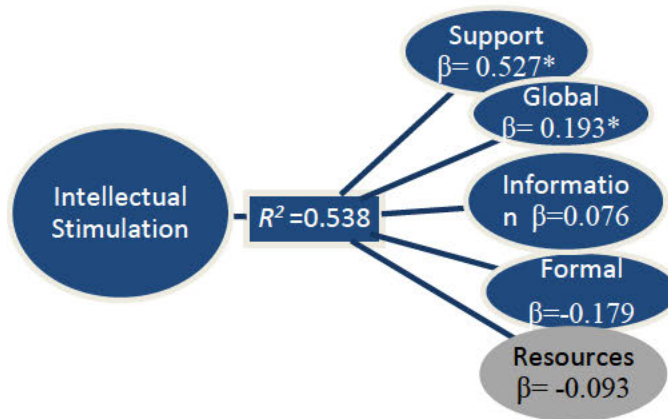


*Figure 19.* Research Question Three – Intellectual Stimulation. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
* $p<0.05$.

In step four of the backward elimination analysis, the structural empowerment subscale of information subscale was removed because it did not meet the condition of $p<0.05$ (Figure 20)
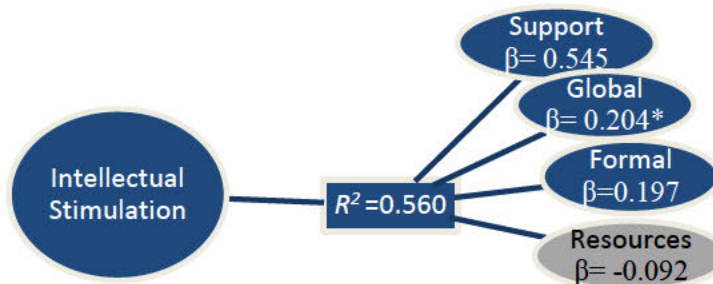


*Figure 20.* Research Question Three – Intellectual Stimulation. Step Four of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
* $p<0.05$.

In step five of the backward elimination analysis, the structural empowerment subscale of resources was removed because it did not meet the condition of $p<0.05$ (Figure 21).
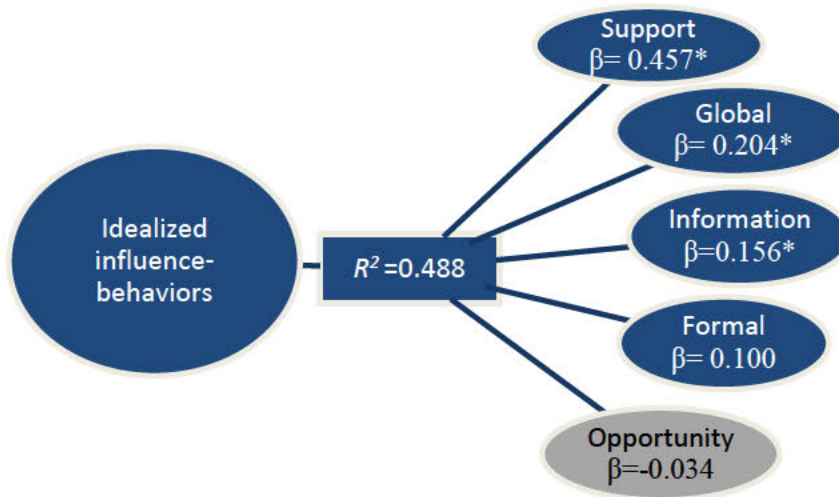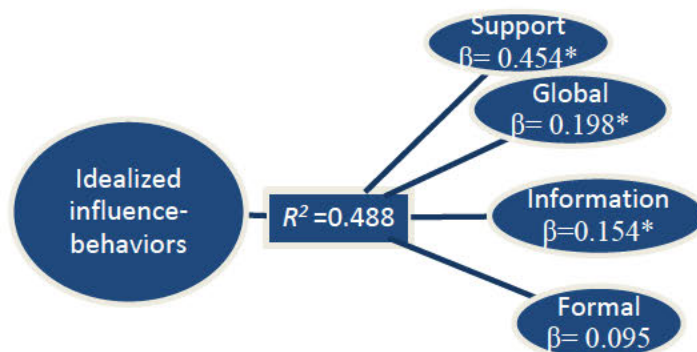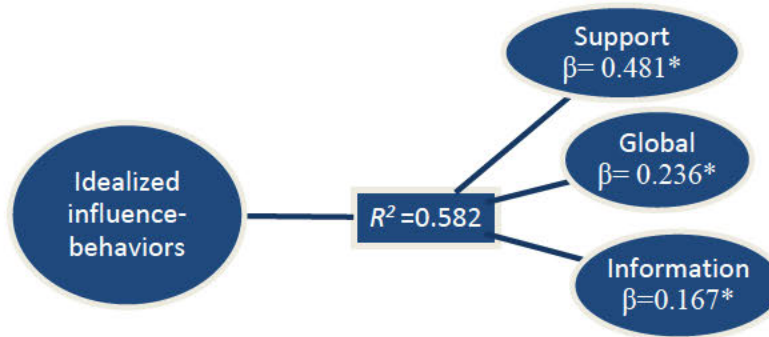


*Figure 21.* Research Question Three – Intellectual Stimulation. Step Five of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest.
*$p<0.05$, **$p<0.001$.

In the final backward elimination step, the only variables remaining in the model were global empowerment and the two subscales of formal power and support. The result of the analysis for research question four concluded the transformational leadership style factor of intellectual stimulation was a significant predictor and positive of the global measure of empowerment (β=0.174, $F$=9.77, $p<0.001$) and the two subscales of formal (β=0.175, $F$=4.81, $p<0.001$) and support (β=0.547, $F$=38.81; $p<0.001$) (Table 15).

*Individual Consideration*

In the first step of the backward elimination regression analysis, the transformational leadership factor of individual consideration was analyzed against the global measure of empowerment and the six structural empowerment subscales of opportunity, information, support, resources, formal and informal power (Figure 22).
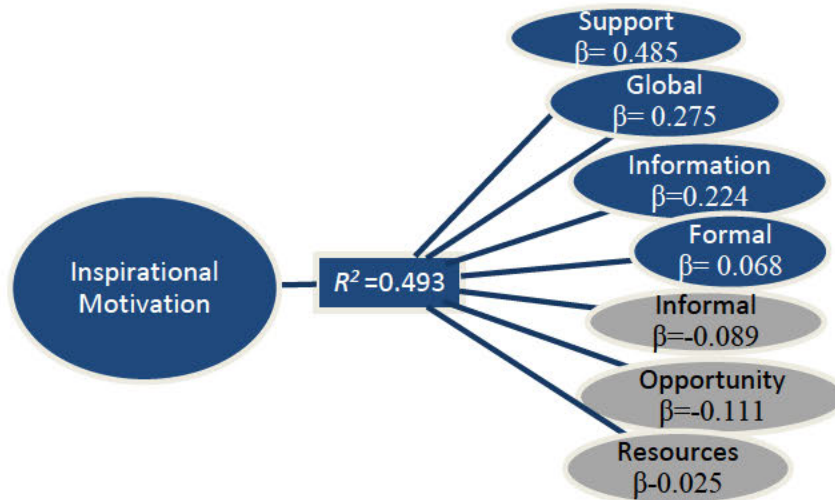
*Figure 22.* Research Question Three – Individual Consideration. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step two, the structural empowerment subscale of informal power was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 23).
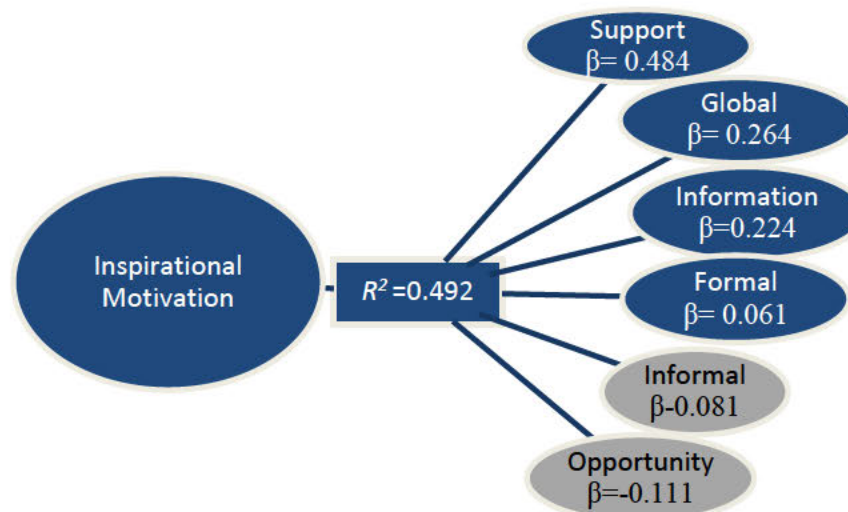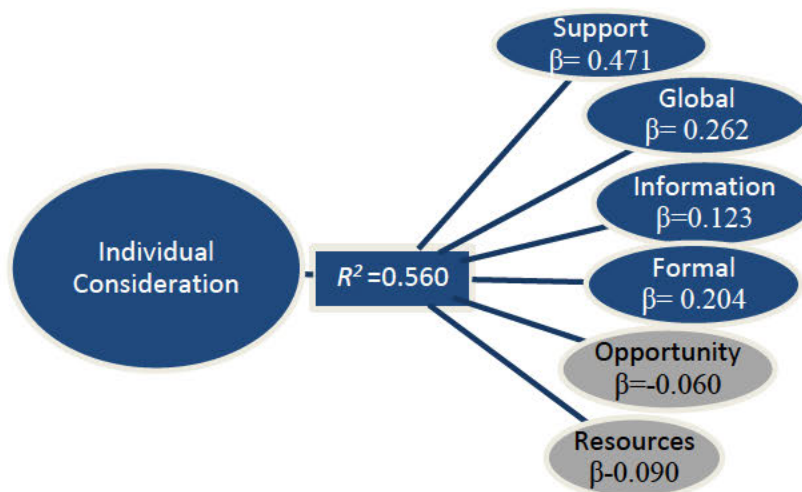


Figure 23. Research Question Three – Individual Consideration. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step three of the backward elimination analysis, the structural empowerment subscale

of opportunity subscale was removed because it did not meet the condition of $p<0.05$ (Figure

24).



*Figure 24.* Research Question Three – Individual Consideration. Step Three of Backward Elimination
Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's
are shaded in a lighter color.
*$p<0.05$.

In step four of the backward elimination analysis, the structural empowerment subscale

of resources subscale was removed because it did not meet the condition of $p<0.05$ (Figure

25).



*Figure 25.* Research Question Three – Individual Consideration. Step Four of Backward Elimination
Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest.
*$p<0.05$.

In step five of the backward elimination analysis, the structural empowerment subscale of formal power was removed because it did not meet the condition of $p<0.05$ (Figure 26).
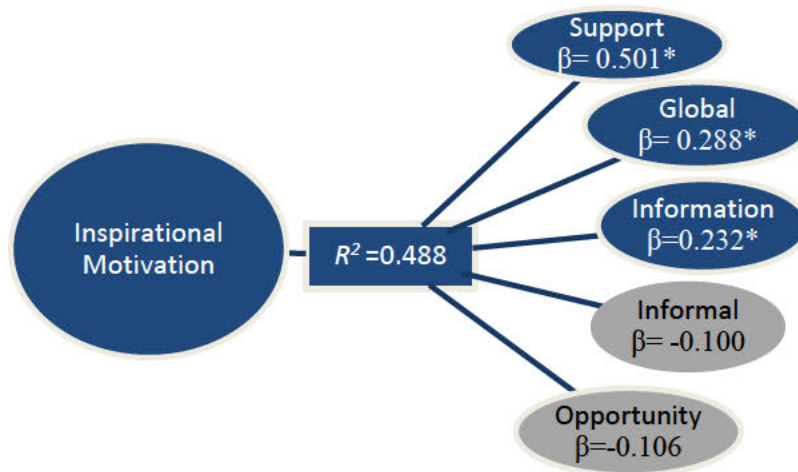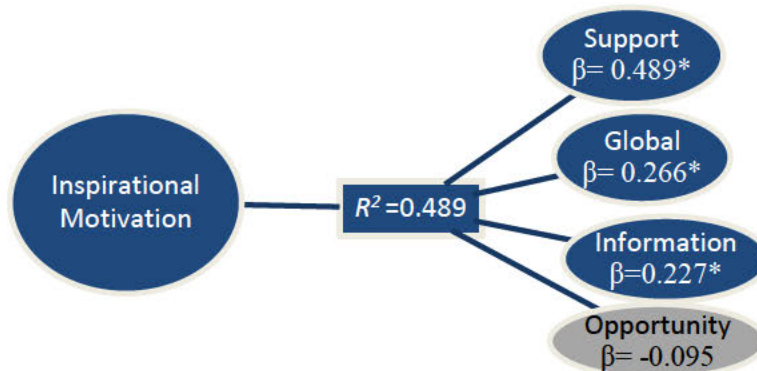


*Figure 26.* Research Question Three – Individual Consideration. Step Five of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest.
*$p<0.05$, **$p<0.001$.

In the final backward elimination step, the only variables remaining in the model were global empowerment and the two structural empowerment subscales of information and support. Table 15 depicts the results of the final steps in the backward elimination analysis for research question four. The analysis concluded the transformational leadership style factor of intellectual stimulation was a significant and positive predictor of the global measure of empowerment (β=0.279, $F$=10.83, $p<0.05$ and the two structural empowerment subscales of information (β=0.237, $F$=11.28, $p<0.001$) and support (β=0.502, $F$=45.19; $p<0.001$).

Table 15

*Results of multiple regression related to components of transformational leadership and structural empowerment subscales*

| Transformational Leadership Factors | Structural Empowerment Subscales | | | | | | |
|---|---|---|---|---|---|---|---|
| | Opportunity | Info | Support | Resources | Formal power | Informal power | Global |
| | F value | F value | F value | F value | F value | F value | F value |
| IA | 1.09 | 5.52** | 55.25** | 0.79 | 1.95 | 0.63 | 31.2** |
| IB | 0.2 | 5.57* | 46.58** | 0.02 | 0.99 | 0 | 12.66** |
| IM | 2.28 | 8.56* | 41.73** | 0.1 | 0.36 | 0.79 | 11.87** |
| IS | 0.68 | 3.10 | 38.81** | 1.53 | 4.81* | 0.04 | 9.77* |
| IC | 2.48 | 11.28** | 45.19** | 0.09 | 1.43 | 0.26 | 10.83* |

*Note. Transformational Leadership Style Factors: IA= Idealized influence-attributes; IB=Idealized influence-behaviors; IM= Inspirational Motivation; IS= Intellectual Stimulation, and IC= Individual Consideration. Info=information*
*$p<0.05$; **$p<0.001$

**Research Question Four - Transformational Leadership and Work Engagement**

What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse work engagement?

The transformational leadership style factors measured in this study included idealized influence-attributes, idealized influence-behaviors, inspirational motivation, intellectual stimulation, and individual consideration. The work engagement subscales measured in this study included vigor, dedication and absorption.

*Idealized influence-attributes*

In the first step of the backward elimination regression analysis, the transformational leadership style factor of idealized influence-attributes was analyzed against the three work engagement subscales (Figure 27).

*Figure 27.* Research Question Four – Idealized Influence - Attributes. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 2, the work engagement subscale of absorption was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 28).
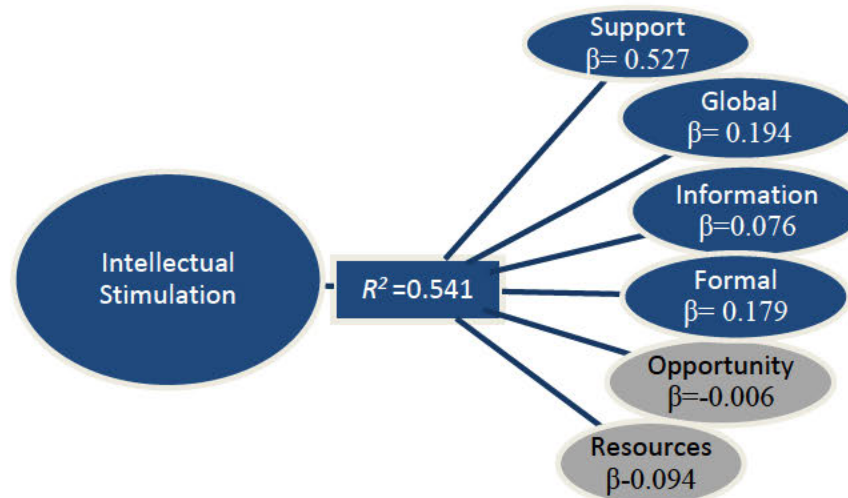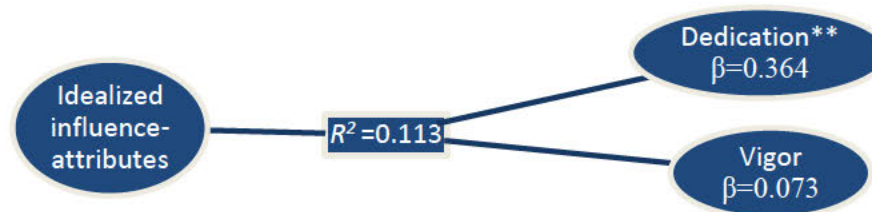


*Figure 28.* Research Question Four – Idealized Influence - Attributes. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. **= $p<0.001$.

In Step 3 of the backward elimination analysis, the work engagement subscale of vigor was removed because it did not meet the condition of $p<0.001$ (Figure 29).
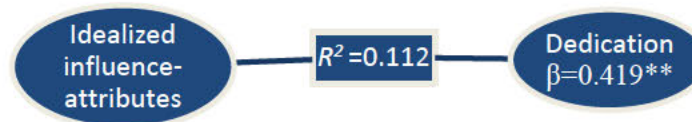


*Figure 29.* Research Question Four – Idealized Influence - Attributes. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color. **= $p<0.001$.

In the final backward elimination model, the only variable remaining was the work engagement subscale of dedication. The result of the analysis for research question four concluded the transformational leadership style factor of idealized influence – attributes was a significant and positive predictor of the work engagement subscale of dedication ($\beta$=0.419, $F$=24.18, $p$<0.001) (Table 16).

*Idealized influence-behaviors*

In the first step of the backward elimination regression analysis, the transformational leadership factor of idealized influence-behaviors was analyzed against the three work engagement subscales (Figure 30).
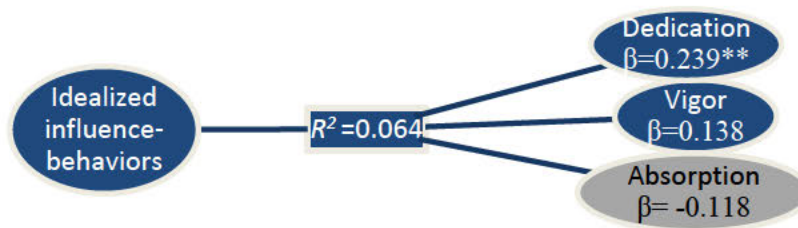


*Figure 30.* Research Question Four – Idealized Influence - Behaviors. Step One of Backward Elimination Regression Analysis. Beginning at the top, $\beta$ weights are ranked from highest to lowest. Negative $\beta$'s are shaded in a lighter color.
**= $p$<0.001.

In step 2, the work engagement subscale of absorption was removed because it did not significantly contribute to the model by meeting the preset condition of $p$<0.05 (Figure 31).
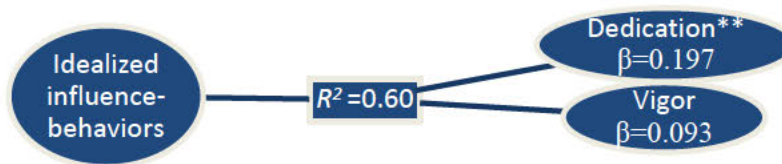


*Figure 31.* Research Question Four – Idealized Influence - Behaviors. Step Two of Backward Elimination Regression Analysis. Beginning at the top, $\beta$ weights are ranked from highest to lowest. Negative $\beta$'s are shaded in a lighter color.
**= $p$<0.001.

In Step 3 of the backward elimination analysis, the work engagement subscale of vigor was removed because it did not meet the condition of $p < 0.05$ (Figure 32).
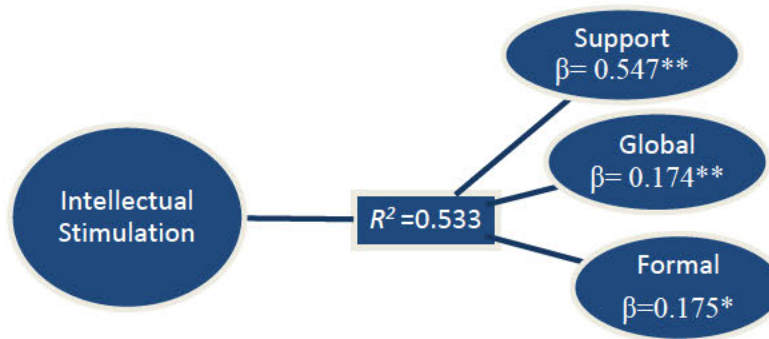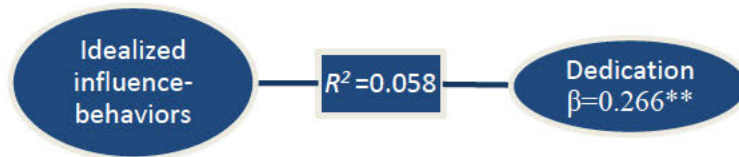


*Figure 32.* Research Question Four – Idealized Influence - Behaviors. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. **= $p < 0.001$.

In the final backward elimination model, the only variable remaining was the work engagement subscale of dedication. The result of the analysis for research question four concluded the transformational leadership style factor of idealized influence – attributes was a significant and positive predictor of the work engagement subscale of dedication (β=0.266, $F$=11.74, $p < 0.001$) (Table 16).

*Inspirational Motivation*

In the first step of the backward elimination regression analysis, the transformational leadership style factor of inspirational motivation was analyzed against the three work engagement subscales (Figure 33).
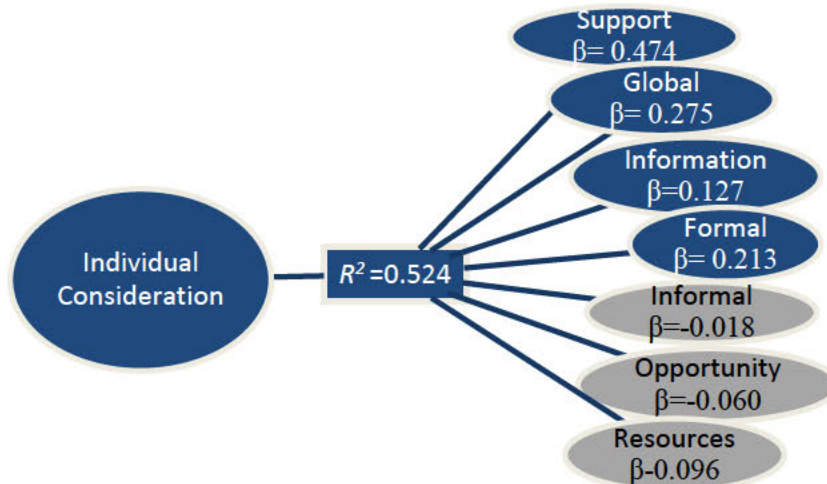


*Figure 33.* Research Question Four – Inspirational Motivation. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color. **= $p < 0.001$.

In step 2, the work engagement subscale of vigor was removed because it did not

significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 34).



*Figure 34.* Research Question Four – Inspirational Motivation. Step Two of Backward
Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to
lowest. Negative β's are shaded in a lighter color.
**= $p<0.001$.

In Step 3 of the backward elimination analysis, the work engagement subscale of

absorption was removed because it did not meet the condition of $p<0.05$ (Figure 35).
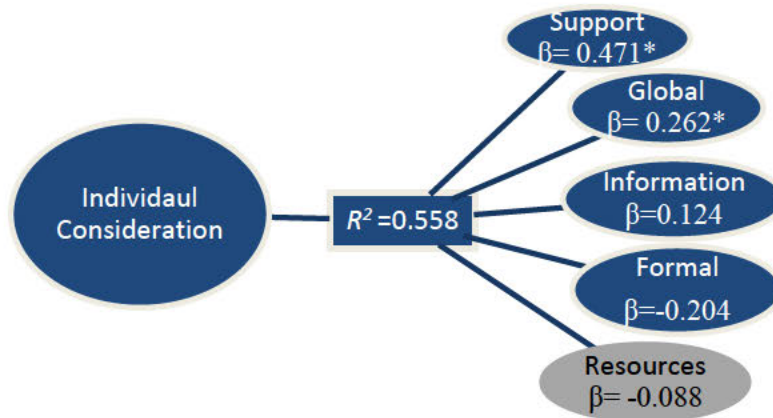


*Figure 35.* Research Question Four – Inspirational Motivation. Step Three of Backward
Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to
lowest.
**= $p<0.001$.

In the final backward elimination model, the only variable remaining was the work

engagement subscale of dedication. The result of the analysis for research question four

concluded the transformational leadership style factor of inspirational motivation was a

significant and positive predictor of the work engagement subscale of dedication (β=0.254,

$F$=10.95, $p<0.001$) (Table 16).

*Intellectual Stimulation*

In the first step of the backward elimination regression analysis, the transformational leadership style factor of intellectual stimulation was analyzed against the three work engagement subscales (Figure 36).
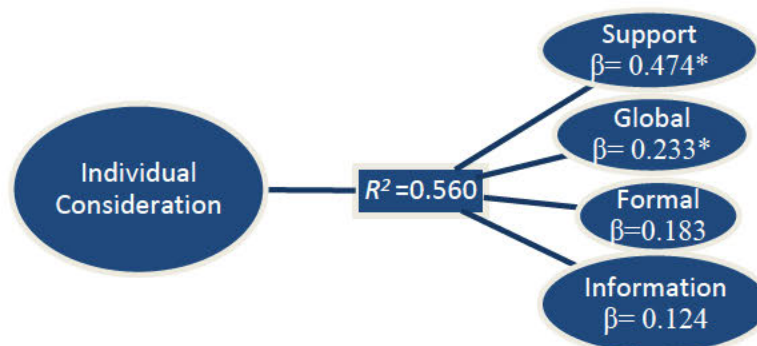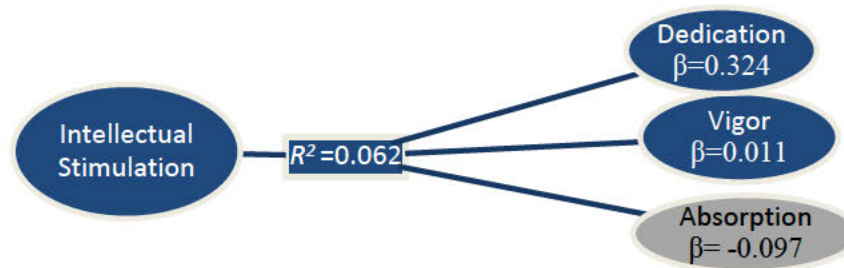


*Figure 36.* Research Question Four – Intellectual Stimulation. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In step 2, the work engagement subscale of vigor was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 37).
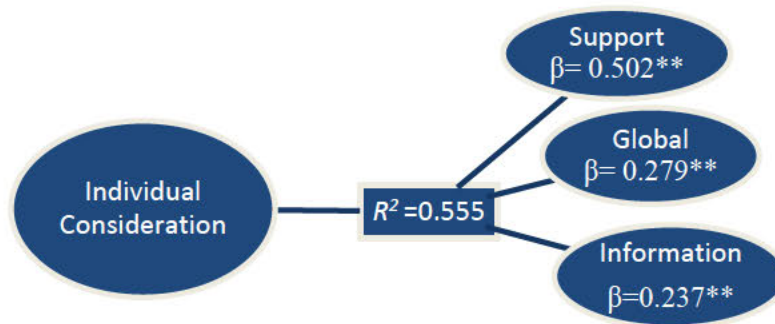


*Figure 37.* Research Question Four – Intellectual Stimulation. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In Step 3 of the backward elimination analysis, the work engagement subscale of absorption was removed because it did not meet the condition of $p<0.05$ (Figure 38).

*Figure 38.* Research Question Four – Intellectual Stimulation. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest.
**$p<0.001$.

In the final backward elimination model, the only variable remaining was the work engagement subscale of dedication. The result of the analysis for research question four concluded the transformational leadership style factor of intellectual stimulation was a significant and positive predictor of the work engagement subscale of dedication ($\beta=0.270$, $F=12.08$, $p<0.001$) (Table 16).

*Individual Consideration*

In the first step of the backward elimination regression analysis, the transformational leadership style factor of individual consideration was analyzed against the three work engagement subscales (Figure 39).
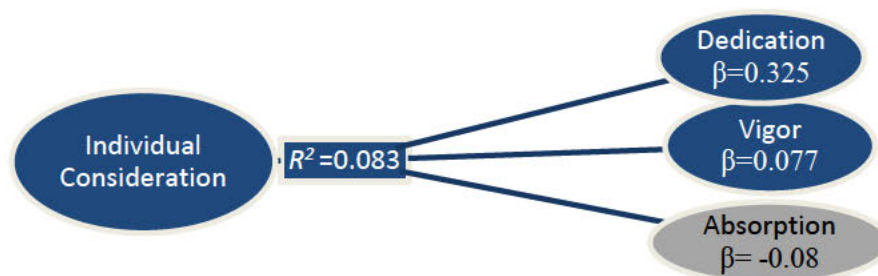


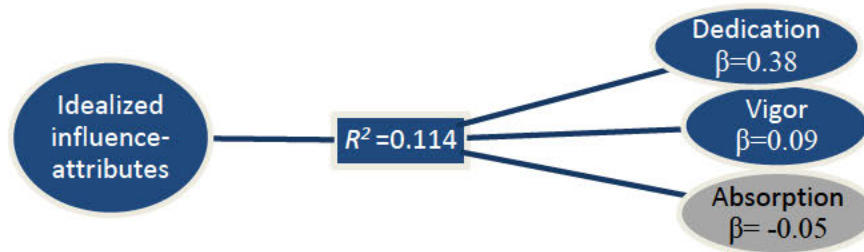*Figure 39.* Research Question Four – Individual Consideration. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In step 2, the work engagement subscale of vigor was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 40).
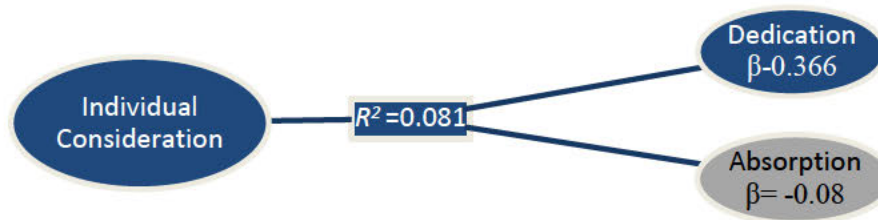


*Figure 40.* Research Question Four – Individual Consideration. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In Step 3 of the backward elimination analysis, the work engagement subscale of absorption was removed because it did not meet the condition of $p<0.05$ (Figure 41).
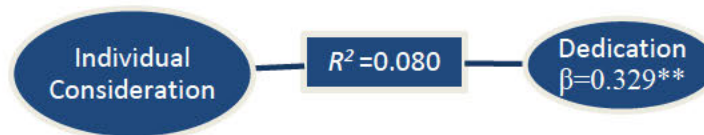


*Figure 41.* Research Question Four – Individual Consideration. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest.
**$p<0.001$.

In the final backward elimination model, the only variable remaining was the work engagement subscale of dedication. The result of the analysis for research question four concluded the transformational leadership style factor of individual consideration was a significant and positive predictor of the work engagement subscale of dedication (β=0.329, $F$=16.74, $p<0.001$) (Table 16).

Table 16

*Results of Multiple Regression Related to Components of Transformational Leadership Style Factors and Work Engagement Subscales*

| Transformational Leadership Factors | Work Engagement Subscales | | |
|---|---|---|---|
| | Vigor F value | Dedication F value | Absorption F value |
| IA | 0.38 | 24.18** | 0.15 |
| IB | 0.99 | 11.74** | 0.82 |
| IM | 0.47 | 10.95* | 0.59 |
| IS | 0.01 | 12.08** | 0.57 |
| IC | 0.29 | 16.74** | 0.38 |

*Note. Transformational Leadership Style Factors: IA= Idealized influence-attributes; IB=Idealized influence-behaviors; IM= Inspirational Motivation; IS= Intellectual Stimulation, and IC= Individual Consideration.*
*$p<0.05$; **$p<0.001$

**Research Question Five - Transformational Leadership and Intent to Stay**

What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse intent to stay?

Transformational leadership style in nurse managers was not a significant predictor of staff nurse intent to stay in their current job or hospital for the next one, three or five years. None of the F values for these data sets had a $p < 0.05$ (Table 17). Based on lack of significance for the relationship between nurse manager transformational leadership style factors and staff nurse intent to stay, the null hypothesis was accepted for research question five.

Table 17.

*Results of multiple regression related to components of transformational leadership and intent to stay*

| Transformational Leadership Style Factors | Intent to Stay in Current Job and Hospital | | | Intent to Leave Current Hospital for Similar Job | | | |
|---|---|---|---|---|---|---|---|
| | 1 year F value | 3 years F value | 5 years F value | 1 year F value | 3 years F value | 5 years F value | $R^2$ |
| IA | 0.52 | 0.62 | 1.2 | 0.35 | 0.22 | 0.54 | 0.023 |
| IB | 0.6 | 0.5 | 1.11 | 0.26 | 0.57 | 0.7 | 0.022 |
| IM | 1.05 | 0.54 | 0.15 | 0.45 | 0.3 | 0.81 | 0.014 |
| IS | 0.44 | 0.64 | 0.92 | 0.29 | 0.56 | 0.39 | 0.017 |
| IC | 0 | 1.3 | 1.75 | 0.36 | 0.12 | 0.33 | 0.035 |

*Note. Transformational Leadership Style Factors: IA= Idealized influence-attributes; IB=Idealized influence-behaviors; IM= Inspirational Motivation; IS= Intellectual Stimulation, and IC= Individual Consideration.*
$p > 0.20$

Research questions six through eight addressed the strength of the relationship between transactional leadership style and each of the study independent variables. Structural empowerment is investigated in question six, work engagement in question seven, and intent to stay in question eight.

**Research Question Six - Transactional Leadership and Structural Empowerment**

What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse structural empowerment?

Transactional leadership consists of two main factors: contingent reward and management by exception – active, and management by exception - passive. The structural empowerment subscales measured in this study included access to opportunity, information, support, resources, formal power, and informal power.

*Contingent Reward*

In the first step of the backward elimination regression analysis, the transactional leadership factor of contingent reward was analyzed against the global measure of empowerment and the six structural empowerment subscales of opportunity, information, support, resources, formal and informal power (Figure 42).



*Figure 42.* Research Question Six – Contingent Reward. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 2, the structural empowerment subscale of informal power was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 43).
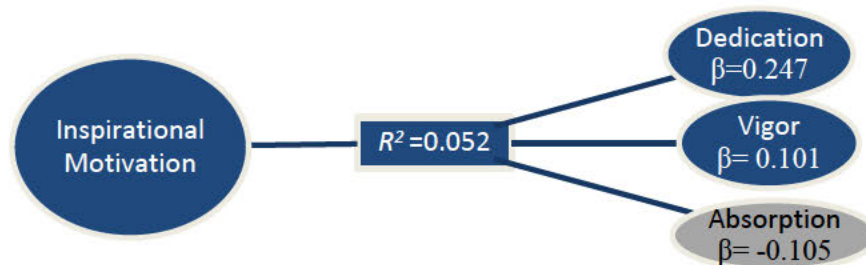


Figure 43. Research Question Six – Contingent Reward. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In Step 3 of the backward elimination analysis, the structural empowerment

subscale of resources subscale was removed because it did not meet the condition of

$p<0.05$ (Figure 44).



*Figure 44*. Research Question Six – Contingent Reward. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 4 of the backward elimination analysis, the structural empowerment subscale of

formal power subscale was removed because it did not meet the condition of $p<0.05$ (Figure

45).



*Figure 45*. Research Question Six – Contingent Reward. Step Four of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 5 of the backward elimination analysis, the structural empowerment subscale of

opportunity was removed because it did not meet the condition of $p<0.05$ (Figure 46).

*Figure 46*. Research Question Six – Contingent Reward. Step Five of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In the final backward elimination step, the only variables remaining in the model were global empowerment and the two subscales of information and support. The result of the analysis for research question four concluded the transactional leadership style factor of contingent reward was a significant and positive predictor of the global measure of empowerment ($\beta=0.275$, F=18.35, $p<0.001$) and the two subscales of information ($\beta=0.240$, $F=12.14$, $p<0.001$) and support ($\beta=0.515$, $F=56.71$; $p<0.001$) (Table 18).

*Management by exception - active*

In the first step of the backward elimination regression analysis, the transactional leadership factor of management by exception - active was analyzed against the global measure of empowerment and the six structural empowerment subscales of opportunity, information, support, resources, formal and informal power (Figure 47).

*Figure 47*. Research Question Six – Management by Exception - Active. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step two, the structural empowerment subscale of support was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 48).
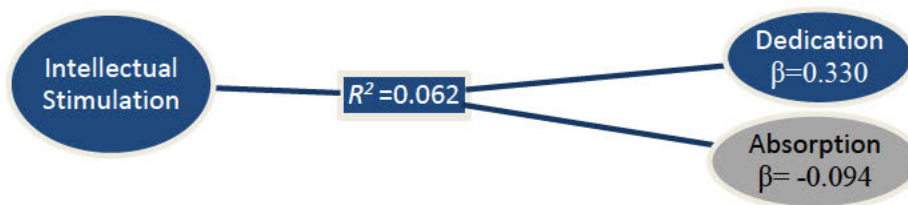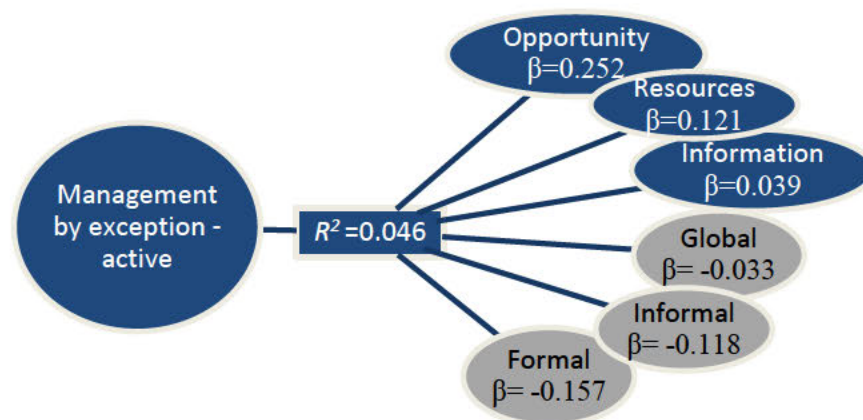


*Figure 48*. Research Question Six – Management by Exception - Active. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
$p<0.001$.

In step three of the backward elimination analysis, the structural empowerment subscale of informal subscale was removed because it did not meet the condition of $p<0.05$ (Figure 49).

*Figure 49.* Research Question Six – Management by Exception - Active. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step four of the backward elimination analysis, the structural empowerment subscale of information subscale was removed because it did not meet the condition of $p < 0.05$ (Figure 50).



*Figure 50.* Research Question Six – Management by Exception - Active. Step Four of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step five of the backward elimination analysis, the structural empowerment subscale of global was removed because it did not meet the condition of $p < 0.05$ (Figure 51).

Figure 51. Research Question Six – Management by Exception - Active. Step Five of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step six of the backward elimination analysis, the structural empowerment subscale of formal was removed because it did not meet the condition of $p<0.05$ (Figure 52).



*Figure 52*. Research Question Six – Management by Exception - Active. Step Six of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step seven of the backward elimination analysis, the resources subscale of structural empowerment was removed because it did not meet the condition of $p<0.05$ (Figure 53).
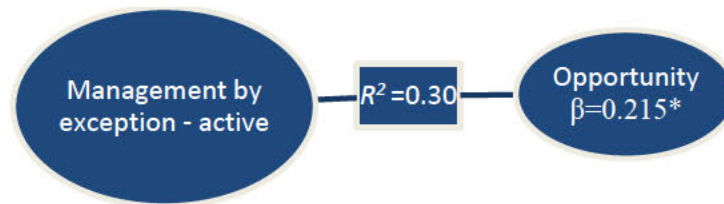
*Figure 53.* Research Question Six – Management by Exception - Active. Step Seven of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. *p<0.05.

In the final backward elimination step, the variable remaining was opportunity. The result of the analysis for research question six concluded the transactional leadership style factor of management by exception - active was a significant and positive predictor of the structural empowerment subscale of opportunity (β=0.215, *F*=5.2; *p*<0.05) (Table 18).

*Management by exception - passive*

In the first step of the backward elimination regression analysis, the transactional leadership style factor of management by exception - passive was analyzed against the global measure of empowerment and the six structural empowerment subscales of opportunity, information, support, resources, formal and informal power (Figure 54).



*Figure 54.* Research Question Six – Management by Exception - Passive. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step two, the structural empowerment subscale of opportunity was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 55).



*Figure 55.* Research Question Six – Management by Exception - Passive. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In step three of the backward elimination analysis, the structural empowerment subscale of resources was removed because it did not meet the condition of $p<0.05$ (Figure 56).



*Figure 56.* Research Question Six – Management by Exception - Passive. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In step four of the backward elimination analysis, the structural empowerment subscale of formal power subscale was removed because it did not meet the condition of $p<0.05$ (Figure 57).



*Figure 57.* Research Question Six – Management by Exception - Passive. Step Four of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In step five of the backward elimination analysis, the structural empowerment subscale of informal power was removed because it did not meet the condition of $p<0.05$ (Figure 58).



*Figure 58.* Research Question Six – Management by Exception - Passive. Step Five of Backward Elimination Regression Analysis. β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
*$p<0.05$,**$p<0.001$.

In the final backward elimination step, the three variables remaining in the model were information, support and global empowerment. The result of the analysis for research question

six concluded the transactional leadership style factor of management by exception - passive

was a significant negative predictor of the structural empowerment subscale of information

($\beta$= -0.133, $F$=3.19; $p<$ 0.05), support ($\beta$= -0.399, $F$=38.87; $p<0.001$ ) and global

empowerment ($\beta$= -0.281, $F$=22.14; $p<0.001$) (Table 18).

Table 18

*Results of multiple regression related to components of transactional leadership and structural empowerment subscales.*

| Transactional Leadership Factors | Structural Empowerment Subscales | | | | | | |
|---|---|---|---|---|---|---|---|
| | Opportunity | Information | Support | Resources | Formal power | Informal power | Global |
| | F value | F value | F value | F value | | | F value |
| | | | | | F value | F value | |
| CR | 2.46 | 12.14** | 56.71** | 1.48 | 1.42 | 0.04 | 18.35** |
| MA | 5.2* | 0.16 | 0.09 | 1.76 | 2.55 | 1.36 | 0.09 |
| MP | 0 | 3.19* | 38.87** | 0 | 0.27 | 0.44 | 22.14** |

*Note. Transactional Leadership Style Factors: CR = contingent reward; MA = management by exception - active; MP = management by exception - passive*
*\*p<0.05; \*\*p<0.001*

**Research Question Seven - Transactional Leadership and Work Engagement**

What is the strength of the relationship between nurse manager transactional leadership

style factors and staff nurse work engagement?

*Contingent Reward*

In the first step of the backward elimination regression analysis, the transactional

leadership style factor of contingent reward was analyzed against the three work engagement
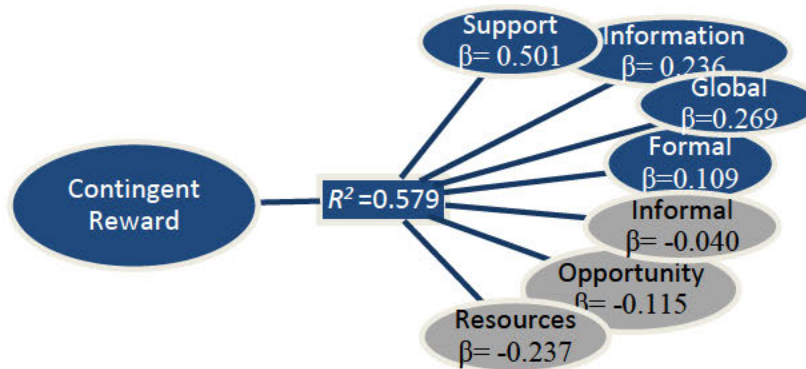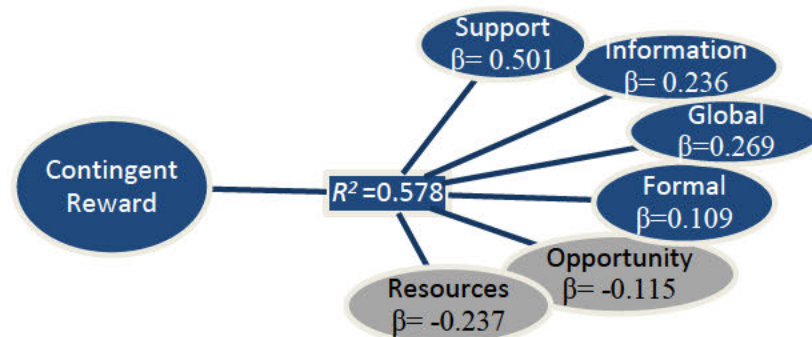
subscales (Figure 59).

*Figure 59.* Research Question Seven – Contingent Reward. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In step 2, the work engagement subscale of vigor was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 60).
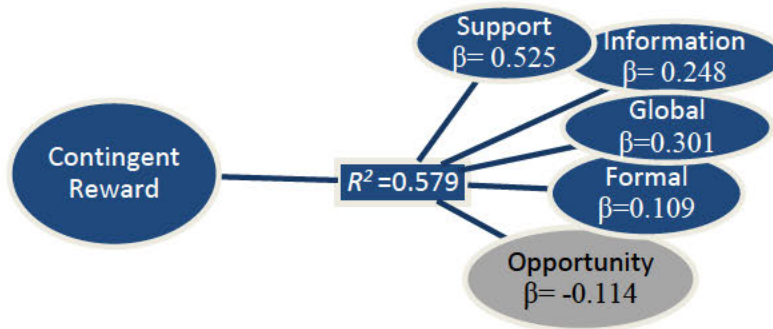


*Figure 60.* Research Question Seven – Contingent Reward. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In Step 3 of the backward elimination analysis, the work engagement subscale of absorption was removed because it did not meet the condition of $p<0.05$ (Figure 61).
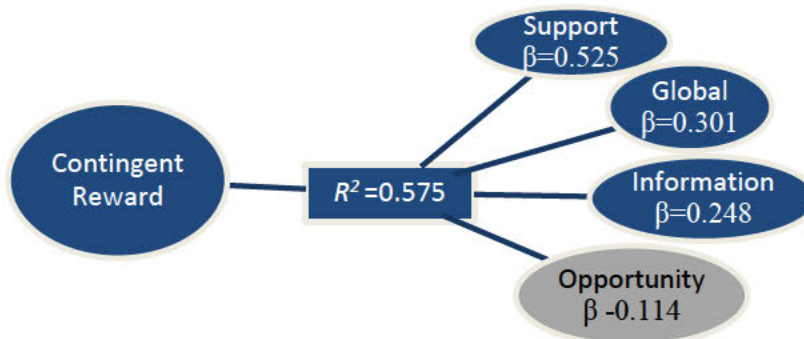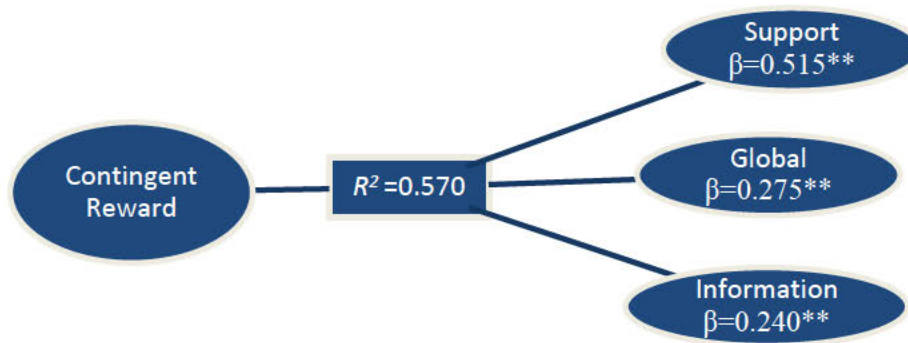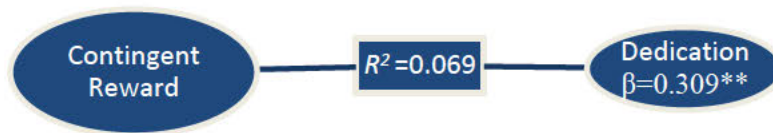
*Figure 61*. Research Question Seven – Contingent Reward. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. **$p<0.001$.

In the final backward elimination model, the only variable remaining was the work engagement subscale of dedication. The result of the analysis for research question four concluded the transactional leadership style factor of contingent reward was a significant and positive predictor of the work engagement subscale of dedication (β= 0.309, $F$=14.31, $p<0.001$) (Table 19).

*Management by exception - active*

In the first step of the backward elimination regression analysis, the transactional leadership style factor of management by exception – active was analyzed against the three work engagement subscales (Figure 62).



*Figure 62*. Research Question Seven – Management by Exception - Active. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 2, the work engagement subscale of vigor was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 63).
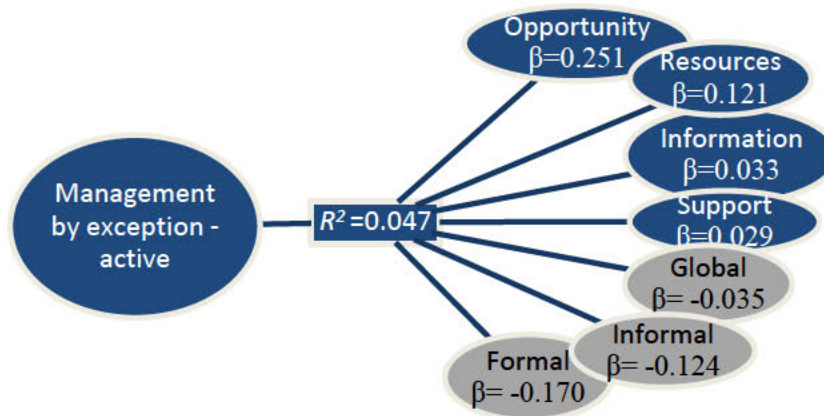
*Figure 63.* Research Question Seven – Management by Exception - Active. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In the final backward elimination model, the two remaining variables were the work engagement subscales of dedication and absorption. The result of the analysis for research question four concluded the transactional leadership style factor of management by exception - active was a significant negative predictor of the work engagement subscale of dedication ($\beta= -0.481$, $F=15.15$, $p<0.001$). The transactional leadership style factor of management by exception - active was a significant positive predictor of the work engagement subscale of absorption ($\beta= 0.246$, $F=4.13$, $p<0.05$) (Table 19).

*Management by exception - passive*

In the first step of the backward elimination regression analysis, the transaction leadership style factor of management by exception - passive was analyzed against the three work engagement subscales (Figure 64).
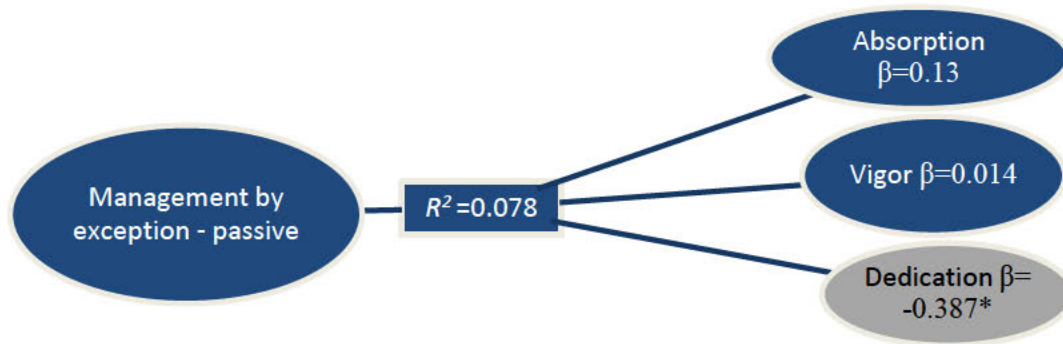
*Figure 64.* Research Question Seven – Management by Exception - Passive. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
*$p<0.05$.

In step 2, the work engagement subscale of vigor was removed because it did not

significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 65).
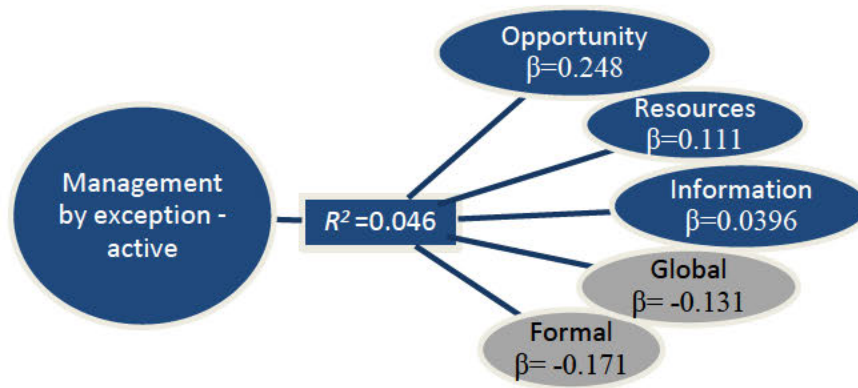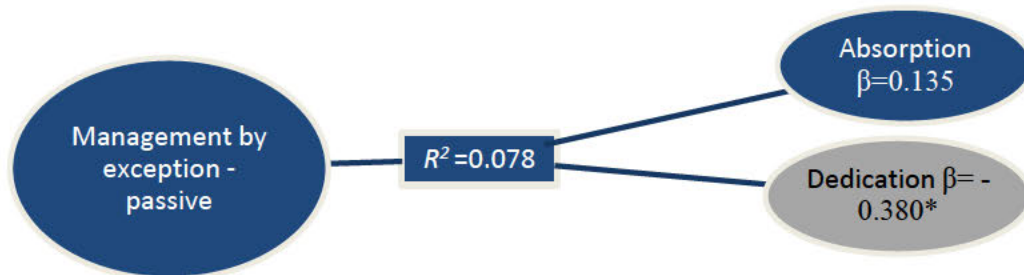


*Figure 65.* Research Question Seven – Management by Exception - Passive. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
*$p<0.05$.

In Step 3 of the backward elimination analysis, the work engagement subscale of

absorption was removed because it did not meet the condition of $p<0.05$ (Figure 66).
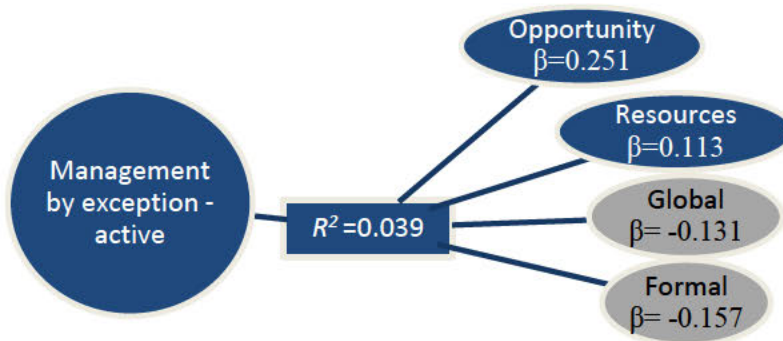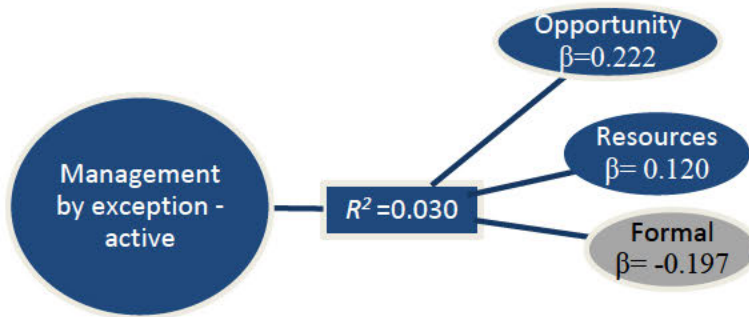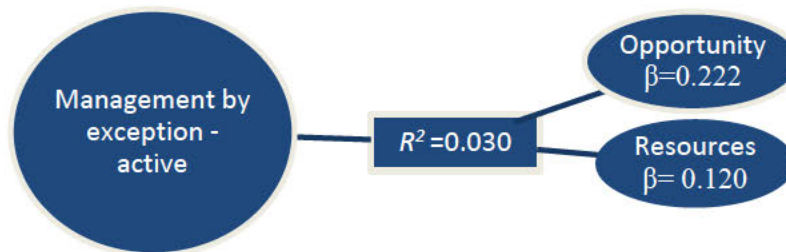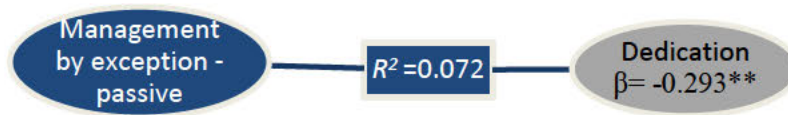
*Figure 66.* Research Question Seven – Management by Exception - Passive. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**p<0.001.

In the final backward elimination model, the only variable remaining was the work engagement subscale of dedication. The result of the analysis for research question seven concluded the transactional leadership style factor of management by exception - passive was a significant and negative predictor of the work engagement subscale of dedication (β= -0.293, F=14.57, *p*<0.001) (Table 19).

Table 19.

*Results of multiple regression related to components of transactional leadership and work engagement subscales*

| Transactional Leadership Factors | Work Engagement Subscales | | |
|---|---|---|---|
| | Vigor F value | Dedication F value | Absorption F value |
| CR | 1.78 | 14.31** | 2.37 |
| MA | 0.03 | 15.15** | 4.13* |
| MP | 0.01 | 14.57** | 1.03 |

*Note. Transactional Leadership Style Factors: CR = contingent reward; MA = management by exception - active; MP = management by exception - passive; *p<0.05; **p<0.001*

**Research Question Eight – Transactional Leadership and Intent to Stay**

What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse intent to stay?

Transactional leadership style in nurse managers was not a significant predictor of staff nurse intent to stay in their current job or hospital for the next one, three or five years. None of the F values for these data sets had a $p < 0.05$ (Table 20). Based on lack of significance for the relationship between nurse manager transformational leadership style and staff nurse intent to stay, the null hypothesis was accepted for research question eight.

Table 20.

*Results of multiple regression related to components of transactional leadership and intent to stay*

| Transactional Leadership Factors | Intent to Stay in Current Job and Hospital | | | Intent to Leave Current Hospital for Similar Job | | | |
|---|---|---|---|---|---|---|---|
| | 1 year | 3 years | 5 years | 1 years | 3 years | 5 years | $R^2$ |
| CR | 0.59 | 0.42 | 1.23 | 0.33 | 0.28 | 0.74 | 0.026 |
| MA | 1.56 | 1.58 | 1.68 | 0.47 | 0.31 | 0.19 | 0.0.43 |
| MP | 0.94 | 0.18 | 0.8 | 1.06 | 0.29 | 0.65 | 0.024 |

*Note*. Transactional Leadership Style Factors: CR = contingent reward; MA = management by exception - active; MP = management by exception - passive. $p > 0.20$

Research questions nine through eleven address the strength of the relationship between passive-avoidant leadership style and each of the study independent variables. Structural empowerment was investigated in question nine, work engagement in question ten, and intent to stay in question eleven.

**Research Question Nine – Passive-avoidant Leadership and Structural Empowerment**

What is the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse structural empowerment?

*Laissez-faire*

In the first step of the backward elimination regression analysis, the passive avoidant leadership style factor of laissez-faire was analyzed against the global measure of

empowerment and the six structural empowerment subscales of opportunity, information, support, resources, formal and informal power (Figure 67).
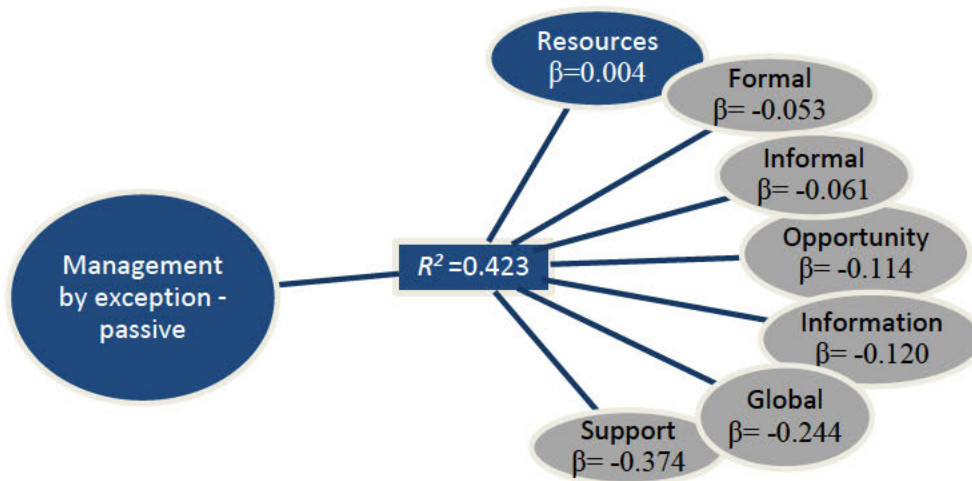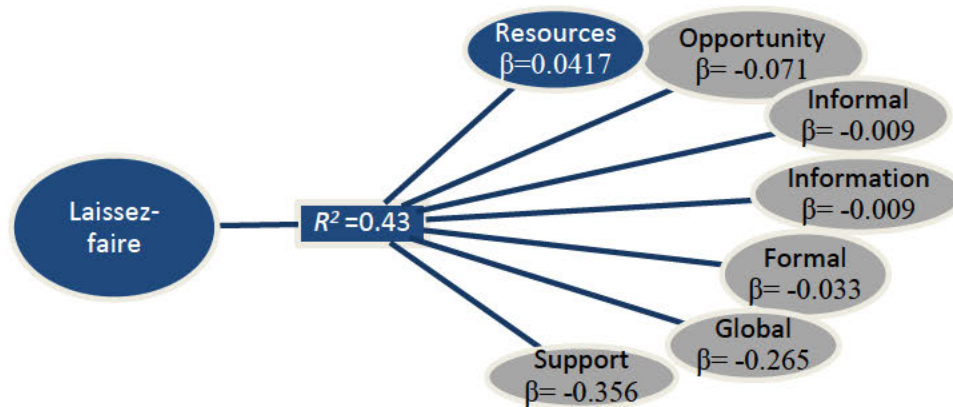


*Figure 67*. Research Question Nine – Laissez-faire. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 2, the structural empowerment subscale of informal power was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 68).
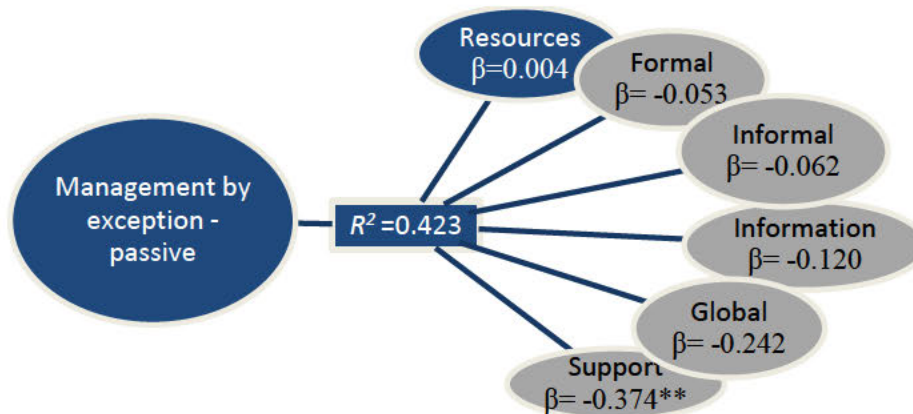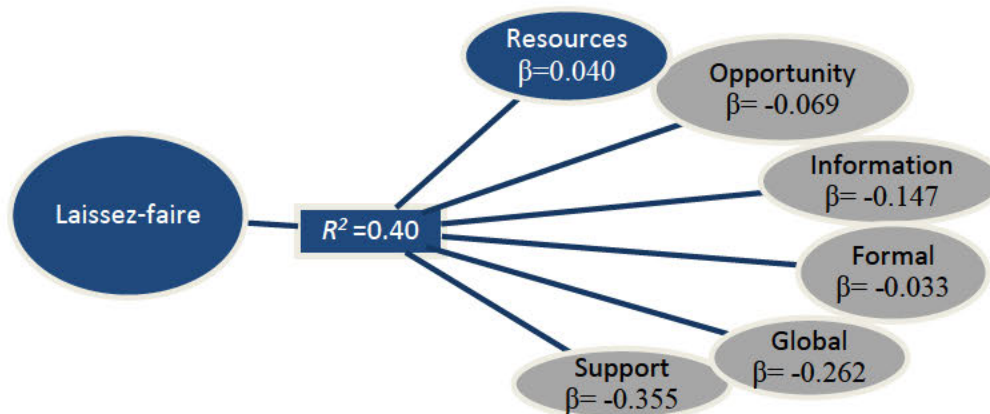


*Figure 68*. Research Question Nine – Laissez-faire. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In Step 3 of the backward elimination analysis, the structural empowerment subscale of formal subscale was removed because it did not meet the condition of $p<0.05$ (Figure 69).
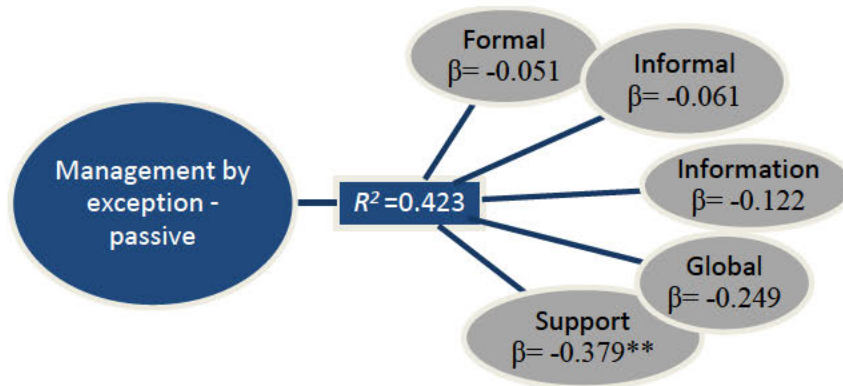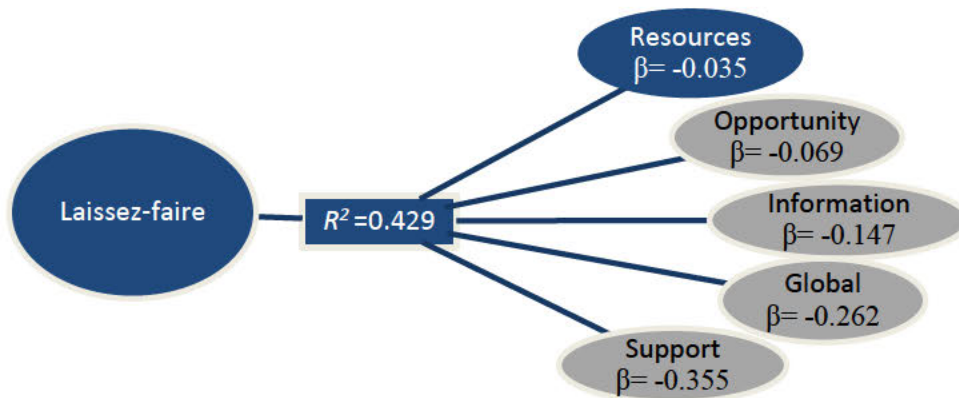
*Figure 69.* Research Question Nine – Laissez-faire. Step Three of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 4 of the backward elimination analysis, the structural empowerment subscale of resources subscale was removed because it did not meet the condition of $p<0.05$ (Figure 70).
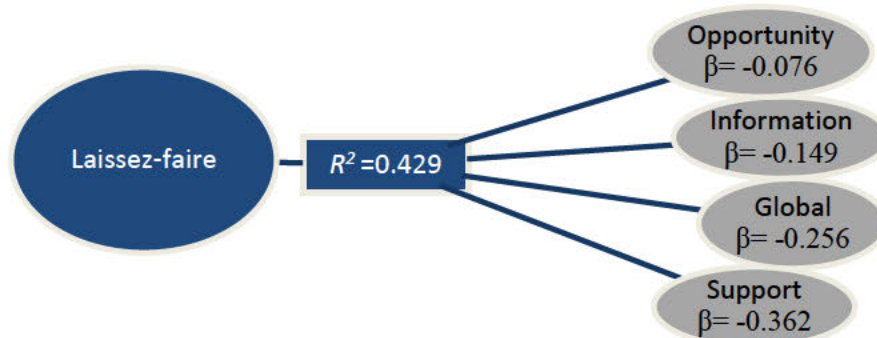


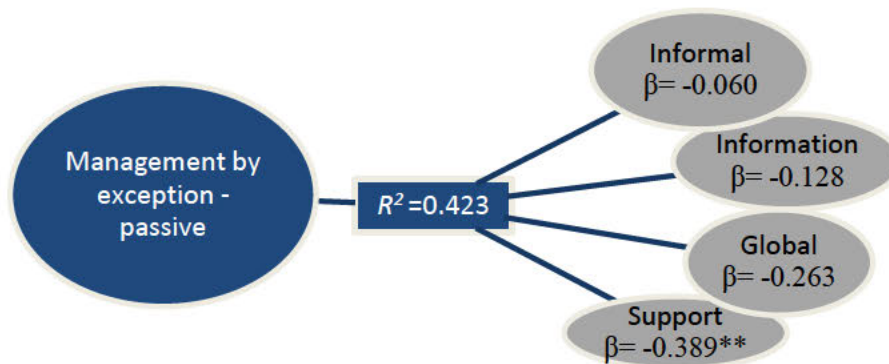*Figure 70.* Research Question Nine – Laissez-faire. Step Four of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.

In step 5 of the backward elimination analysis, the structural empowerment subscale of opportunity was removed because it did not meet the condition of $p<0.05$ (Figure 71).
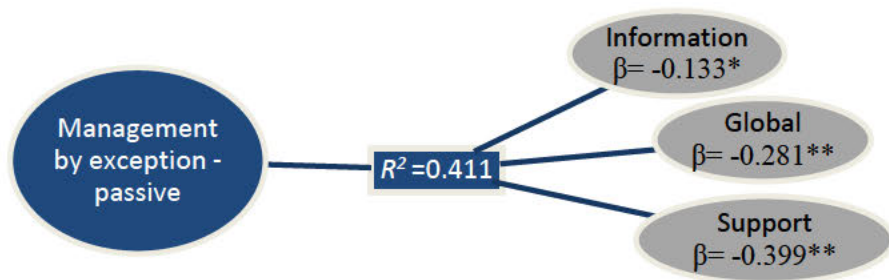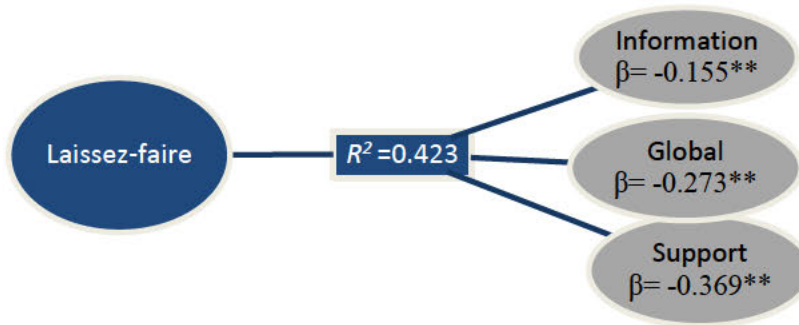
*Figure 71.* Research Question Nine – Laissez-faire. Step Five of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In the final backward elimination step, the only variables remaining in the model were global empowerment and the two subscales of information and support. The result of the analysis for research question four concluded the passive-avoidant style factor of laissez-faire was a significant and negative predictor of the global measure of empowerment (β= -0.273, $F$=16.67, $p<0.001$) and the two subscales of information (β= -0.155, $F$=4.35, $p<0.001$) and support (β= -0.369, $F$=25.57; $p<0.001$) (Table 21).

Table 21

*Results of multiple regression related to components of passive-avoidant leadership and structural empowerment subscales.*

| Passive-avoidant Leadership Factors | Structural Empowerment Subscales | | | | | | |
|---|---|---|---|---|---|---|---|
| | Opportunity | Information | Support | Resources | Formal power | Informal power | Global |
| | F value | F value | F value | F value | F value | F value | F value |
| PA | 1.01 | 4.35* | 25.57** | 0.23 | 0.11 | 0.01 | 16.67** |

*Note. Passive Avoidant Leadership Style Factors: PA = passive-avoidant.*
*$p<0.05$; **$p<0.001$

### Research Question Ten – Passive-avoidant Leadership and Work Engagement

What is the strength of the relationship between nurse manager passive-avoidant leadership style factor and staff nurse work engagement?

*Laissez-faire*

In the first step of the backward elimination regression analysis, the passive-avoidant leadership style factor of laissez-faire was analyzed against the three work engagement subscales (Figure 72).
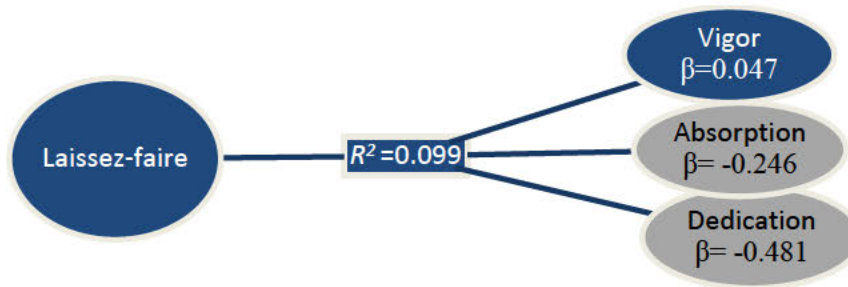


*Figure 72.* Research Question Ten – Laissez-faire. Step One of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
**$p<0.001$.

In step 2, the work engagement subscale of vigor was removed because it did not significantly contribute to the model by meeting the preset condition of $p<0.05$ (Figure 73).
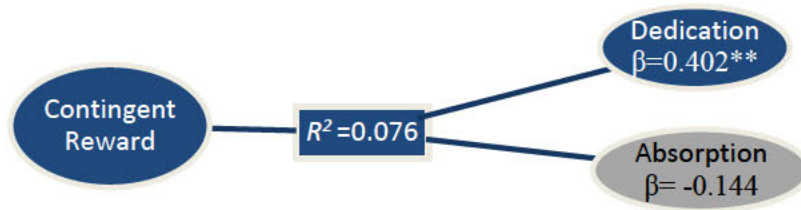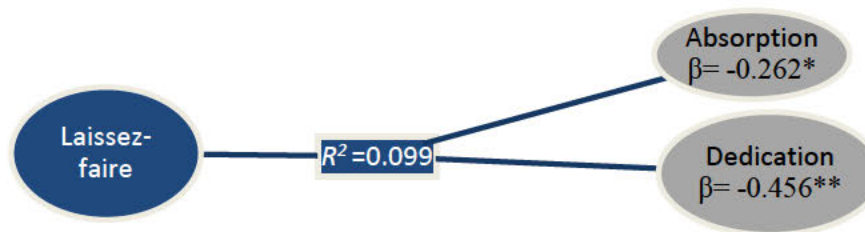


*Figure 73.* Research Question Ten – Laissez-faire. Step Two of Backward Elimination Regression Analysis. Beginning at the top, β weights are ranked from highest to lowest. Negative β's are shaded in a lighter color.
*$p<0.05$; **$p<0.001$.

In the final backward elimination model, the two remaining variables were the work engagement subscales of dedication and absorption. The result of the analysis for research question four concluded the passive-avoidant leadership style factor of laissez-faire was a

significant and negative predictor of the work engagement subscale of dedication ($\beta$= -0.456,

$F$=19.60, $p$<0.001)  and absorption ($\beta$= -0.262, $F$=5.38,$p$<0.05) (Table 22).

Table 22.

*Results of multiple regression related to components of passive-avoidant leadership and work engagement subscales*

|  | Work Engagement Subscales | | |
|---|---|---|---|
|  | Vigor | Dedication | Absorption |
| Passive Avoidant Leadership Factors | F value | F value | F value |
| PA | 0.13 | 19.6** | 5.38* |

*Note. Passive Avoidant Leadership Style Factors: PA = Passive-avoidant.*
*\*p<0.05; \*\*p<0.001*

**Research Question Eleven – Passive-avoidant Leadership and Intent to Stay**

What is the strength of the relationship between nurse manager passive-avoidant

leadership style factors and staff nurse intent to stay?

Passive-avoidant leadership style was not a significant predictor of staff nurse intent to

stay. No trends could be concluded from the multiple regression analysis (Table 23). Based on

the findings for research question eleven, the null hypothesis was accepted.

Table 23.

*Results of multiple regression related to components of passive-avoidant leadership and intent to stay*

| Passive-avoidant Leadership Factors | Intent to Stay in Current Job and Hospital | | | Intent to Leave Current Hospital for Similar Job | | | $R^2$ |
|---|---|---|---|---|---|---|---|
|  | 1 year | 3 years | 5 years | 1 year | 3 years | 5 years |  |
| PA | 0.69 | 0.57 | 1.16 | 0.07 | 0.17 | 0.37 | 0.024 |

*Note. Passive Avoidant Leadership Style Factors: PA = Passive-avoidant. p>0.20.*

**Research Question Twelve – Overarching Research Question**

Which of the three types of nurse manager leadership styles have the strongest

relationship with staff nurse structural empowerment, work engagement, and intent to stay?

Research question twelve is the overarching question for this study. The results will be

described for each of the three leadership styles of transformational, transactional, and passive

avoidant leadership.

*Transformational Leadership style factors and Structural Empowerment, Work*

*Engagement, and Intent to Stay*

Each of the transformational leadership factors: idealized influence-attributes ($F = 55.25$,

$p<0.001$), idealized influence-behaviors ($F = 46.58$, $p<0.001$), inspirational motivation ($F =$

41.73, $p<0.001$), intellectual stimulation ($F = 38.81$, $p<0.001$), and individual consideration ($F$

= 45.19, $p<0.001$) were significant positive predictors of the support subscale of structural

empowerment (Table 24). Each of the transformational leadership factors: idealized influence-

behaviors ($F = 24.18$, $p<0.001$), idealized influence-attributes ($F = 11.74$, $p<0.001$),

inspirational motivation ($F = 9.69$, $p<0.05$), intellectual stimulation ($F = 12.08$, $p<0.001$), and

individual consideration ($F = 16.74$, $p<0.001$) were significant positive predictors of the staff

nurse work engagement subscale of dedication (Table 25). None of the transformational

leadership style factors were significant predictors of staff nurse intent to stay (Table 26).

*Transactional Leadership style factors and Structural Empowerment, Work*

*Engagement, and Intent to Stay*

The transactional leadership style factor of contingent reward was a significant positive

predictor of the structural empowerment subscales of information ($F = 12.14$, $p<0.001$) and

support ($F = 56.71$, $p<0.001$). The transactional leadership style of management by exception

- passive was a significant negative predictor for the structural empowerment subscale of

information ($F = 3.19$, $p<0.05$) and support ($F = 38.87$, p<0.001) (Table 24). The management

by exception - active factor for transactional leadership style was a negative predictor of the

staff nurse work engagement subscale of dedication ($F = 15.15$, $p<0.001$) and a positive

predictor for the work engagement subscale of absorption (F = 4.13, $p<0.05$) (Table 25). None

of the transactional leadership style factors were significant predictors of staff nurse intent to

stay (Table 26).

Table 24.

*Results of multiple regressions related to components of leadership style factors and structural empowerment subscales*

| | Structural Empowerment Subscales | | | | | | |
|---|---|---|---|---|---|---|---|
| Leadership Style | Opportunity | Information | Support | Resources | Formal power | Informal power | Global |
| Factors | F value | F value | F value | F value | F value | F value | F value |
| IA | 1.09 | 5.52** | 55.25** | 0.79 | 1.95 | 0.63 | 31.2** |
| IB | 0.2 | 5.57* | 46.58** | 0.02 | 0.99 | 0 | 12.66** |
| IM | 2.28 | 8.56* | 41.73** | 0.1 | 0.36 | 0.79 | 11.87** |
| IS | 0.68 | 3.1 | 38.81** | 1.53 | 4.81* | 0.04 | 9.77* |
| IC | 2.48 | 11.28** | 45.19** | 0.09 | 1.43 | 0.26 | 10.83* |
| CR | 2.46 | 12.14** | 56.71** | 1.48 | 1.42 | 0.04 | 18.35** |
| MA | 5.2* | 0.16 | 0.09 | 1.76 | 2.55 | 1.36 | 0.09 |
| MP | 0 | 3.19* | 38.87** | 0 | 0.27 | 0.44 | 22.14** |
| PA | 1.01 | 4.35* | 25.57** | 0.23 | 0.11 | 0.01 | 16.67** |

*Note. Transformational Leadership Style Factors: IA=Idealized influence-attributes; IB= Idealized influence-behaviors; IM= Inspirational Motivation; IS=Intellectual Stimulation; IC= Individual Consideration; Transactional Leadership Style Factors: CR = contingent reward; MA = management by exception - active; MP = management by exception - passive;* Passive Avoidant Leadership Style Factors: PA = Passive-avoidant
*\*p<0.05; \*\*p<0.001*

### Passive-avoidant Leadership style factors and Structural Empowerment, Work Engagement, and Intent to Stay

Passive-avoidant leadership style was a significant negative predictor of the structural empowerment subscales of information ($F = 4.35$, $p<0.05$) and support ($F = 25.57$, $p<0.001$) (Table 24). Passive-avoidant leadership style was a significant negative predictor for the work engagement subscale of dedication ($F = 19.6$, $p<0.001$) and absorption ($F = 5.38$, $p<0.05$) (Table 25). None of the transactional leadership style factors were predictors of staff nurse intent to stay (Table 26).

Table 25.

*Results of multiple regressions related to components of leadership style factors and work engagement subscales*

| Leadership Style Factors | Work Engagement Subscales | | |
|---|---|---|---|
| | Vigor F value | Dedication F value | Absorption F value |
| IA | 0.38 | 24.18** | 0.15 |
| IB | 0.99 | 11.74** | 0.82 |
| IM | 0.47 | 10.95* | 0.59 |
| IS | 0.01 | 12.08** | 0.57 |
| IC | 0.29 | 16.74** | 0.38 |
| CR | 1.78 | 14.31** | 2.37 |
| MA | 0.03 | 15.15** | 4.13* |
| MP | 0.01 | 14.57** | 1.03 |
| PA | 0.13 | 19.6** | 5.38* |

*Note. Transformational Leadership Style Factors: IA=Idealized influence-attributes; IB= Idealized influence-behaviors; IM= Inspirational Motivation; IS=Intellectual Stimulation; IC= Individual Consideration; Transactional Leadership Style Factors: CR = contingent reward; MA = management by exception - active; MP = management by exception - passive; Passive Avoidant Leadership Style Factors: PA = Passive-avoidant*
*\*p<0.05; \*\*p<0.001*

The results for research question twelve concluded structural empowerment subscales and work engagement subscales in staff nurses had significant positive and negative

relationships with the nurse manager leadership styles. Based on the findings for research question twelve, the null hypothesis was rejected.

Table 26.

*Results of multiple regressions related to components of leadership style factors and intent to stay*

| Transactional Leadership Factors | Intent to Stay in Hospital and Job | | | Intent to stay in Hospital | | |
|---|---|---|---|---|---|---|
| | 1 year | 3 years | 5 years | 1 year | 3 years | 5 years |
| IA | 0.52 | 0.62 | 1.2 | 0.35 | 0.22 | 0.54 |
| IB | 0.6 | 0.5 | 1.11 | 0.26 | 0.57 | 0.7 |
| IM | 1.05 | 0.54 | 0.15 | 0.45 | 0.3 | 0.81 |
| IS | 0.44 | 0.64 | 0.92 | 0.29 | 0.56 | 0.39 |
| IC | 0 | 1.3 | 1.75 | 0.36 | 0.12 | 0.33 |
| CR | 0.59 | 0.42 | 1.23 | 0.33 | 0.28 | 0.74 |
| MA | 1.56 | 1.58 | 1.68 | 0.47 | 0.31 | 0.19 |
| MP | 0.94 | 0.18 | 0.8 | 1.06 | 0.29 | 0.65 |
| PA | 0.69 | 0.57 | 1.16 | 0.07 | 0.17 | 0.37 |

*Note. Transformational Leadership Style Factors: IA=Idealized influence-attributes; IB= Idealized influence-behaviors; IM= Inspirational Motivation; IS=Intellectual Stimulation; IC= Individual Consideration; Transactional Leadership Style Factors: CR = contingent reward; MA = management by exception –active; MP = management by exception - passive; Passive Avoidant Leadership Style Factors: PA = Passive-avoidant*

## Summary of Results

Transformational leadership style in nurse managers was a positive predictor of staff nurse structural empowerment and work engagement. In contrast, transactional leadership style was both a positive and negative predictor for structural empowerment and work engagement. Passive-avoidant leadership style was a consistent negative predictor of staff nurse structural empowerment and work engagement. None of the nurse manager leadership styles were significant predictors of staff nurse intent to stay. Further discussion of the study findings in relation to current evidence will be described in Chapter V.

## CHAPTER V

## CONCLUSIONS AND RECOMMENDATIONS

This chapter includes a discussion of the study findings for the twelve research questions. The study limitations will be discussed as well as implications for nursing practice and the conceptual framework. Recommendations for nursing research, nursing education, and health care policy will be described.

**Introduction**

Healthcare is facing many challenges that impact all practice settings. Both nurse managers and staff nurses play critical roles in overcoming the challenges faced in healthcare today. Staff nurses are intimately involved in providing care to their patients, but not always involved in the decisions impacting care delivery (HRSA, 2013; IOM, 2010). Recent evidence has shown when staff nurses are not engaged and empowered in their work they are more likely to become dissatisfied in their job resulting in increased turnover and adverse patient outcomes (Hauck et al., 2011; Jenaro et al., 2010). One common reason cited for a lack of staff nurse work engagement and structural empowerment is a lack of support from nurse managers (Bamford et al., 2012; Ismail et al., 2009). Not all nurse manager leadership styles result in increased work engagement and structural empowerment in staff nurses (Cowden & Cummings, 2012). Understanding the impact a nurse managers leadership style factors has on staff nurses was identified as a gap in the current literature which needed further investigation. This descriptive correlational study aimed to investigate the strength of the relationship between nurse manager leadership style factors and staff nurse structural empowerment, work engagement, and intent to stay.

**Demographics**

The demographic profile of the staff nurses surveyed in this study was similar to previously reported national samples of registered nurses (HRSA, 2013; NCSBN, 2013). Among the sample of staff nurses, 393 (89.1%) were female and 48 (10.9%) were male. This is consistent with the HRSA (2013) report which concluded that females represent 91% and males represent 9% of the national registered nurse population.

Half of the nurses fell between the age ranges of 30 to 49 years of age. The age range of the staff nurses in this study was similar to the most recent National Council of State Boards of Nursing Survey in 2013 which reported the average age of registered nurses was 44.6. The number of registered nurses in this study under age 40 was similar (n = 188; 42.6%) to the HRSA (2013) report which stated 42.6% of a national sample of registered nurses was under age 40. The number of registered nurses in this study over age 50 was similar to the HRSA (2013) report which stated 31.8% of staff nurses among a national sample were 50 years or older. In this study, 147 (33%) of the staff nurses were age 50 or older.

More than half of the staff nurses reported having a Baccalaureate Degree in Nursing (BSN) (n=225, 51.7%). Among the staff nurses, 153 (34.7%) held an Associate Degree in Nursing and 24 (5.4%) held a Master's Degree in Nursing. These findings are similar to the national HRSA (2013) survey data on registered nurses which concluded that 37.9% of registered nurses held an Associate Degree as their highest education preparation in nursing.

The majority of the staff nurses worked 33 to 40 hours per week (n=300, 68%). The largest portion of the staff nurses (n=252, 57.1%) worked day shift. Eighty-nine (20.2%) of the staff nurses worked more than 40 hours per week. The number of hours worked per week reported in this study are similar to the HRSA (2013) data which concluded registered nurses

worked an average of 37 hours per week. Full time employment status was reported by 389

(88%) of the staff nurses and 52 (12%) of the staff nurses were part time.

A significant majority of the staff nurses worked in their current position and current

hospital for over one year and more than 90% of the staff nurses worked in the nursing

profession for more than one year. The largest group of staff nurse participants (n = 108;

24.5%) reported having five years or less of nursing experience. This was followed by a

reported 77 (17.5%) of the staff nurses having 5 to 10 years of nursing experience. Fifty-seven

(12.9%) of the staff nurses reported having 15-20 years of nursing experience. For current

hospital employment, 126 (28.0%) of the staff nurses were employed the last 5 to 10 years. A

slightly larger percentage (n =133; 30.2%) reported they worked in their current position for

the last 5 to 10 years. This was closely followed by a reported 120 (27.2%) of the study

participants reporting they had worked in their present positons for the last 1 to 5 years.

Overall, the sample of nurses surveyed in this study was similar to the national sample of

registered nurses reported by HRSA (2013) in regards to age, gender, full time status,

educational preparation, and hours worked per week.

**Research Question One – Leadership Style Factors**

What leadership style factors do staff nurses report in their nurse managers?

The most prevalent nurse manager leadership style factor reported by the sample of

staff nurses was Transformational – inspirational motivation (M= 2.69; SD= 1.01). The least

prevalent nurse manager style factor reported by the staff nurses was passive-avoidant (M=

1.43; SD= 0.98). Jacobs et al. (2013) reported similar findings in a study on manager

transformational leadership style and employee wellbeing. Transformational leadership style

was identified as the most prevalent leadership style among the study participants.

**Research Question Two – Structural Empowerment, Work Engagement, and Intent to Stay**

What are the levels of structural empowerment, work engagement, and intent to stay in staff nurses?

The opportunity subscale of structural empowerment was reported with the highest frequency by the staff nurses (3.99; SD=0.77). The formal power structural empowerment subscale was reported with the lowest frequency by the staff nurses (3.06; SD=0.93). Hauck et al (2011) reported similar findings in a study of non-certified registered nurses who reported the opportunity subscale as the highest reported subscale of structural empowerment.

The dedication subscale of work engagement was reported with the highest frequency by the staff nurses (4.49; SD=0.95). The absorption subscale of work engagement was reported with the lowest frequency by the staff nurses (3.65; SD=0.82). These findings are similar to a study by Bamford et al (2012) which investigated the relationship between authentic leadership style and work engagement. The dedication subscale of work engagement was reported with the highest frequency by the acute care registered nurses.

The intent to stay questionnaire consisted of Likert style questions ranging from 1 to 5. The lower the number of the response, the more likely the staff nurse was to stay in their hospital and/or job. The majority of the staff nurse participants reported they probably will not leave their job and hospital in the next one year (M = 1.9; SD = 1.2), three years (M = 1.9; SD = 1.05), and five years (M = 2.7; SD =1.26). The majority of the staff nurses reported they probably will not leave their hospital in the next one year (M = 2.17; SD = 1.18), three years (M = 2.38; SD = 1.23), and five years (M=2.55; SD =1.27).

**Research Question Three - Transformational Leadership and Structural Empowerment**

What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse structural empowerment?

Each of the transformational leadership factors: idealized influence-attributes ($F = 55.25$, $p<0.001$), idealized influence-behaviors ($F = 46.58$, $p<0.001$), inspirational motivation ($F = 41.73$, $p<0.001$), intellectual stimulation ($F = 38.81$, $p<0.001$), and individual consideration ($F = 45.19$, $p<0.001$) were predictors of the support subscale of structural empowerment. The access to support subscale of structural empowerment subscale is characterized by the guidance and feedback received from those within the organization (Laschinger & Smith, 2013).

The transformational leadership style factors of idealized influence – attributes ($F = 5.52$, $p<0.05$), idealized influence – behaviors ($F = 5.57$, $p<0.05$), and inspirational motivation ($F = 8.56$, $p<0.05$) were predictors of the information subscale of structural empowerment. Access to information is a structural empowerment subscale defined as having the knowledge necessary to be effective in the workplace (Laschinger & Smith, 2013).

The transformational leadership style factor of intellectual stimulation was a significant and positive predictor of the formal subscale of structural empowerment ($F = 4.81$, $p<0.05$). Formal power is a structural empowerment subscale derived from specific job characteristics of adaptability, flexibility, and creativity associated with decision-making, and centrality in the organizational (Wong & Laschinger, 2012). Each of the structural empowerment subscales has a positive impact on employees. Examples of the positive impact structural empowerment can have in employees include increased motivation, job satisfaction, and work effectiveness (Wong & Laschinger, 2012).

Each of the transformational leadership factors: idealized influence-attributes ($F = 31.20$, $p<0.001$), idealized influence-behaviors ($F = 12.66$, $p<0.001$), inspirational motivation ($F = 11.87$, $p<0.001$), intellectual stimulation ($F = 9.77$, $p<0.05$), and individual consideration ($F = 10.83$, $p<0.05$) were predictors of the global empowerment. There was a positive relationship between transformational leadership style factors and staff nurse structural empowerment.

The findings for research question three are consistent with prior research which investigated the relationship between nurse manager transformational leadership style and staff nurse structural empowerment (Ismail et al., 2009; Laschinger & Smith, 2013). Ismail et al. (2009) identified a relationship between structural empowerment and transformational leadership in a sample of human resource employees. The authors reported that when employee structural empowerment was increased, there was an associated increase in employee performance. Laschinger, et al. (2011) investigated structural empowerment in new registered nurses and concluded that staff nurse empowerment and feelings of effectiveness resulted in increased work engagement. In a similar study by Wong and Laschinger (2012) relational leadership styles such as transformational leadership, were identified to be positive predictors of staff nurse structural empowerment in staff nurses. These studies support the findings from this research and highlight the positive impact empowering and supportive behaviors transformational leaders can have on staff nurse structural empowerment.

**Research Question Four - Transformational Leadership and Work Engagement**

What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse work engagement?

Each of the transformational leadership factors: idealized influence-behaviors ($F = 24.18$, $p<0.001$), idealized influence-attributes ($F = 11.74$, $p<0.001$), inspirational motivation ($F =$

9.69, $p<0.05$), intellectual stimulation ($F = 12.08$, $p<0.001$), and individual consideration ($F = 16.74$, $p<0.001$) were significant positive predictors of the staff nurse work engagement subscale of dedication. Work engagement is a "persistent and pervasive affective-cognitive state that is not focused on any particular object, event individual or behavior" (Schaufeli et al, 2006, p.4). The work engagement subscale of dedication is defined as a strong involvement in ones work accompanied by feelings of enthusiasm and significance. The questions in the work engagement instrument which assessed dedication specifically asked the staff nurses about meaning, enthusiasm, and inspiration in their job (Schaufeli et al, 2006).

The findings for research question four are consistent with recent research literature (Bamford et al., 2012; Bogaert et al., 2012). In a study of acute care registered nurses, Bamford et al. (2012) identified a mediating relationship between nurse manager authentic leadership style and staff nurse work engagement. Authentic leadership is a type of transformational leadership (Avolio & Gardner, 2005; Kerfoot, 2006). In a similar study, Bogaert et al. (2012) concluded supportive behaviors in nurse managers resulted in a positive impact on staff nurse work engagement.  These studies support the findings from this study and emphasize the impact nurse managers have on staff nurse work engagement.

**Research Question Five - Transformational Leadership and Intent to Stay**

What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse intent to stay?

One of the most common reasons nurses leave their job is lack of support from their nurse manager (Flinkman et al., 2010). Understanding the relationship between leadership style factors and staff nurse outcomes is important because of the resultant impact on staff nurse turnover and adverse patient outcomes (Aiken et al, 2008; Wallis & Kennedy, 2013).

The findings from this study failed to conclude a predictive relationship between leadership style and staff nurse intent to stay.

Cowden and Cummings (2012) developed a Theoretical Model of Clinical Nurses Intent to Stay which identified four major determinants of staff nurse intent to stay: the manager, organization, work, and staff nurse. The manager characteristics include the praise, recognition, shared decision-making, and support provided by the nurse manager. The organizational characteristics include opportunities for career development, adequate staffing, and adequate time to nurse. Work characteristics include autonomy, and work group cohesion. Nurse characteristics include the nurses' age, degree, position preference, and work status.

In addition to the four determinants, Cowden and Cummings (2012) described two dimensions of Intent to Stay. These two dimensions include cognitive and affective. The cognitive dimension is characterized by staff empowerment, organizational commitment, quality of care delivered to patients, and opportunity elsewhere. The affective dimension is characterized by the nurse's desire to stay, job satisfaction, joy at work, and moral distress.

The complexity of this model highlights the multifactorial determinants of staff nurse intent to stay. This study aimed to investigate the predictive relationship nurse manager leadership style has on staff nurse intent to stay. The Cowden and Cummings (2012) model guided this research question. The lack of significant findings for this research question may be interpreted to mean other determinants of intent to stay played a more significant role than the nurse managers leadership style in this group of staff nurses. The impact of these findings supports a recommendation for future research to collectively investigate the predictive relationships between the four intent to stay determinants proposed in the Cowden & Cummings (2012) model.

**Research Question Six - Transactional Leadership and Structural Empowerment**

What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse structural empowerment?

Transactional leaders believe employees are motivated by rewards and are willing to exchange things of value with followers to achieve organizational goals (Bass & Avolio, 1995). While this style of leadership may be useful in some situations, it does not individualize the needs of followers. Transactional leadership style consists of three main factors: contingent reward, management by exception - active and management by exception - passive.

The findings for research question six yielded mixed results. The structural empowerment subscales measured in this study included access to opportunity, information, support, resources, formal power, and informal power. The contingent reward and management by exception - active factors of transactional leadership style had a positive relationship with structural empowerment subscales. The management by exception - passive factors of transactional leadership style had a negative relationship with structural empowerment subscales.

The transactional leadership style factor of contingent reward was a significant and positive predictor of the structural empowerment subscales of information ($F = 12.14$, $p<0.001$) and support ($F = 56.71$, $p<0.001$). Information refers to access in job related empowerment structures and is characterized as the knowledge necessary to be effective in the workplace (Wong & Laschinger, 2012). The transactional leadership style factor of management by exception - active was a significant positive predictor for the structural empowerment subscale of opportunity ($F = 5.2$, $p<0.05$).

The transactional leadership style of management by exception - passive was a significant and negative predictor for the structural empowerment subscale of information ($F = 3.19$, $p<0.05$) and support ($F = 38.87$, p<0.001). Support is an empowerment structure characterized by receiving feedback and guidance from others (Wong & Laschinger, 2012). The transactional leadership style factor of contingent reward was a significant and positive predictor of global empowerment ($F = 18.35$, $p<0.001$). The transactional leadership style factor of management by exception - passive was a significant and negative predictor of global empowerment ($F= 22.14$, $p<0.001$). There were no significant predictive relationships between transactional leadership style factors and the structural empowerment subscale of formal and informal power. Contingent reward is characterized by a transactional leader exchanging something of value for a specific reward. This reward is not individualized (Bass & Avolio, 1995). Management by exception - active is characterized by a manager who corrects an employee's error immediately after a mistake is made. The transactional leadership style factor of management by exception - active was a significant positive predictor for the structural empowerment subscale of opportunity ($p<0.05$).

The transactional leadership style of management by exception - passive was a significant and negative predictor for the structural empowerment subscale of support (p<0.001). The management by exception - passive factor of transactional leadership is characterized by a manager who corrects an employee's mistake long after the error is made by the follower (Bass & Avolio, 1995).

The conflicting findings from this study are consistent with prior findings for transactional leadership in a study by Bormann and Abrahamson (2014). In the discussion of the research findings, Bormann and Abrahamson (2014) stated the benefit of transactional

leadership style was the structure and routine provided by the leader. The leader is clear about what needs to be done and provides rewards for meeting goals. This style of leadership works well in a "top down" system where directions come from the top managers in the organization. The benefit of transactional leadership is the motivation provided to followers through rewards (Yoder-Wise, 2010).

Based on the findings from this study, transactional leadership style was both a positive and negative predictor of staff nurse work engagement. Potential reasons for this finding may be that some of the staff nurses were empowered by transactional leaders and others were not. The inconsistency in these findings in this sample of staff nurses can be interpreted to mean transactional leadership style is not a reliable leadership style which can consistently impact staff nurse structural empowerment in a positive way.

**Research Question Seven - Transactional Leadership and Work Engagement**

What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse work engagement?

There were mixed results regarding the impact nurse manager transactional leadership style had on staff nurse work engagement. The contingent reward factor of transactional leadership style was a positive and significant predictor of the work engagement subscale of dedication ($F = 14.31$, $p<0.001$). The management by exception - active factor for transactional leadership style was a negative and significant predictor of the staff nurse work engagement subscale of dedication ($F = 15.15$, $p<0.001$) and a positive predictor for the work engagement subscale of absorption ($F = 4.13$, $p<0.05$). The transactional leadership style subscale of management by exception - passive was a significant and negative predictor of the work engagement subscale of dedication ($F = 14.57$, $p<0.001$).

A study by Negussie and Demissie (2013) identified similar inconsistent findings between transactional leadership style and nurse job satisfaction. The contingent reward factor of transactional leadership style was determined to be a significant and positive predictor of nurse job satisfaction. Conversely, the management by exception - passive subscale of transactional leadership style was a significant negative predictor of nurse job satisfaction.

Based on the results from this study and the study by Negussie and Demissie (2013), it may be interpreted that the positive impact transactional leaders have on followers may be based on the rewards and structure provided to followers. The passive behaviors of the transactional leader may have resulted in a negative impact on followers due to the lack of interaction and timely feedback provided to followers. This interpretation was supported in the study by Negussie and Demissie (2013) where the passive behaviors of the transactional leader were concluded to negatively impact staff nurse job satisfaction.

In 2014, Bormann and Abrahamson described similar conclusions to the Negussie and Demissie (2013) study. The benefit of transactional leadership was described based on the motivation provided by the leader through rewards. Based on the findings from these prior studies and this current study, it can be concluded that transactional leadership style is inconsistent in its impact on staff nurse work engagement.

**Research Question Eight - Transactional Leadership and Intent to Stay**

What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse intent to stay?

Transactional leadership style in nurse managers was not a predictor of staff nurse intent to stay. This finding is inconsistent with the study by Negussie & Demissie (2013) who identified a positive association between transactional leadership style factor of contingent

reward and staff nurse job satisfaction. Job satisfaction has been previously reported to be an

important predictor of intent to stay (Cowden & Cummings, 2011). Understanding the

relationship between leadership style and staff nurse outcomes is important because of the

potential resultant impact on staff nurse turnover (Aiken 2008; Wallis & Kennedy, 2013).

The lack of significant findings for this research question may be interpreted to mean

other determinants of intent to stay played a more significant role than the nurse managers

leadership style in this group of staff nurses. The impact of these findings is a

recommendation for future research to collectively investigate the predictive relationships

between the four intent to stay determinants proposed in the Cowden and Cummings (2012)

model with staff nurses intent to stay.

**Research Question Nine – Passive-avoidant Leadership and Structural Empowerment**

What is the strength of the relationship between nurse manager passive-avoidant

leadership style factors and staff nurse structural empowerment?

Passive-avoidant leadership style was a significant negative predictor of the structural

empowerment subscales of information ($F = 4.35$, $p<0.05$) and support ($F = 25.57$, $p<0.001$).

Information is a power structure related to access in job related empowerment and is

characterized as the knowledge necessary to be effective in the workplace (Wong &

Laschinger, 2012). Support is another structural empowerment subscale related to access in a

person's job and is characterized by receiving feedback and guidance from others. The

subscales of information and support lead to job satisfaction and work effectiveness (Wong

&Laschinger, 2012). Passive avoidant leadership style was a significant negative predictor

for the global empowerment ($F = 16.67$, $p<0.001$). Global empowerment refers to the

perception of working in an empowered work environment (Wong & Laschinger, 2012).

Based on the findings from the study by Negussie and Demissie (2013), passive- avoidant leadership was described as having a negative impact on followers. Passive-avoidant leaders are described as having a "hands-off approach" to leadership. This style of leader delays decision-making, provides no feedback, and makes very little effort to satisfy the needs of followers (Lewin, et al, 1939; Bass, 1985). According to Negussie and Demissie (2013), these negative characteristics of the passive – avoidant leader result in a negative impact on staff nurse job satisfaction. The findings from this study and the study by Negussie and Demissie (2013) emphasize the critical role a leader must play in an organization and the negative impact passive-avoidant leadership style can have on staff nurse structural empowerment.

**Research Question Ten – Passive-avoidant Leadership and Work Engagement**

What is the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse work engagement?

Passive-avoidant leadership style was a significant and negative predictor for the work engagement subscale of dedication ($F = 19.6$, $p<0.001$) and absorption ($F = 5.38$, $p<0.05$). One explanation for these findings may be the passive behaviors of this leadership style. The "hands off" approach used by passive-avoidant leaders may explain the negative impact on work engagement. The work engagement subscale of dedication is characterized by feelings of significance (Schaufeli et al., 2006). The lack of interaction with the leader may leave the employee without the feedback needed to develop these feelings of significance (Schaufeli et al, 2006).

Germain and Cummings (2010) conducted a systematic review investigating the influence of leadership factors on staff performance. The findings from the Germain and Cummings (2010) study identified work relations as a significant factor influencing staff

nurse motivation and ability to perform. Passive avoidant leaders do not develop work relations and avoid interaction with followers (Bass & Avolio, 1995). The behaviors associated with this leadership style may explain the negative impact on nurse work engagement in this study. The findings from this study and the study by Germain and Cummings (2010) emphasize the critical role a leader must play in an organization and how the lack of leadership can negatively impact nurse work engagement.

**Research Question Eleven** – **Passive-avoidant Leadership and Intent to Stay**

What is the strength of the relationship between nurse manager passive-avoidant leadership style factors and staff nurse intent to stay?

Passive-avoidant leadership style in nurse managers was not a significant predictor of staff nurse intent to stay. Cowden and Cummings (2011) conducted a systematic review on leadership practices and staff nurse intent to stay. The researchers concluded that the lack of contact with passive avoidant leaders negatively influenced the staff nurses intent to stay. Due to the inconsistency in the findings from prior research and this study, further research is needed to understand the impact nurse manager leadership style has on intent to stay.

The lack of significant findings for this research question may be interpreted to mean other determinants of intent to stay play a more significant role than the nurse managers leadership style in this group of staff nurses. The impact of these findings is a recommendation for future research to investigate the predictive relationships between the four intent to stay determinants proposed in the Cowden and Cummings (2012) model with staff nurses intent to stay.

**Research Question Twelve – Overarching Research Question**

Which of the three types of nurse manager leadership style factors have the strongest relationship with staff nurse structural empowerment, work engagement, and intent to stay?

Research question twelve is the overarching research question for this study. Each of the three leadership styles will be addressed separately based on the study findings and associated prior research evidence.

***Transformational Leadership Style and the Independent Variables of Structural Empowerment and Work Engagement***

Each of the transformational leadership factors: idealized influence-attributes ($F = 55.25$, $p<0.001$), idealized influence-behaviors ($F = 46.58$, $p<0.001$), inspirational motivation ($F = 41.73$, $p<0.001$), intellectual stimulation ($F = 38.81$, $p<0.001$), and individual consideration ($F = 45.19$, $p<0.001$) were significant and positive predictors of the support subscale of structural empowerment. Each of the transformational leadership factors: idealized influence-behaviors ($F = 24.18$, $p<0.001$), idealized influence-attributes ($F = 11.74$, $p<0.001$), inspirational motivation ($F = 9.69$, $p<0.05$), intellectual stimulation ($F = 12.08$, $p<0.001$), and individual consideration ($F = 16.74$, $p<0.001$) were significant and positive predictors of the staff nurse work engagement subscale of dedication. None of the transformational leadership style factors were significant predictors of staff nurse intent to stay. A summary of the transformational leadership style factors which were significant and positive predictors for staff nurse structural empowerment and work engagement are depicted in Figure 74.
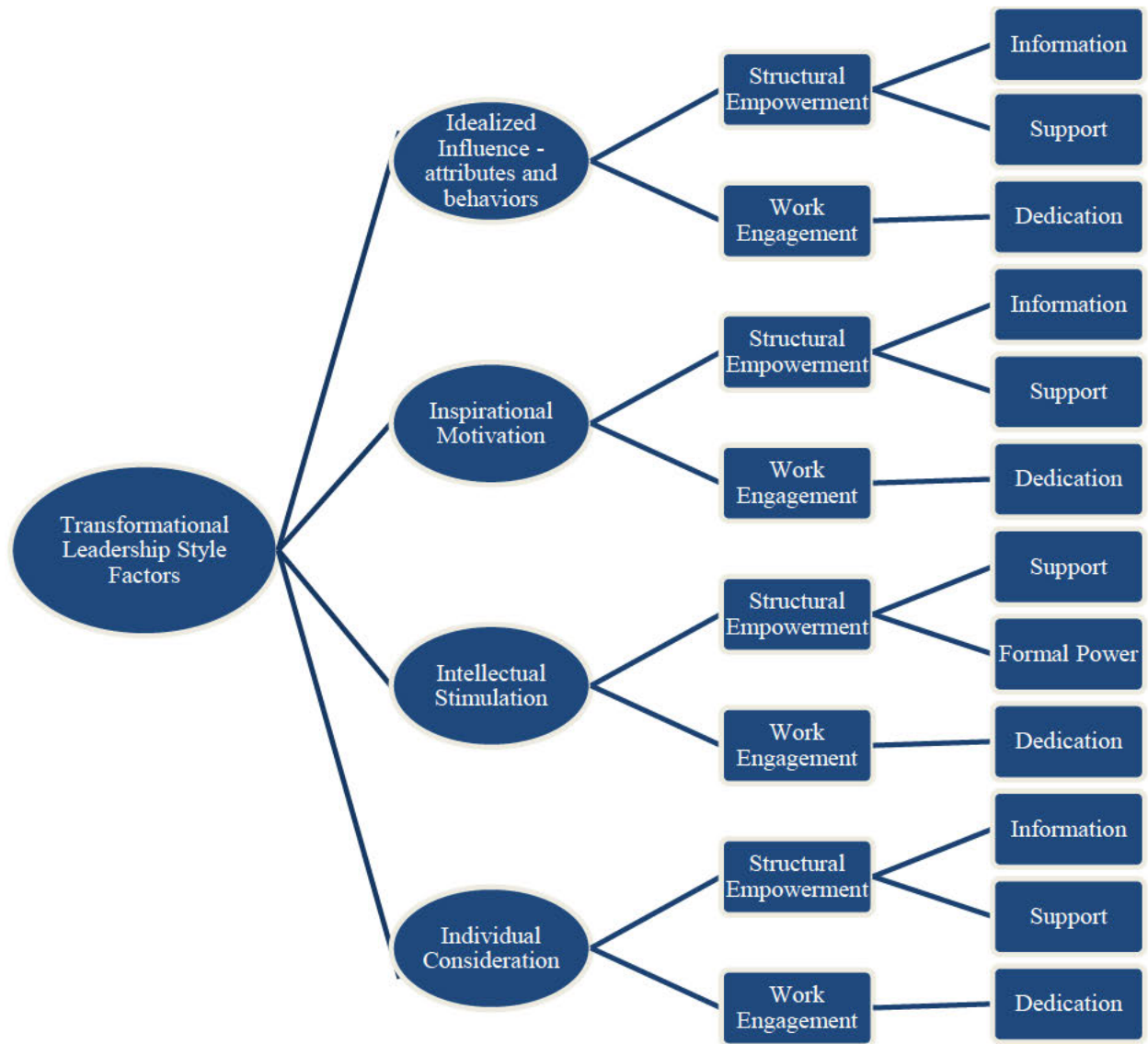
Figure 74. Research Question Twelve – Influence of Transformational Leadership Style Factors on Staff Nurse Structural Empowerment and Work Engagement. A summary of the transformational leadership style factors which were significant and predictors for staff nurse structural empowerment and work engagement.  Each of the transformational leadership style factors had a positive relationship with the structural empowerment and work engagement subscales.

The results from this study on leadership style and structural empowerment were

consistent with prior research findings. Laschinger et al. (2011) conducted a study on

transformational leadership style among senior nurse managers. Transformational leadership

style in senior nurse managers was a significant and positive predictor of front line manager

structural empowerment. Laschinger et al. (2011) further concluded that empowered frontline

managers were more likely to stay in their current job. In a similar study by Wong and

Laschinger (2012), relational leadership styles such as transformational leadership, were

significant and positive predictors of staff nurse structural empowerment. These prior studies

support the findings from this study and identified a predictive relationship between nurse

manager transformational leadership style and staff nurse structural empowerment.

The study findings for nurse manager leadership style and staff nurse work engagement

were consistent with prior research findings. Bogaert et al. (2012) and Bamford (2012) both

concluded that relational leadership styles, such as transformational leadership, had significant

positive impacts on staff nurse work engagement. This may be explained through the

supportive leadership behaviors associated with transformational leadership style. Examples

of supportive leadership behaviors include role modeling, promoting a clear vision,

innovation, creativity, and encouraging autonomy (Bass & Avolio, 1995).

### *Transactional Leadership Style and the Independent Study Variables of Structural Empowerment and Work Engagement*

In contrast to the consistent positive predictive findings for transformational leadership

style, the results for the transactional leadership style factors revealed a mixture of both

positive and negative predictive relationships with the study variables.

There were mixed results for the transactional leadership style factors as they predicted

staff nurse structural empowerment. The transactional leadership style factor of contingent

reward was a significant positive predictor of the structural empowerment subscales of

information ($F = 12.14$, $p<0.001$) and support ($F = 56.71$, $p<0.001$). The transactional

leadership style factor of management by exception - active was a significant and positive

predictor for the structural empowerment subscale of opportunity ($F = 5.2$, $p<0.05$). The

transactional leadership style of management by exception - passive was a significant and negative predictor for the structural empowerment subscale of information ($F = 3.19$, $p<0.05$) and support ($F = 38.87$, $p<0.001$). The transactional leadership style factor of contingent reward was a significant and positive predictor of global empowerment ($F = 18.35$, $p<0.001$). The transactional leadership style factor of management by exception - passive was a significant and negative predictor of global empowerment ($F= 22.14$, $p<0.001$).

Similar to structural empowerment, there were mixed results regarding the impact nurse manager transactional leadership style had on staff nurse work engagement. The contingent reward factor of transactional leadership style was a positive predictor of the work engagement subscale of dedication ($F = 14.31$, $p<0.001$) The management by exception - active factor for transactional leadership style was a negative predictor of the staff nurse work engagement subscale of dedication ($F = 15.15$, $p<0.001$) and a positive predictor for the work engagement subscale of absorption ($F = 4.13$, $p<0.05$). The transactional leadership style subscale of management by exception - passive was a significant negative predictor of the work engagement subscale of dedication ($F = 14.57$, $p<0.001$). Transactional leadership style in nurse managers was not a significant predictor of staff nurse intent to stay in their current job or hospital for the next one, three or five years. A summary of the transactional leadership style factors which were significant and positive predictors for staff nurse structural empowerment and work engagement are depicted in Figure 75.

The conflicting findings from this study are consistent with prior studies (Bormann & Abrahamson, 2014; Negussie & Demissie, 2013). One explanation for this finding is that some nurses may be empowered and engaged by the rewards provided by transactional leaders. The clear delineation of goals, although not individualized, and structure provided by

the transactional leader results in increased structural empowerment for the staff nurses. When the transactional leader exemplified passive leadership behaviors which was characterized by a delay in providing feedback, staff nurse structural empowerment and work engagement was negatively impacted.
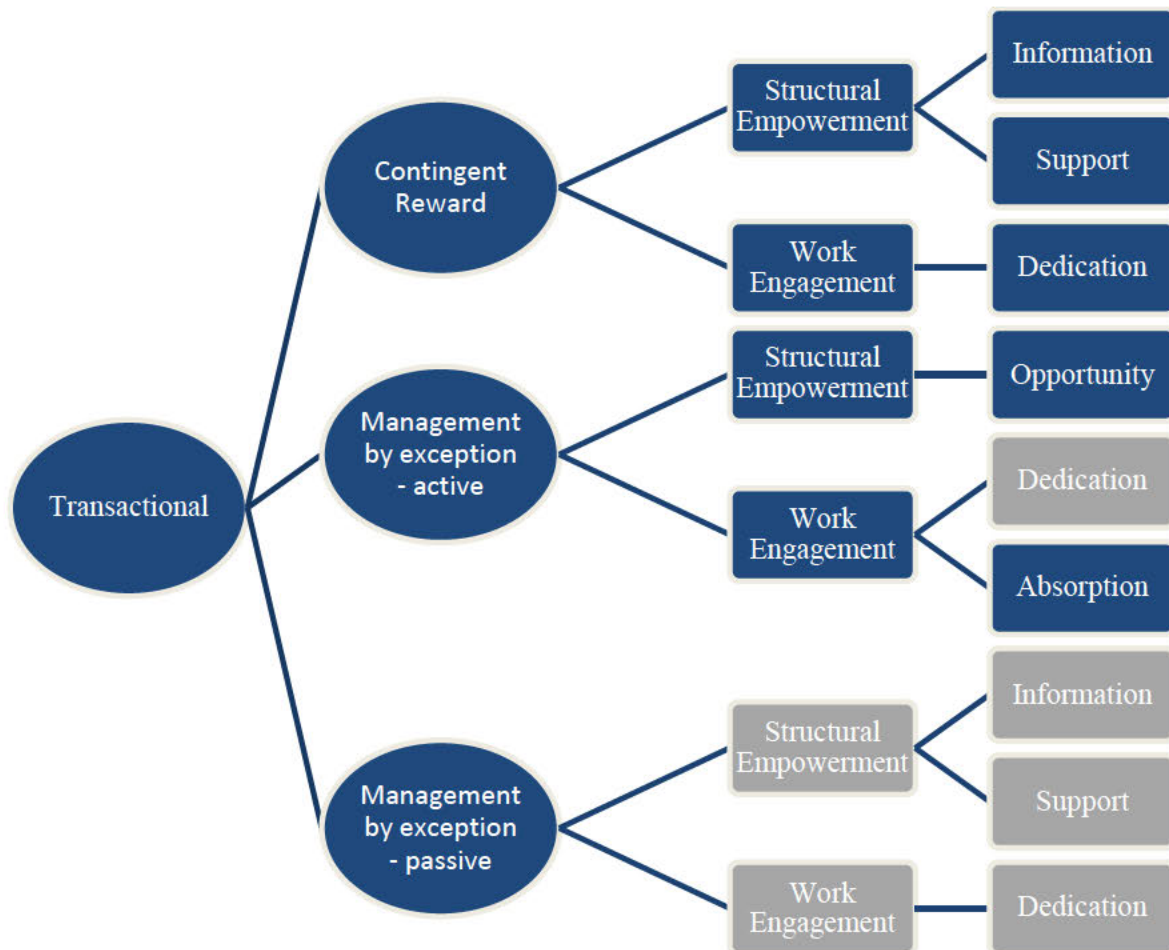


Figure 75. Research Question Twelve – Influence of Transactional Leadership Style Factors on Staff Nurse Structural Empowerment and Work Engagement. A summary of the transactional leadership style factors which were significant and positive predictors for staff nurse structural empowerment and work engagement. Darker shaded boxes indicate positive relationships. Lighter shaded boxes indicate negative relationships with transactional leadership style factors.

*Passive-avoidant Leadership Style and the Independent Study Variables of Structural*

*Empowerment and Work Engagement*

Passive-avoidant leadership style was a significant and negative predictor of the structural empowerment subscales of information ($F = 4.35$, $p<0.05$) and support ($F = 25.57$, $p<0.001$). Passive-avoidant leadership style was a significant and negative predictor for the work engagement subscale of dedication ($F = 19.6$, $p<0.001$) and absorption ($F = 5.38$, $p<0.05$). The passive-avoidant leadership style factor was not a predictor of staff nurse intent to stay. A summary of the passive-avoidant leadership style factor which was significant and negative predictors for staff nurse structural empowerment and work engagement are depicted in Figure 76. The findings from this study support prior research by Negussie and Demissie (2013) who described the negative impact passive avoidant leadership has on followers. Passive-avoidant leaders are described as having a "hands-off approach" to leadership where there are delays in decision-making and little to no feedback is provided to followers (Lewin, Lippit & White, 1939 & Bass, 1985).
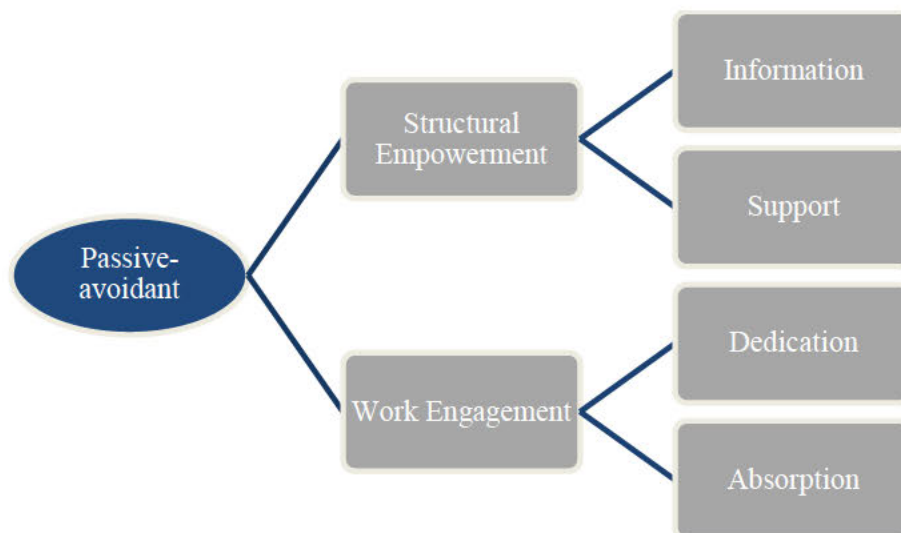


Figure 76. Research Question Twelve – Influence of Passive-avoidant Leadership Style Factors on Staff Nurse Structural Empowerment and Work Engagement. A summary of the transactional leadership style factors which were significant and positive predictors for staff nurse structural

empowerment and work engagement. Lighter shaded boxes indicate negative relationships with passive-avoidant leadership style.

### *Leadership Style and Intent to Stay*

The findings from this study failed to conclude a predictive relationship between any of the leadership styles and staff nurse intent to stay. The Theoretical Model of Clinical Nurses Intent to Stay developed by Cowden and Cummings (2012) identified four major determinants of staff nurse intent to stay: the manager, organization, work, and staff nurse. This complex model highlights the multifactorial determinants of staff nurse intent to stay. The lack of significant findings for the research questions pertaining to leadership style and intent to stay may be interpreted to mean other determinants of intent to stay played a more significant role than the nurse managers leadership style in this group of staff nurses.

### **Revised Conceptual Framework**

The Full Range Leadership Model described by Bass (1985) was the overarching conceptual framework for this study. This model includes three leadership styles on a continuum from highest impact on followers to lowest impact. Among the three styles of leadership, transformational leadership style had the most positive impact on followers (Avolio & Bass, 2004; Wong & Cummings, 2013). This is achieved through clear communication, rewarding performance, and building teamwork (Bass & Avolio, 1995). This style of leadership has the greatest impact on staff nurse motivation to achieve goals through empowerment (Cowden & Cummings, 2012; Germain & Cummings, 2010).

Transactional leadership is the second leadership style in the Full Range Leadership Model. The key element of Transactional leadership is the belief that workers are motivated by rewards (Cowden & Cummings, 2012). Transactional leaders exchange things of value with followers as a means to advance their own agenda. Transactional leaders do not

individualize the needs of the followers (Bass & Avolio, 1995). There are two main factors

associated with transactional leadership: contingent reward and management by exception.

Contingent reward is characterized by the exchange between leaders and followers where

there is an exchange for a specific reward. Management by exception is characterized by a

leader's negative feedback, negative reinforcement, and corrective criticism. There are two

levels of management by exception: active and passive. The active level of management by

exception refers to the manner by which a leader watches for mistakes and takes corrective

action soon after the mistake is identified. The passive level of management by exception

refers to the manner by which the leader watches for mistakes and takes corrective action in a

passive manner such as during an employee's evaluation (Bass & Avolio, 1995; Kuhnert, &

Avolio, 1994).

The third leadership style, described in the Full Range Leadership Model continuum is

passive - avoidant. This style of leadership has the least impact on followers and is defined as

a "lack of leadership." Passive-avoidant leaders exemplify laissez-faire behaviors and take a

"hands-off approach." This leader delays decisions, provides no feedback, and makes little

effort to satisfy the needs of followers (Bass & Avolio, 1995).

The conceptual model presented in Chapter I has been revised based on the findings from

this study (Figure 77). The revised conceptual model emphasizes transformational leadership

as the most active and effective leadership style. The result is a positive impact on staff nurse

structural empowerment and work engagement. Transactional leadership style is depicted as

both an effective and ineffective leadership style. This is based on the conflicting findings

from this study which concluded transactional leadership style had both a positive and

negative impact on staff nurse structural empowerment and work engagement. Passive-

avoidant leadership is depicted as the most passive and ineffective leadership style in this revised conceptual model. This is based on the consistent negative impact passive-avoidant leadership style had on staff nurse structural empowerment and work engagement.

This research supports this revised conceptual framework which concluded transformational leadership style is a positive predictor of staff nurse structural empowerment and work engagement. Transactional leadership style was both a positive and negative predictor of staff nurse structural empowerment and work engagement. Passive-avoidant leadership style was a negative predictor of staff nurse structural empowerment and work engagement. The more passive the leadership style, the more negative the impact on staff nurse structural empowerment and work engagement (Figure 77).
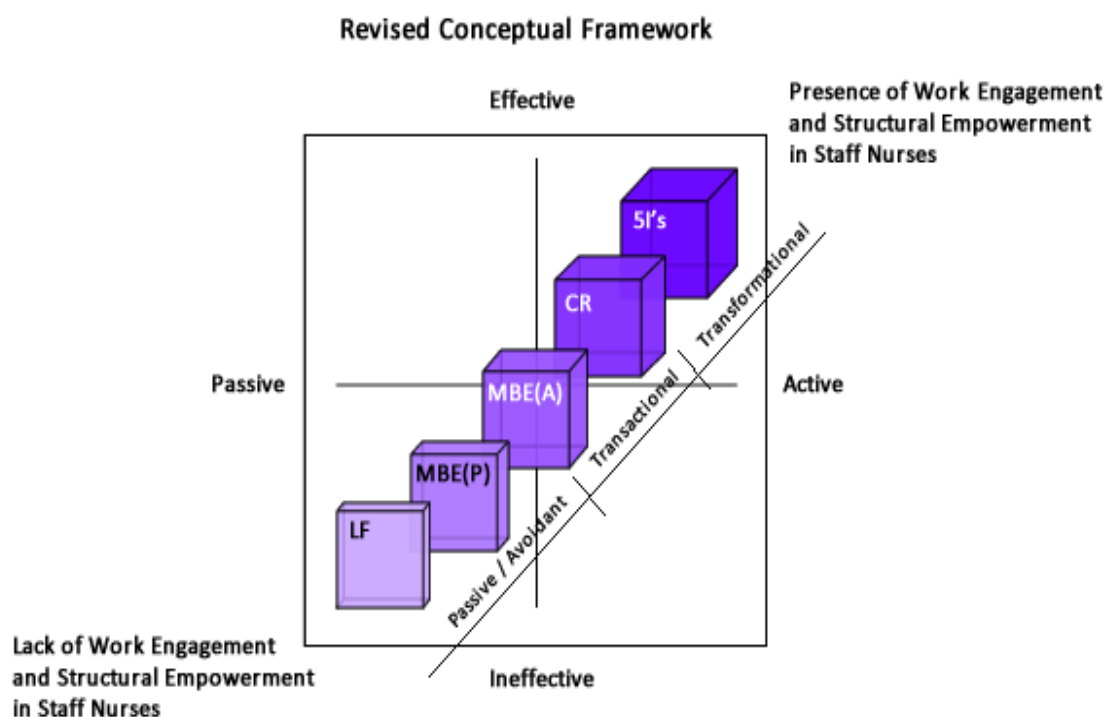


Figure 77. Revised Conceptual Framework Depicting the Influence of Nurse Manager Leadership Style Factors on Staff Nurse Structural Empowerment and Work Engagement. Adapted from the Full Range Leadership Model by Avolio & Bass (2004).

**Limitations**

The researcher must acknowledge the limitations of this study. These include the use of a nonprobability, purposive sample, a self-reported survey, the study design, and the influences of extraneous variables.

Use of a nonprobability, purposive sample prevents generalization of the findings to the total staff nurse population. A major disadvantage of using a nonprobability, purposive sample is that the findings may not be representative of the entire population (Cresswell, 2008). Since this sample was limited to staff registered nurses working in three acute care hospitals located in the southeastern region of the United States, it is important to note that these findings may not be generalizable in other geographical locations. The result of this limitation is that generalization of the findings is greatly reduced, therefore lowering of the external validity of the study findings (Burnes & Grove, 2010).

Another limitation is the use of a self-reported survey. The researcher must consider that the participants may report in a manner they believe the researcher and/or the nurse manager wants them to respond to the survey questions. Staff nurse perception which is self-reported has limited use in research findings (Cresswell, 2008). Another potential problem with this self-reported survey is that staff nurses provided responses at a single point in time (Burnes & Grove, 2010). It must be acknowledged that the nurses may have had a particularly bad day on the day of survey completion which may have negatively impacted their views on the study variables and vice versa. Additionally, participants may report based on selective memory of their nurse manager (remembering or not remembering experiences which occurred in the past). Perceptions of empowerment, engagement, and intent to stay can vary over time and

one time measurement only provides one snapshot of the participant at the time of completing the survey.

Another potential limitation was the research design of this study. A descriptive correlational design was used to answer the research questions. It is important to acknowledge that this research design does not imply causation (Cresswell, 2008). However, this design was appropriate to answer the research questions and address the study purpose (Burnes & Grove, 2010).

The final limitation was the impact of extraneous variables. Extraneous variables add error to research because of their undesirable effects (Burnes & Grove, 2010). Attempts were made to control for extraneous variables. For example, the inclusion criteria was included to ensure only staff nurses, who were not currently participating in orientation, responded to the survey. Other extraneous variables could have impacted this study. Two of the three participating hospitals were undergoing various levels of organizational change during data collection. When a hospital is undergoing major organizational change, there is increased stress and uncertainty in the work environment (Yoder-Wise, 2010). This extraneous variable must be taken into account when interpreting the research findings because of the potential impact it may have had on the staff nurses survey responses.

While these limitations resulted in reducing the overall strength of the study findings, there are many implications and recommendations which can be identified based on the study findings. Implications and recommendations will be described in the subsequent sections of this chapter.

**Recommendations for Nursing Practice**

The results from this study support the call by the IOM to develop nurse leaders and has direct implications for nursing practice. Recommendations for nursing practice include development of leadership skills in nurse managers which emphasize transformational and transactional behaviors while minimizing passive-avoidant leadership behaviors. Through education which includes self-awareness, mentorship, professional organization participation, nurse managers can have a positive impact on organizational outcomes which included increased staff nurse intent to stay, performance, work engagement, and structural empowerment (Cowden & Cummings, 2012; Wong & Giallonardo, 2013).

Many leadership development programs currently exist for nurse managers. For example, The American Organization of Nurse Executives (AONE) offers a variety of nurse manager development programs. These programs are specifically designed for nurse managers at various points in their career to participate in professional development aimed to provide leadership content, self-assessment, and experiential learning opportunities for nurse managers (AONE, 2013). Based on the findings from this study, the leadership content should include emphasis on the three leadership style factors and the impact on staff nurse structural empowerment and work engagement. Leadership development should include the development of leadership skills through self-awareness and competency based training.

Self-awareness is the hallmark of leadership development. Leadership training should begin with an assessment of a leader's style. Self-awareness can be evaluated using assessment tools such as the Multifactor Leadership Questionnaire (MLQ) and Myer-Briggs Type Indicator (MBTI) (Sherman, 2010). Both of these assessment tools can be used to provide nurse managers with insight into their own leadership styles. Once a nurse manager is

aware of their leadership style, he/she can work to develop leadership competencies to enhance transformational and transactional leadership behaviors.  The ANCC model for Magnet® recognition (2008) describes specific transformational leadership behaviors such as mentorship, empowering others, role modeling, and encouraging independent thinking among followers. Based on the findings from this study, important leadership behaviors should include providing timely and consistent feedback to followers as well as provide access to information. This training should be consistent with the findings from this study which concluded nurse manager passive – avoidant behaviors was associated with reduced staff nurse structural empowerment and work engagement. A leader helps followers achieve goals through their support, motivation, inspiration, and role modeling. The benefit of leadership programs have been described in prior research (Sherman et al, 2013). A prior study by Wallis and Kennedy (2013) investigated the impact of a one year leadership development program on organizational outcomes. The authors concluded that a nurse manager leadership training program based on Magnet® model initiatives described by the ANCC (2008) resulted in a significant reduction in staff nurse turnover.

Leadership development should include a mentorship component. Mentorship can provide guidance in leadership development based on real situations where the leader can evaluate their behaviors and work to improve the behaviors in nurse managers. Through formal mentorship programs, nurses should be paired with a leader where skills can be developed and feedback can be provided in a supportive environment (Criscitelli, 2013; Kelly, Wicker & Gerkin, 2014). Emphasis on these elements of mentorship training are consistent with the findings from this study which concluded transformational and transactional leadership styles both exemplify supportive behaviors through feedback and based on the

findings from this study, resulting in a positive impact on staff nurse structural empowerment and work engagement.

Based on the findings from this study, the positive impact of both transformational and transactional leadership styles should be emphasized as beneficial for use in practice depending on the situation. In situations where structure and adherence to goals are a priority, transactional leadership can be an ideal style of leadership to use in practice. In situations where creativity, innovation, and inspiration is needed a transformational leaderships style can be an ideal style of leadership.  Through mentorship, the benefit of participation in professional organizations can be emphasized (Ross, Fitzpatrick & Click, 2014). Participation in professional organizations can provide a means of developing leadership skills by serving in leadership roles. Leadership programs which include development of self-awareness, mentorship programs, support for professional organization participation can have a positive impact on staff nurse intent to stay, performance, work engagement, and structural empowerment (Cowden & Cummings, 2012; Wong & Giallonardo, 2013).

**Recommendations for Nursing Research**

Recommendations for future research on this topic include investigating the impact of leadership style on the determinants of intent to stay, increasing the variety of research designs, including intervention based research designs, evaluating the influence of nurse manager leadership style in different groups of staff nurses, and relating leadership to organizational outcomes such as patient satisfaction scores and adverse patient outcomes.

One research recommendation is to further investigate the impact of nurse manager leadership style on the four major determinants of staff nurse intent to stay described in the Theoretical Model of Clinical Nurses Intent to Stay by Cowden and Cummings (2012). These

four determinants include the manager, organization, work, and staff nurse. The complexity of this model highlights the multifactorial determinants of staff nurse intent to stay. The lack of significant findings for this research question may be interpreted to mean other determinants of intent to stay played a more significant role than the nurse managers leadership style in this group of staff nurses. The recommendation for future research is to collectively investigate the predictive relationships between the four intent to stay determinants proposed in the Cowden and Cummings (2012) model with staff nurses intent to stay.

Increasing the use of different research designs can lead to new insights on this topic. Mixed methods research combines qualitative and quantitative research designs. Conducting studies on nurse manager leadership style using a technique such as mixed method research can increase the strength of the research findings (Burnes & Grove, 2010). Conducting qualitative research on this topic could provide new insights in the understanding the impact of nurse manager leadership behaviors on staff nurses.

Intervention research would add to the body of research knowledge on this topic. Kooker and Kamikawa (2009) investigated the impact of leadership development on organizational outcomes using an intervention study to evaluate the impact of a one year nurse manager training program on staff nurse retention and patient outcomes. Following the intervention, the researchers identified an increase in the nurse retention rate, patient satisfaction and staff satisfaction. Intervention research such as the one by Kooker and Kamikawa (2009) should be conducted to investigate which leadership development strategies can have the most significant impact on organizational outcomes (Sherman, 2010).

Another recommendation for future research is to evaluate the influence of nurse manager leadership styles in various nursing units. Potential research questions could include

investigation of the impact of leadership styles among various nurse age groups. Prior generational studies have suggested differences in preferred leadership styles across different generations of nurses (Horeczy, Lalani, Mendes, Miller, Samsa & Scongack, 2014).  The importance of conducting such research would provide insight into the impact various leadership styles have on different groups of nurses. Another example would be to evaluate the impact of nurse manager leadership across nursing units. This is a recommendation becasue there is little research which explores the influence of nurse manager leadership style among various nursing groups (Casida & Pinto-Zipp, 2008).

Another future research recommendation would be to further demonstrate the impact leaders have on organizational outcomes such as patient satisfaction scores and adverse patient outcomes.  These studies could build upon the work by Aiken et al. (2008) who identified a significant link between the hospital care environment factors of job satisfaction, burnout, and staff nurse intent to leave with patient risk of death and 30-day mortality. Positive work environments were identified as a predictor of nurse turnover, increased nurse intent to stay and improved patient outcomes. In a systematic review by Wong and Cummings (2007) a significant relationship was identified between leadership behaviors, styles, and/or practices, and patient outcomes such as patient satisfaction and adverse events (Wong & Cummings, 2007). In a systematic review by Wong & Giallanardo  (2013) a positive relationship was concluded between relational leadership styles, high patient satisfaction, low patient mortality, medication errors, restraint use, and hospital acquired infections (Wong et al., 2013). Future research on this topic can add to the body of knowledge which relates the impact of leadership on organizational outcomes such as patient satisfaction scores and adverse patient outcomes.

Research recommendations were identified based on the findings from this study. These include investigating the impact of leadership style on the determinants of intent to stay described in the Clinical Nurses Intent to Stay Model by Cowden and Cummings (2012), increasing the number of alternative research designs, conducting intervention based research, and relating leadership style to organizational outcomes such as patient satisfaction scores and adverse patient outcomes.

**Recommendations for Nursing Education**

In addition to a call for development of leadership in nursing practice, the IOM (2010) FON report called for leadership development across nursing curricula. This study identified predictive relationships between nurse manager leadership style and the staff nurse outcomes of structural empowerment and work engagement. Understanding the impact of leadership behaviors should be part of nursing education. Because leadership is a skill which should be developed, education also should be provided across curricula and be based in leadership theory. Leadership education should be a consistent element emphasized throughout nursing programs. Leadership content should be taught at various levels of nursing education and should support individualized development of leadership plans which include self-assessment, mentorship, and active learning strategies (Galuska, 2014).

A leadership development plan begins with a self-assessment. Using self-assessment leadership tools can assist student nurses in understanding their current leadership style. This assessment can be used to further develop leadership skills (Gerard, Kazer, Babington & Quell, 2014).  The Multifactor Leadership Questionnaire (MLQ) is a good example of an evaluation tool which can be used to assess leadership style. The second phase of the leadership development plan is participation in formal mentorship programs. Mentorship

programs should include development of formal relationships which can be used to provide guidance to the student nurse in developing their leadership skills (Sherman, 2010). Active learning strategies expose students to leadership content and provide opportunities for students to interact with leaders in academic and practicum settings (NLN, 2012).  Through active learning strategies and problem solving, students can not only read about leadership content but critical analyze situations where various leadership styles are used. The impact of the leadership styles such as transformational, transactional and passive-avoidant should be examined and evaluated. The findings from this study suggest that emphasis should be placed on developing transformational and transactional leadership styles in nurse managers (Galuska, 2014).

Education frameworks such as the NLN (2012) Excellence in Nursing Education Model can be used to guide the development of leadership content in nursing programs. Through high performing education programs, students can be supported to develop their leadership skills through the support highly skilled faculty and student centered programs designed to prepare students for the future leadership roles they will assume (NLN, 2012).

**Recommendations for Health Policy**

The Future of Nursing (FON) report released in 2010 by the IOM included recommendations for the development of nursing leaders to ensure the vision for transforming healthcare were to be ever be achieved. The findings from this study support this recommendation based on the impact nurse leaders have on staff nurses. Transactional leadership style can have a positive impact on policy based on the structure and adherence to goals achieved through rewards. Transformational leadership style can have a positive impact on health policy based on the inspiring, engaging, and creative behaviors exemplified by

transformational leaders and the impact they can have on the empowerment and engagement of others. Passive-avoidant leadership style should be minimized based on the lack of feedback, interaction and ultimately reduced structural empowerment and work engagement in followers.

Leaders should be encouraged to serve in key positions which impact policy and politics. Through these positions, various leadership styles will need to be used to achieve goals. The appropriate use of transformational and transactional leadership behaviors can.  Establishing policy requires stakeholders to develop partnerships which can endure policy change. Leaders need to develop recommendations which engage and empower stakeholders to support legislation which aims to improve healthy work environments for registered nurses (O'Grady, 2011). The findings from this research supports the use of leadership styles, such as transformational leadership, to promote engagement and empowerment of stakeholders.

The importance of health policy for nursing practice cannot be underestimated. A collective nursing voice has the capability of strongly influencing policy. Leaders can bridge the gap between the voice of nurses and policy. Historically, nurses have not collaboratively used their voice to promote change and influence healthcare (Sherman, 2010). Through leadership, political and practice partnerships can impact political action and policy formation. Leadership skills should include the ability to engage stakeholders, construct effective partnerships, and form a critical mass of coalitions to sustain change. Through leadership influence, nurses can participate and support political change which results in improved healthcare (O'Grady, 2011).

**Summary of Conclusions and Recommendations**

This chapter discussed the study results and conclusions for the twelve research questions. Related literature was described as it either supported or conflicted with the study findings. Study limitations were described and included the use of a non-probability, purposive sample, self-reported survey, limitations of the study design and the potential influences of extraneous variables. A revised conceptual framework was described. Recommendations for future research on this topic were described and included investigating the impact of leadership style on the determinants of staff nurse intent to stay, increasing the variety of research designs, including intervention based research designs, and relating leadership to organizational outcomes such as patient satisfaction scores and adverse patient outcomes. Recommendations were provided for nursing practice, nursing education, and health care policy.

The future of healthcare organizations is faced with many challenges. A consistent goal remains to deliver high quality, cost efficient patient care. Nurse managers and staff nurses are an integral component needed to achieve this goal. As an essential part of the structure of nursing units, nurse managers play a key role in leading the patient care efforts on their units. Nurse manager leadership style impacts staff nurses and ultimately patient outcomes. This study aimed to investigate the influence of nurse managers leadership style on staff nurse structural empowerment, work engagement, and intent to stay. Using a descriptive correlational design, this study identified significant predictive relationships between nurse manager leadership style factors and staff nurse structural empowerment and work engagement.

**REFERENCES**

Agency for Healthcare Research and Quality (AHRQ) (2009). Leadership in healthcare

    organizations; a guide to joint commission leadership standards. Retrieved from:

    http://psnet.ahrq.gov/resource.aspx?resourceID=17248

Aiken, L., Clarke, S., Sloane, D., Sochalski, J. & Silber, J. (2002). Hospital nurse staffing

    and patient mortality, nurse burnout and job dissatisfaction. *Journal of the*

    *American Medical Association*. Oct 23-30; 288(16); 1987-1993.

Aiken, L., Clarke, S., Sloane, D., Lake, E., & Cheney, T. (2008). Effects of hospital care

    environments on patient mortality and nurse outcomes. *Journal of Nursing*

    *Administration*. 38(5); 223-9.

Aiken, L., Cimiotti J., Sloane, D., Smith, H., Flynn, L. & Neff, D. (2011). Effects of

    nurse staffing and nurse education on patient deaths in hospitals with different

    nurse work environments. *Medical Care*. Dec; 49(12); 1047-53.

American Association of Critical Care Nurses (AACN). (2010). AACN Standards for

    Establishing and Sustaining Healthy Work Environments: A Journey to

    Excellence. Retrieved from:

    http://www.aacn.org/WD/HWE/Docs/HWEStandards.pdf

American Organization of Nurse Executives (AONE). (2013). AONE Nurse Executive

        Competencies. Retrieved from:

    http://www.aone.org/resources/leadership%20tools/PDFs/AONE_NEC.pdf

American Nurses Association (ANA) (2013). ANA focus on Leadership. Retrieved

    from:

http://www.theamericannurse.org/index.php/2011/06/01/ana-focuses-on-

leadership-for-nurses-week/

American Nurses Credentialing Center (ANCC) (2008). A New Model for ANCC's

Magnet Recognition Program®. Retrieved from:

http://www.nursecredentialing.org/Documents/Magnet/NewModelBrochure.pdf

Andrews, D., Richard, D., Robinson, P., Celano, P., Hallaron, J. (2012). The influence of

staff nurse perception of leadership style on satisfaction with leadership: a cross-

sectional survey of pediatric nurses. *International Journal of Nursing Studies*. 49;

1103-1111.

Avolio, B. (1999). *Full leadership development: Building the vital forces in

organizations*. Thousand Oaks, CA: Sage.

Avolio, B. & Bass, B. (2004). Multifactor Leadership Questionnaire. Manual and

Sampler Set. 3rd ed. Menlo Park: Mind Garden, Inc.

Avolio, B., & Gardner, W. (2005). Authentic leadership development: getting to the root

of positive forms of leadership. *The Leadership Quarterly*. 16; 315-338.

Bamford, M., Wong, C. & Laschinger, H. (2012). The influence of authentic leadership

and areas of work life on work engagement of  registered nurses. *Journal of

Nursing Management*. April 21(3); 529-40.

Bargagliotti, A. (2012). Work engagement in nursing; a concept analysis. *Journal of

Advanced Nursing*. 68(6); 144-1428.

Bass, B. (1985). *Leadership and performance beyond expectation*. New York; Free Press.

Bass, B., & Avolio, B., (1995). *MLQ Multifactor Leadership Questionnaire* 2nd edition.

Redwood City, CA: Mindgarden®.

Bass, B. & Riggio, R. (2005).*Transformational Leadership*. 2nd ed.  New York:

    Psychology Press.

Blake, R. & Mouton, J. (1964).*The Managerial Grid: The Key to Leadership Excellence*.

    Houston: Gulf Publishing Company.

Bogaert, P., Clarke, S., Williams, R. & Mondalaers, M. (2012). Staff engagement as a

    target for managing work environments in psychiatric hospitals; implications for

    workforce stability and quality of care. *Journal of Clinical Nursing*; 22(11-1):

    1717-28.

Borkowski, N., Amann, R., Seok-Ho, S., & Weiss, C. (2007). Nurses intent to leave the

    profession: issues related to gender, ethnicity and educational level. *Health care*

    *management review.* 32(2); 160-167.

Bormann, L. & Abrahamson, K. (2014). Do staff nurse perceptions of nurse leadership

    behaviors influence staff nurse job satisfaction? The case of a hospital applying

    for Magnet Designation. Journal of Nursing Administration. 44(4); 219-225.

Bower, M. (1966). *The will to manage; corporate success through programmed*

    *management.* New York: McGraw Hill.

Boyle, D., Miller, P., Gajewski, B., Hart, S. & Dunton, N. (2006). Unit type differences

    in workgroup job satisfaction. *Western Journal of Nursing Research*. 28(6); 622-

    640.

Buerhaus, P. Staiger, D. & Auerbach, D. (2009). *The future of the nursing workforce in*

    *the United States: Data, trends and implications*. Sudbury, MA: Jones and

    Bartlett.

Burns, M. (1978). *Leadership*. New York: Open Road Media.

Burnes, N. & Grove, S. (2010). *Understanding nursing research: building an evidence based practice*. 5th ed. St. Louis, MO: Elsevier Saunders.

Casida, J. & Pinto-Zipp, G. (2008). Leadership organizational culture relationship in nursing units of acute care hospitals. Nursing Economics. 25(1); 7-16.

Cassidy, L. & Barden, C. (2006). One year after the AACN standards: where are we now? *AACN Advances in Critical Care*. Apr-Jun; 17(2); 119-24.

Chan, Z., Tam, W., Lung, M., Wong, W. & Chau, C. (2013). A systematic literature review of nurse shortage and the intention to leave. *Nursing Management*. 21(4); 605-613.

Clavelle, J. Drenkard, K., Tullai-McGuinness, S., Fitzpatrick, J. (2012). *Journal of Nursing Administration*. Oct; 42(10 Suppl); S3-9.

Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences*. Oxford: Psychology Press.

Covey, S. (2000). *The seven habits of highly effective people*. Philadelphia, PA: Running Press.

Cowden, T. & Cummings, G. (2011). Leadership practices and staff nurses intent to stay: a systematic review. *Journal of Nursing Management*. 19; 461-477.

Cowden, T. & Cummings, G. (2012). Nursing theory and concept development: a theoretical model of clinical nurses intentions to stay in their current positions. *Journal of advanced Nursing.* 68(7); 1646-1657.

Cresswell, J. (2008). *Research Design: Qualitative, Quantitative & Mixed Methods*. 3rd edition. Los Angeles, CA: Sage Publications.

Criceitelli, T. (2013). Smart Management: Build your staffs leadership skills. Operating

Room Nurse 2014. 7(6); 8-11.

Cummings, G., Lee, H., Macgregor, T., Davey, M., Wong, C., Paul, L., & Stafford, E. (2008) Factors contributing to nursing leadership: a systematic review. *Journal of Health Service Research Policy*. Oct; 13(4); 240-8.

Cummings, G., MacGregor, T., Davey, M., Lee, H., Wong, C., Muise, M. & Stafford, E. (2010) Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. *International Journal of Nursing Studies*. 47(3); 363-85.

Dahinten, V., Macphee, M., Hejazi, S., Laschinger, H., Kazanjian, M., McCutcheon,…O;Brien-Pallas, L. (2013). Testing the effects of an empowerment based leadership development programme: part 2 – staff outcomes. *Journal of Nursing Management*. Epub 16 Aug 2013.

Doody, O. & Doody, C. (2012). Transformational leadership in nursing practice. *British Journal of Nursing*. 21(20); 1212-8.

Downton, J. (1973). *Rebel Leadership: Commitment and Charisma in the Revolutionary Process*. New York: The Free Press.

Duffield, C., Diers, D., O'Brien-Pallas, L, Aisbett, C., Roche, M., King, M. & Alsbett, K. (2011). Nursing staffing, nursing workload, the work environment and patient outcomes. *Applied Nursing Research*. Nov; 24(4); 244-55.

Elshout, R., Scherp, E., Feltz-Cornelis, C. (2013). Understanding the link between leadership style, employee satisfaction and absenteeism: a mixed methods design study in mental health care institution. *Neuropsychiatirc Disease and Treatment*. 9; 823-837.

Fiedler, F. (1967). *A theory of leadership effectiveness*. New York: McGraw-Hill.

Fitzpatrick, J., Campo, T., Gacki-Smith, J. (2013). Emergency care nurses; certification,

empowerment and work related variables. *Journal of Emergency Nursing*. doi:pii:

S0099-1767(13)00023-8. 10.1016/j.jen.2013.01.021. (Epub ahead of print).

Flinkman, M., Leino-Kilpi, H. & Salantera, S. (2010). Nurses intention to leave the

profession; integrative review. *Journal of Advanced Nursing*. 66(7); 1422-1434.

Galuska, L. (2014). Education as a springboard for transformational leadership

development: listening to the voices of nurses. *Journal of Continuing Education

for Nurses*. 4592); 67-76.

Gerard, S., Kazer, M., Babington & Quell, T. (2014). Past, present and future trends of

masters education in nursing. *Journal of Professional Nursing*. 30(4); 326-332.

Germain, B. & Cummings, G. (2010). The influence of nursing leadership on nurse

performance: a systematic literature review. *Journal of Nurse Management*.

May18:425-439. ,

Graen, G., Cashman, J. (1975). *A role-making model of leadership in formal

organizations. A developmental approach*. Kent, OH: Kent State University Press.

Graen, G., Uhl-Bien, M. (1995). Relationship Based Approach to Leadership:

development of leader-member exchange (LMX) theory of leadership over 25

years: applying a multi-level multi-domain perspective. *Management Department

Faculty Publications*. Paper 57 Retrieved from:

http://digitalcommons.unl.edu/managementfacpub/57

Gregory, D., Way, C., LeFort, S. & Barrett, B. (2007). Predictors of registered nurses

organizational commitment and intent to stay. *Health Care*. 32(2); 119-127.

Hauck, A., Griffin, M. & Fitzpatrick, J. (2011). Structural empowerment and anticipated

turnover among critical care nurses. *Journal of Nursing Management*. 19; 269-

276.

Halbesleben, J. & Wheeler, A. (2008). The relative roles of engagement and

embeddedness in

predicting job performance and intention to leave. *Work and Stress*. 22(3); 242-

256.

Harter, J., Schmidt, F. & Killham, E. (2003). Employee engagement, satisfaction and

business unit level outcomes; a meta-analysis. *The Gallup Organization*.

Retrieved from: http://www.nova.edu/ie/ice/forms/meta_analysis_july_2003.pdf

Health Resources and Services Administration (HRSA). (2013). *The registered nurse

workforce*. Retrieved from:

http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcef

ullreport.pdf

Health Resources and Services Administration (HRSA). (2010). *Addressing New

Challenges Facing Nursing Education: Solutions for a Transforming Healthcare

Environment*. Eighth Annual Report. March 2010. Retrieved from:

http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/eighthrep

ort.pdf

Hersey, P., & Blanchard, K. (1977). *Management of organizational behaviors: utilizing

human resources*. (3rd ed). Englewood Cliffs, NJ; Prentice Hall.

Hess, R., Desroches, C., Donelan, K., Norman, L. & Buerhaus, P. (2011). Perceptions of

nurses in magnet hospitals, non-magnet hospitals and hospitals pursuing magnet

status. Journal of Nursing Administration. 41(7-8); 315-323.

Heuston, M. (2011). Transformational Leadership Skills of Successful Nurse Managers. *Journal of Nursing Administration*. 41(6); 248-251.

Horeczy, A., Lalani, A., Mendes, G., Miller, M., Samsa, L., & Scongack, T. (2014). Leadership Preferences of Generation Y. .Retrieved from: http://seanlyons.ca/wp-content/uploads/2012/01/Leadership-Preferences-of-Gen-Y.pdf

House, R. (1971). A path-goal theory of leader effectiveness. *Administrative Science Quarterly*. 7(3), 323-352.

Institute of Medicine (IOM) (2010). *The future of nursing: leading change, advancing health*. Retrieved from:

http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

Ismail, A, Abidin, N. & Tudin, R. (2009). Relationship between transformational leadership, empowerment and followers performance: an empirical study in Malaysia. *Scientific e-journal of Management science*. 13(5); 5-22.

Jaafarpour, M. & Khani, A. (2011). The participation of nurse in decision-making. *Journal of Clinical and diagnostic research*. Feb 5(1); 16-19.

Jacobs, C., Pfaff, H., Lehner, B., Driller, E., Nitzsche, A., Stieler-Lrenz, B., Wasem, J. & Jung, J. (2013). The influence of transformational leadership on employee wellbeing. *Journal of Occupational Environmental Medicine*. 55(7); 772-8. doi: 10.1097/JOM.0b013e3182972ee5.

Jenaro, C., Flores, N., Orgaz, M. & Cruz, M. (2010). Vigour and dedication in nursing

professionals: towards a better understanding of work engagement. *Journal of Advanced Nursing*. Apr; 67(4); 865-75.

Jones, C. (2005). The costs of nurse turnover, part 2: application of the nursing turnover cost calculation methodology. *Journal of Nursing Administration*. Jan;35(1): 41-9.

Kanter, R. (1977). *Men and Women of the Corporation*. New York; Basic Books.

Kanter, R.(1993). *Men and women of the Corporation*. New York: NY: Basic books

Katz, R. (1955) Skills of an effective administrator. *Harvard business Review*. 33(1), 33-42.

Kelly, L., Wicker, T. & Gerkin, R. (2014). The relationship of training and education to leadership practices in frontline nurse leaders. Journal of Nursing Administration. 44(3); 158-163.

Kerfoot, K. (2006). Authentic leadership. *Dermatology Nursing*. 18(6); 595-596.

Kim, S., Price, J., Mueller, C. & Watson, T. (1996). The determinants of career intent among physicians at a US Air Force Hospital. *Human Relations*. 49; 947-976.

Klynveld, Peat, Marwick & Goerdeler (KPMG) Healthcare and Pharmaceutical Institute (2011). KPMG's 2011 U.S. Hospital Nursing Labor Costs Study. Retrieved from: http://www.natho.org/pdfs/KPMG_2011_Nursing_LaborCostStudy.pdf

Kooker, B. & Kamikawa, C. (2009). Successful strategies to improve RN retention and patient outcomes in a large medical centre in Hawaii. *Journal of Clinical Nursing*. 20; 34-39.

Kouzes, J. & Posner, B. (1987). *The leadership challenge: how to get extra ordinary things done in organizations*. San Franscico, CA; Jossey-Bass.

Kovner, C.T., Brewer, C.S., Fairchild, S., Poornima, S., Kim, H. & Djukic, M. (2007)
Newly Licensed RNs

Characteristics, Work Attitudes and Intentions to Work. *American Journal of Nursing*. 107 (9); 58-70.

Kuhnert, K & Avolio, B. (1994). *Improving Organizational Effectiveness Through Transformational Leadership*. Thousand Oaks, CA; Sage Publications.

Kleinbaum, D. Kuper, L. Nizam, A. & Muller, K. (2007). *Applied Regression Analysis and Other Multivariable Methods*. 4th ed. San Francisco, CA: Cengage Learning.

Laschinger, S., Heather, K, Wong, C, Kaufmanni, L, & Math, C. (1999). Leader Behavior Impact on Staff Nurse Empowerment, Job Tension and Work Effectiveness. *Journal of Nursing Administration*. 29(5); 28-39.

Laschinger, S., Heather, K., Finegan, J. & Shamian, J. (2001). The impact of workplace empowerment, organizational trust on staff nurses work satisfaction and organizational commitment. *Health Care Management Review*. 26(3); 7-23.

Laschinger, H., Leiter, M., Day, A. & Gilin, D. (2009). Workplace empowerment, incivility and burnout: impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*. 17; 302-311.

Laschinger, H., Wong, C., Grau, A., Read, E. & Stam, L. (2011). The influence of leadership practices and empowerment on Canadian nurse manager outcomes. *Journal of nursing management*. 20, 877-888.

Laschinger, H. & Smith, L. (2013). The influence of authentic leadership and empowerment on new-*graduate* nurses perceptions of interprofessional collaboration. *Journal of Nursing Administration*. 43(1); 24-29.

Laschinger, H. (2013). Conditions for Work Effectiveness Questionnaire I and II. Retrieved from: publish.uwo.ca/-hk/instrumentCWEQ.html

Ledlow, G. & Coppola, N. (2014). *Leadership for Health Professionals*: Theory, Skills and Applications. 2nd ed.  Boston, MA: Jones & Barlett.

Lee, H. & Cummings, G. (2008). Factors influencing job satisfaction of front line nurse managers; a systematic review. *Journal of Nursing Management*. Oct; 16(7); 768-83.

Lee, Y., Dai, Y., Park, C. & McCreary, L. (2013). Predicting quality of work life on nurses intention to leave. *Journal of Nursing scholarship*. 45(); 1160-8.

Lewin, K., Lippit, R., & White, R. (1939). Patterns of aggressive behavior in experimentally created social climate. *Journal of Social Psychology*. 10, 271-301.

Li, I., Kuo, H., Huang, H., Lo, H. & Wang, H. (2013). The mediating effects of structural empowerment on job satisfaction for nurses in long-term care facilities. *Journal of Nursing Management*. 21(3); 440-8.

Luse, K. (2013). Managerial Strategies for Creating an Effective Work Environment. *Radiologic Technology*. 84(4); 383-397.

MacGregor, D. (1960). *The Human Side of Enterprise*. New York: McGrawHill.

MacPhee, M., Skelton-Green, J., Bouthillette, F. & Suryaprakash, N. (2012). An empowerment framework for nursing leadership development; supporting evidence. *Journal of Advanced Nursing*. 68(1); 159-169.

Mauno, S., Kinnunen, U. & Ruokolainen, M. (2007). Job demands and resources as antecedents of work engagement: a longitudinal study. *Journal of Vocational Behavior*. 70; 149-171.

National Council of State Boards of Nursing (NCSBN) (2013). Natioanl Workforce

    Survey of RNs - 2013. Retrieved from https://www.ncsbn.org/index.htm

National League for Nursing (NLN). (2012). NLN Center on Transformational

    Leadership. Retrieved from: http://www.nln.org/aboutnln/leadershipcenter.htm

Negussie, N. & Demissie, A. (2013). Relationship between leadership styles of nurse

    managers and nurses job satisfaction in Jimma University Specialized Hospital.

    Ethiopia Journal of Health Sciences. 23(1); 49-58.

Needleman, J. & Hassmiller, S. (2007). The role of nurses in improving hospital quality

    and efficiency: real-world results. *Health Affairs* 28(4); 625-633.

Ning, S., Zhong, H., Libo, W. & Qiujie, L. (2009). The impact of nurse empowerment on

    job satisfaction. *Journal of Advanced Nursing*. 65(12), 2642-8.

Northouse, P, (2012). *Leadership: Theory and Practice*. 6th ed. SAGE Publications.

Nurses Organization Alliance (NOA). (2004). Principles and elements of a healthy

    practice/work environment. Retrieved from:

    http://www.aone.org/resources/leadership%20tools/PDFs/PrinciplesandElements

    HealthfulWorkPractice.pdf

O'Brien-Pallas, L., Tomblin-Murphy, G., Shamian, J., Li, X., & Hayes, L. (2010). Impact

    and determinants of nurse turnover: a pan Canadian study. *Journal of Nursing*

    *Management*. 18, 1073-1086.

O'Grady, P. (2010). *Quantum Leadership 3rd Editon: A Resource for Healthare*

    *Innovation*. Jones & Bartlett Publishers.

O'Grady, T. (2011). Leadership at all levels. *Nursing Management*. 42(5); 32-37.

Pearson, A., Lashinger, H., Porritt, K., Jordan, Z., Tucker, D., & Long, L. (2007).

Comprehensive systematic review of evidence on developing and sustaining nursing leadership that fosters a healthy work environment in healthcare. *International Journal of Evidence Based Healthcare*. June; 5(2); 205-253.

Price, J. & Mueller, C. (1981). A causal model for turnover for nurses. *Academy of Management*. Sept 24(3); 543-65.

Raup, G. (2009). The impact of ED nurse manager leadership style on staff nurse turnover and patient satisfaction in academic health center hospitals. *Journal of Emergency Nursing*. 34(5) 403-409.

Reinhardt, A. (2010). The impact of work environment on telephone advice nursing. Clinical Nursing Research. 19(3); 289-310.

Ries, A., Wingard, D., Morgan, C., Farrell, E., Letter, S. & Reznik, V. (2009). Retention of junior faculty in academic medicine at the University of California, San Diego. *Academic Medicine.* 84(1); 37-41.

Robert Woods Johnson Foundation (RWJ) (2010). Influential Nurse Leader Turns Attention to IOM Report on Nursing. Retrieved from: http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2010/12/influential-nurse-leader-turns-attention-to-iom-report-on-nursin.html

Ross, E., Fitzpatrick, J. & Click, E. (2014). Transformational Leadership Practices of Nurse Leaders in Professional Nursing Associations. *Journal of Nursing Administration*. 44(4); 201-206.

Sawatzky, J. & Enns, C. (2012). Exploring the key predictors of retention in emergency nurses. *Journal of Nursing Management*. Jul 20(5); 696-707.

Schaufeli, W. & Bakker, A. (2003). Utrecht work engagement scale (UWES).

Occupational Health Psychology Unit; Utrecht University.

Schaufeli, W. & Bakker, A. (2004). Job demands, job resources and their relationship

with burnout and engagement: a multi sample study. *Journal of Organizational

Behavior*. 25; 293-315.

Schaufeli, W., Bakker, A. & Salanova, M. (2006). The measurement of work engagement

with a short questionnaire; a cross national study. Educational and Psychological

Measurement. 66(4); 701-716.

Schaufeli, W., Wilmar, B., Bakker, A. & Arnold, B. (2010). Defining and measuring

work engagement. Bringing clarity to the concept. Work engagement: a handbook

of essential theory and research. New York: Psychology Press.

Seeman, M. (1960). *Social Status and Leadership*. Ohio State University Press.

Seibert, S., Wang, G., & Courtright, S. (2011). Antecedents and consequences of

psychological and team empowerment in organizations: a meta-analytic review.

*Journal of Applied Psychology*. 96; 981-1003

Sherman, R. (2010). Lessons in innovation; role transition experiences of clinical nurse

leaders. *Journal of Nursing Administration*. 40(12); 547-554.

Sherman, R., Dyess, S., Hannah, E. & Prestia, A. (2013). Succession planning for the

future through an academic practice partnership:a nursing administration masters

program for emerging nurse leaders. Nursing Administration Quarterly. Jan-Mar,

37(1); 18-27.

Shirey, M. (2006). Authentic leaders creating health work environments for nursing

practice. *American Journal of Critical Care*. 15(3); 256-267.

Simpson, M. (2009). Predictors of work engagement among medical surgical registered nurses. *Western Journal of Nursing Research*. Feb;31(1); 44-65.

Sourdif, J. (2004). Predictors of nurses intent to stay at work in a university health center. *Nursing and Health Sciences*. 6; 59-68.

Stogdill, R. (1948). Personal factors associated with leadership: a survey of the literature. *Journal of Psychology*. 25, 35-71.

Stone, G. & Patterson, K. (2005) The history of leadership focus. School of Leadership Studies. Retrieved from:

http://www.regent.edu/acad/global/publications/sl_proceedings/2005/stone_history.pdf

Syrek, C., Apostel, E., & Antoni, C. (2013). Stress in highly demanding IT jobs: transformational leadership moderates the impact of time pressure on exhaustion and work life balance. *Journal of Occupational Health Psychology*. 18(3); 252-261.

The Joint Commission (TJC) (2009). Leadership in Healthcare organizations. A guide to Joint commission leadership standards. Retrieved from:

http://www.jointcommission.org/Leadership_in_Healthcare_Organizations/.

Tomajan, K. (2012). Advocating for Nurses and Nursing. *Online Journal of Issues in Nursing*. 17(1). Retrieved from:

http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Advocating-for-Nurses.html

Tourangeau, A., Thomson, H., Cummings, G., & Cranley, L. (2013). Generation specific

incentives and disincentives for nurses to remain employed in acute care

hospitals. *Journal of Nursing Management*. 21(3); 473-82.

Tourangeau, A., Cummings, G., Cranley, L., Ferron, E. & Harvey, S. (2010).

Determinants of hospital nurse intention to remain employed: broadening our

understanding. *Journal of Advanced Nursing.* 66(1); 22-32.

Tourangeau, A., Giovannetti, P., Tu, J. & Wood, M. (2002). Nursing related determinants

of 30 day mortality for hospitalized patients. *Canadian Journal of Nursing

Research*. 33 (4); 71-88.

Tri-Council for Nursing. (2010). Joint Statement from the Tri-Council for Nursing on

Recent Registered Nurse Supply and Demand Projections. Retrieved August 18,

2012, from

http://www.nln.org/governmentaffairs/pdf/workforce_supply_statement_final.pdf

Tuckey, M., Bakker, A., Dollard, M. (2012). Empowering Leaders Optimize Working

Conditions for Engagement: a multilevel study. *Journal of Occupational Health

Psychology*. 17(1); 15-27.

Twibell, R. Pierre, J., Johnson, D., Barton, D., Davise, C. Kidd, M., & Rook, G. (2012).

Tripping over the welcome mat: why new nurses don't stay and what evidence

says we can do about it. *American Nurse Today*. 7(6).

Ulrich, B., Lavandero, R., Hart, K., Woods, D., Leggett, J., Taylor, D. (2006). Critical

care nurses work environments: a baseline status report. *Critical Care Nurse*. Oct

26(5); 46-50, 52-7.

Upenieks, V. & Abelew, S. (2006). The magnet designation process. A qualitative

approach using Donabedians conceptual framework. *Health Care Manager*. 25(3), 243-253.

Wagner, J., Cummings, G., Smith, D., Olson, J., Anderson, L. & Warren, S. (2010). The relationship between structural empowerment and psychological empowerment for nurses: a systematic review. *Journal of Nursing Management*. 18(4); 448-462.

Wallis , A. & Kennedy, K. (2013). Leadership training to improve nurse retention. *Journal of Nursing Management*. 21(4); 624-32.

Weber, M. (1947). *The theory of social and economic organizations*. New York; Fee Press.

Weston, M. (2010). Strategies for Enhancing Autonomy and Control over Nursing Practice. *The online journal of issues in nursing*. Vol. 15. Retrieved from: http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/ OJIN/TableofContents/Vol152010/No1Jan2010/Enhancing-Autonomy-and- Control-and-Practice.html

Wonder, A. (2011). Factors that facilitate and inhibit engagement of registered nurses: an analysis and evaluation of magnet versus non-magnet designated hospitals. Retrieved from scholar works.
https://scholarworks.iupui.edu/.../A**Wonder**_FinalDissertation0803**2011**

Wong, C. & Cummings, G. (2007). the relationship between nursing leadership and patient outcomes; a systematic review. *Journal of Nursing Management.* 15; 508-521.

Wong, C. & Laschinger, H. (2012). Authentic leadership, performance, and job

satisfaction: the mediating role of empowerment. *Journal of Advanced Nursing*. July 5; 1-12.

Wong, C., Cummings, G. & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes: a systematic review update. *Journal of Nursing Management*. 21(5); 709-724.

Wong, C. & Cummings, G. (2013). The relationship between nursing leadership and patient outcomes; a systematic review. *Journal of Nursing Management*. Jul; 21(5); 709-24.

Wong, C. & Giallonardo, L. (2013). Authentic leadership and nurse assessed adverse patient outcomes. *Journal of Nursing Management*. 21; 740-752.

Yoder, L. (1995). Staff nurse career development relationships and self-reports of professionalism, job satisfaction and intent to stay. Nursing Research. 44(5); 290-7.

Yoder-Wise, P. (2010). *Nursing Leadership and Management*. Mosby: St. Louis MO.

Zhang, B. & Bartol, K., (2010). Linking empowering leadership and employee creativity: the influence of psychological empowerment, intrinsic motivation and creative process engagement. *Academy of Management Journal*. 53(1); 107-128.

Zwink, J., Dzialo, M., Fink, R., Oman, K., Shiskowsky, K., Waite, K., DeVine, D., Sanders, C., Le-Lazar, J., (2013). Nurse Manager perceptions of role satisfaction and retention at an academic medical center. *Journal of Nursing Administration*. 43(3); 135-+41.

**APPENDICES**

**Appendix A: Historical Development of Leadership Theories, Models, and Paradigms**

| Phase | Timeframe | Major Leadership Theories, Models and Paradigms |
|---|---|---|
| Trait | Early 1900s | - Leadership viewed as innate, or biological<br>- Carlyle (1888) proposed The Great Man Theory which theorized that leaders were born and not made<br>- Lewin (1939) described three leadership styles (autocratic, democratic and laissez-faire) |
| Behavioral | 1940s | -Stogdill (1948) investigated and described the personal characteristics leaders possess in their relationships with others. Examples of such characteristics include charisma, innovative, self-confident and able to influence others.<br>-Weber (1947) described Transactional Leadership |
| | 1950s | -Katz (1955) proposed Skills Theory which theorized three major leadership skill categories: (a) competency; (b) ability to interact with others; and (c) understand what needs to be done, how to do it, and when to act. |
| | 1960s | -Macgregor (1960) proposed the X and Y Theory which theorized that a leaders behavior is determined based on assumptions about whether the group is intrinsically (self-motivated) or extrinsically (reward/punishment) motivated. |
| Situational | 1960s | -This decade represents the most significant progress in the development of new leadership theories, models, and paradigms<br>-Seeman (1960) proposed a definition of leadership as one who influences others and has the ability to motivate others to work toward shared goals. This definition continues to prevail today. |
| | 1970s | - Burns (1978) refined the definition of leadership as a reciprocal process of mobilizing persons to realize goals independently<br> - Hersey and Blanchard (1978) proposed Contingency Theory which highlighted the unique behaviors leaders use in specific situations. Example behaviors include being supportive, directive, and competent. .<br>-Burns (1978) described the Transformational Leadership Model |
| | 1980s | -Bass (1985) refined the Transformational Leadership Model |
| | 1990s-2014 | - Graen and Cashman (1995) proposed Leader Exchange Theory which emphasizes the interaction between a leader and followers.<br>- O'Grady (2010) proposed Quantum Leadership Theory. O'Grady is a nurse theorist. . |

*Note:* From Ledlow & Coppola (2014) and Northouse (2012)

**Appendix B: Collective Findings Table**

| Author/ year | Research Aims | Research Methods | Study Findings | Implications For Nursing |
|---|---|---|---|---|
| Andrews et al (2012) | Aim: to investigate the perception of leadership style among staff nurses and nurse leaders | Both groups were administered the user and rater forms of the MLQ 5X short form survey | Nursing staff perceived leaders as being transformative When leadership style was viewed as transformational, nurse staff job satisfaction increased | Leaders should increase their awareness of how their leadership style is perceived among their staff |
| Bamford et al (2012) | Aim: to determine if there is a relationship among nurse manager authentic leadership style, person-job match and work engagement? | Secondary analysis of data, random sample of 280 RNs in acute care hospitals; predictive design | Person-job match in the 6 areas of work life fully mediated the relationship between authentic leadership and work engagement; authentic leadership, overall person – job match and years of nursing experience work engagement explained 33% of the variance | Nurse managers play a key role in staff engagement. Leadership development in authentic leadership style would be beneficial.<br><br>Work engagement is directly impacted by the work environment |
| Bogaert et al (2012) | Aim: to determine if there is a relationship between nurse practice environment ratings, workload, work engagement, job outcomes and | Cross-sectional survey<br><br>357 staff nurses and licensed practical nurses, and nonregistered caregivers in Belgian | Practice environment features influenced staff vigor, dedication and demonstrated positive effects on job satisfaction, turnover | Efforts should focus on developing and sustaining practice environments that engage employees |

| | | | |
|---|---|---|---|
| | assessments of quality of care in nursing personnel in psychiatric hospitals | psychiatric hospitals | intentions and perceived quality of care through their effects on absorption | |
| Chan et al (2013) | Aim: to evaluate the relationship between registered nurse employment and their intent to leave | Systematic review of 31 articles chosen from 8,400 articles | Registered nurse intent to leave is influenced by numerous organizational, individual, and external factors. | More studies are needed due to the diversity of studies conducted and complexity of the causative factors impacting staff nurses intent to leave |
| Cowden & Cummings (2011) | Aim: to evaluate the relationship between leadership practices and nurses intent to stay | Systematic review (23 articles included in the final review) | Relational leadership practice (transformational and supportive environments) influences intent to stay. Focus should be on staff nurse retention | Need to clarify concepts of intent to stay and Intent to leave, need advanced conceptual models and theories |
| Cowden & Cummings (2012) | Aim: to develop a theoretical model of clinical nurses intent to stay | Model developed | four major determinants of staff nurse intent to stay include the manager, organization, work characteristics and staff nurse characteristics | Manager, organization, work and nurse characteristics each impact staff nurse intent to stay |
| Cummings et al (2008) | Aim: to examine the relationships between various styles of leadership and outcomes for the nursing | 53 studies analyzed and grouped in 5 categories: staff satisfaction with work, role and pay, staff | Leadership focused on task completion is not sufficient to achieve optimum outcomes for nursing. Efforts | Relationally focused leadership led to more positive outcomes |

| | | | |
|---|---|---|---|
| | workforce and their work environments | relationships with work, staff health and wellbeing, work environment factors, productivity and effectiveness | are needed to develop transformation and relational leaders to enhance nurse satisfaction | |
| Duffield et al (2011) | Aim: to identify if there are relationships between leadership characteristics, staff satisfaction and retention | A sample of 2488 staff nurses was included in this secondary analysis from 21 hospitals in Australia<br><br>NWI-R survey was used | Effective nurse managers who consulted with staff, provided positive feedback and was rated highly on leadership was associated with increased job satisfaction and nursing satisfaction | A focus on leadership skills can improve staff retention |
| Elshout et al (2013) | Aim: investigate the link between leadership style, employee satisfaction and absenteeism | Mixed methods design<br><br>semi-structured interviews were conducted with ten participants results were triangulated with data from employee satisfaction surveys and sickness rates | Low employee satisfaction, high sickness rates and transactional leadership style. These findings were in contrast to transformational leadership styles | Transformational leadership style the best suited leadership style to promote employee satisfaction |
| Fitzpatrick et al (2013) | Aim: to examine the relationship between critical care nurse's structural empowerment and intent to leave | 6,589 critical care nurses were surveyed regarding their perception of empowerment and intent to leave | Perception of staff nurse empowerment was negatively related to their intent to leave their current position (p<0.001) 41% of the | Need for nurse leaders to create structures that promote empowerment among staff nurses as a means to reduce staff turnover |

| | | | participants indicated they intend to leave their current position in the next year | |
|---|---|---|---|---|
| Germain & Cummings (2010) | Aim: to determine if leadership impacts nursing performance and organizational goals | Systematic review (8 studies included in the final review) | The study frameworks did not connect nurse perception/work environment | Need to determine how leadership characteristics impact the nurses ability to meet organizational goals |
| Halbesleben and Wheeler (2008) | Aim: to investigate whether work engagement and job embeddedness predicted job performance and intent to leave | 587 employees in a variety of US industries | Concluded that engagement and embeddedness were associated with performance and intent to leave (p<0.05). | Implications for the findings reveal the importance of these constructs in supporting employee intent to remain in their current position |
| Hauck et al (2011) | Aim: to determine if there is a relationship between perceptions of structural empowerment and anticipated turnover among critical care nurses | 257 registered nurses, five units  CWEQII  Anticipated Turnover Scale (ATS)  Laschingers structural empowerment framework | Staff nurses reported moderate perceived empowerment. Structural empowerment inversely r/t anticipated turnover. As empowerment increases, org. commitment increases | Organizations which support and recognize empowerment may experience improved retention. Implications for the nurse manager. A work environment that promotes empowerment can influence behavior |
| Ismail (2009) | Aim: to examine the mediating effect empowerment and transformational | 118 human resource employees were surveyed in this study | A relationship between empowerment and transformational leadership | Empowerment plays a mediating role on the impact leadership has on |

| | | | resulted in increased performance of followers ($p<0.01$). | followers performance |
|---|---|---|---|---|
| Jacobs et al (2013) | Aim: investigate the impact of transformational leadership style on employee wellbeing | 318 information and communication technology sector employees | Reported a significant relationship between transformational leadership and employee wellbeing ($p<0.001$). | This style could be important in the development of workplace measures supportive of health promotion |
| Jenaro (2010) | Aim: to determine if there is an association between nurse's individual characteristics, job features and work engagement? | Descriptive correlational study over 7 month period  412 nurses  Work engagement survey, general health questionnaire and ad hoc survey | Predictors of vigor and dedication were associated with job satisfaction, higher quality of work life, lower social dysfunction and lower stress associated with patient care. | Job satisfaction is a predictor for engagement |
| Kooker and Kamikawa, (2009) | Aim: evaluate the impact of a six month staff nurse and nurse manager training program in Hawaiian medical center | Based on Magnet initiatives: Staff nurses participated in a three month fellowship program and 12 month clinical coaching program.  Nurse managers participated in a leadership academy program | Following the intervention there was an increase in the staff nurse retention rate, patient satisfaction scores and staff nurse satisfaction scores. There was a decrease in decubitus ulcer rates in patients. | Staff and leadership development programs can impact staff nurse and patient outcomes. |

| Laschinger et al (2011) | Aim to examine the influence of senior nurse leadership practice on middle an first line nurse manager experiences of empowerment and org support and ultimately their perception of patient care quality and turnover intentions | Empowering leaders play a role in retention but limited research explains how | Secondary analysis, predictive design 231 mid managers 788 first line managers showed adequate fit of hypothesize model in both groups | Transformational leadership practices of senior nurses empower mid and first line managers leading to increase perception of org support, quality care and decreased intent to leave. Empowered manager are more likely to stay in their role, commit to achieving quality patient care and served as role models. |
|---|---|---|---|---|
| Laschinger and Smith (2013) | Aim to examine new graduate nurses perceptions of the influence of authentic leadership and structural empowerment on the quality of interprofessional collaboration in healthcare work environments | New nursing graduates feel particulate challenges in becoming contributing members. Little research informs nurse leaders on how to effectively collaborate | Predictive non-experimental design tested a model which integrated authentic leadership and empowerment. Multiple regressions revealed 24% of the variance in perceived interprofessional collaboration explained by unity leader AL and structural empowerment. Authentic leadership and structural empowerment were | leadership and structural empowerment may promote interprofessional collaborative practice in new nurses |

| | | | independent predicts | |
|---|---|---|---|---|
| Laschinger, et al (2009) | Aim: to examine the impact of empowering work conditions on nurse work engagement and effectiveness | Secondary analysis of survey data from 185 new registered nurses (< two years post-graduation) and 294 experienced nurses were used to develop a hypothesized model of work engagement | The impact of staff engagement was concluded to be higher in experienced nurses, but was found to be important in both nurse groups | Further clarification regarding the relationship between these constructs and the impact nurse leaders can have to promote these organizational processes are needed |
| Lee, Dai, Park and McCreary (2013) | Aim: to explore the relationship between quality of work life and nurses intent to leave | Cross-sectional sample of 1283 Taiwanese nurse were issued surveys aimed to measure quality of work life and intent to leave | More than 50% of the registered nurses surveyed intended to leave their current position. Predictors of intent to leave included registered nurses who reported being single, diploma graduates and working in a nonteaching hospital Four dimensions of intent to leave were concluded: a supportive milieu with job security, professional recognition, work arrangement and workload, work or home life | A relationship exists between quality of work life factors and staff nurse intent to leave |

| | | | balance and staffing | |
|---|---|---|---|---|
| Li et al (2013) | Aim: conducted a study on the mediating effects of structural empowerment on job satisfaction for nurses in long-term care facilities | Using a cross-sectional design, a total of 65 Taiwanese long-term care facility registered nurses were surveyed to explore the mediating effects of work empowerment on job satisfaction. | Structural empowerment positively correlated with job satisfaction in this small sample of nurses $(p<0.01)$. | Structural empowerment is a workplace structure which can result in improvement of job satisfaction in staff nurse |
| MacPhee (2012) | aimed to evaluate frontline and midlevel nurse manager perspectives of their leadership following participation in a one year leadership development program | qualitative study Twenty-seven frontline and mid-level nurse managers were interviewed after participating in an empowerment development program | authors proposed an empowerment framework intended to be used to empower leaders Increased self-confidence, positive changes in leadership styles and perception of staff recognition were reported by the nurse leaders | Leadership development programs can increase leader empowerment which further results in increased staff empowerment |
| Pearson et al (2007) | Aim: to determine if there is an association between leadership attributes and healthy work environments | Systematic review forty-eight were included in the final review and data extraction | Eight themes are: collaboration, education, emotional intelligence, organizational climate, professional development, positive behaviors, positive qualities, and a need for a supportive environment | Transformational leadership was positively associated with nurse, patient, and/or organizational outcomes |

| | | | | |
|---|---|---|---|---|
| Ries et al (2012) | quantitative study in academic medicine faculty was conducted to demonstrate methods to improve retention of academic medical faculty | Faculty hired between 1988 and 2005 were matched into paired groups based on hire date and academic series. | Concluded that retention of faculty who participated in the development program which included leadership development were more likely to remain in their current position | Faculty development program used in this study can guide organizations aiming to improve retention among academic faculty |
| Sawatzky and Enns (2012) | aimed to explore key predictors of retention in Emergency Room (ER) registered nurses | A cross-sectional survey of 261Canadian ER nurses was conducted. Reported 26% of ER nurses intended to leave their current job within one year. | Work engagement was determined to be a key negative predictor of intent to leave ($p<0.001$). Staff nurse engagement was associated with job satisfaction, compassion satisfaction, compassion fatigue and burnout. | Study findings recommend nurse managers to focus on influencing factors which increase engagement in the staff nurses as a strategy to improve retention |
| Schaufeli et al (2004) | Aim: to determine if work engagement is predicted by job resources and impacts employee turnover | 1,698 employees from varying fields (insurance, occupational health, pension fund company, and home care institution | Concluded that among varying fields of employment, work engagement was predicted by available job resources and impacts employee turnover intention | Availability of job resources predicts work engagement which further imparts an employee's decision to leave |
| Sourdif (2004) Predictors of nurses intent to | Aim: evaluate intent to stay at work and determine the | 108 RNs tertiary care hospital completed questionnaire | Majority of nurses planned to stay in their job, sat with work | Major predictors of intent to stay in staff nurses include: job |

| stay at work in a university health center | associates between intent to stay an d various predictors | with following subscales: intent to stay, satisfaction at work, satisfaction with administration, organizational commitment and work group cohesion | and administration were best predictors of ITS and explained 25% of variance | satisfaction and administration satisfaction |
|---|---|---|---|---|
| Syrec et al (2013) | Aim: to investigate stress in highly demanding informational technology (IT) jobs and the impact of transformational leadership on employee time pressure, exhaustion, and work life balance. | 262 information technology employees in Germany participated in this study | When transformational leadership was increased, there was a decrease of reported time pressure and exhaustion | Transformational leadership was identified as an important factor for employee work life balance |
| Tourangeau et al (2010) | Aim: to identify nurse reported determinants of intent to stay | Model of intent to stay developed | Eight themes were identified which influence nurse intent to remain. The eight themes included: (1) relationship with co-workers (2) condition of the work environments (3) relationship with and support from ones manager (4) work rewards (5) organizational support and practices (6) | Complexity of determinants of staff nurse intent to stay |

| | | | physical and psychological responses to work (7) patient relationships and (8) other job content and external factors | |
|---|---|---|---|---|
| Wallis & Kennedy (2012) | Aim: to investigate the impact of a one year leadership training program on staff nurse retention | Evaluation of participant observation, group interviews, use of standardized tests and EI and team dynamics was conducted to assess effectiveness of the training program | Concluded that such development programs hold promise in reducing turnover | Impact of team dynamics were significantly impacted by the existing culture and structure of the organization<br><br>Limitations: the authors reported five teams were involved but little information was provided about the teams |
| Wonder, (2011) | Aim to evaluate whether a correlation exists between staff nurse engagement and organizational structures common to magnet designation | Dissertation<br><br>370 staff nurses in magnet and non-magnet hospitals completed a survey on engagement | No sig difference in staff nurse engagement between nurses at magnet vs non-magnet hospitals<br><br>In the magnet sample, sig rel. found between engagement and years of staff nurse experience and perceptions of organizational support | Leadership can better assess the needs of the staff nurse workforce to provide what staff nurses perceive to be important to prof. practice and staff nurse engagement. |
| Wong & Cummings, (2007) | aimed to examine the relationship between nurse | Systematic review<br><br>seven quantitative research articles | A significant relationship existed between leadership behaviors, styles, | Leadership style impacts patient outcomes |

|  |  |  |  |  |
|---|---|---|---|---|
|  | leadership and patient outcomes | were included in the final review and data extraction | and/or practices, and patient outcomes such as patient satisfaction and adverse events<br><br>Relationships were explored between nurse leadership and patient mortality and were reported as inconclusive |  |
| Wong and Giallonardo (2013) | Aim: test a model of authentic leadership, staff trust in nurse managers, areas of work life and nurse assessed patient outcomes | Cross-sectional sample of 280 staff nurses in a multi-site Canadian study of acute care hospitals. Surveys: authentic leadership, trust in management and areas of work life | Mediating mechanisms (trust in manager and areas of work life) were significantly related to authentic leadership and nurse reported adverse patient outcomes (p<0.001) (adverse outcomes were medication errors, nosocomial infections, patient falls and patient/family complaints | This study highlights the significant impacts nurse managers can have on patient outcomes |
| Wong and Laschinger (2012) | Aim: to conduct a study testing a model linking authentic leadership with staff nurse structural empowerment, | Non-experimental, predictive survey of 280 acute care nurses in Ontario, Canada, variables were measured using four instruments. | Authentic leadership was concluded to have a significant positive relationship with staff nurse structural | Further evidence to support a relationship between nurse manager leadership style and staff empowerment |

| | performance, and job satisfaction | The instruments used in the study measured nurse perception of authentic leadership, structural empowerment, job satisfaction, and self-rated nurse performance | empowerment resulting in increased job satisfaction and self-rated nurse performance ($p<0.01$) | |
|---|---|---|---|---|
| Wong et al (2013) | Aim: to update on a previous systematic review was to add to the previous review which analyzed articles from 1985-2005. The update included articles from 2005-2012 | systematic review update  twenty articles were selected based on an initial review of 121 titles and abstracts | positive relationship between relational leadership styles, high patient satisfaction, low patient mortality, medication errors, restraint use, and hospital acquired infections | Future development and testing of leadership models based on the impact on organizational outcomes were recommended |

**Appendix C: Demographic Survey**

| Question | Responses |
|---|---|
| 1. What is your gender? | Female<br>Male |
| 2. What is your age? | 20-29<br>30-39<br>40-49<br>50-59<br>60+ |
| 3. What is the size of the hospital where you currently work? | <100 beds<br>100-250 beds<br>251-500 beds<br>>500 beds |
| 5. What is your position in your current job? | Staff nurse<br>Educator<br>Manager<br>Clinical Nurse Specialist<br>Nurse Practitioner<br>Director of Nursing<br>Other |
| 6. What is your highest educational degree within your professional field? | Diploma<br>Associate<br>Baccalaureate<br>Masters Degree<br>Doctoral Degree |
| 7. Please choose the nurse specialty area which best describes where you work. | Medical/surgical<br>Critical care<br>Perioperative<br>Maternal/infant health<br>Behavioral health<br>Rehabilitation Unit<br>Pediatric Unit<br>Other |
| 8. Please choose the one response which best describes the professional credentials you hold. | Registered Nurse<br>Registered Nurse with certification for specialization (ex. CCRN, medical/surgical certification, etc..)<br>Advanced Practice Registered Nurse<br>Masters Prepared Registered Nurse<br>Doctoral Prepared Registered Nurse<br>Other |
| 9. On average, how many hours do you work in your present position? | <20<br>20-32<br>33-40<br>>40 |

| | |
|---|---|
| 10. On average, what type of shift do you work in your present position? | Day shift  (7a-7p) <br> Evening shift (3p-11p) <br> Night shift  (7p-7a) <br> Other |
| 11. How long have you worked in your present position? | 0-1year <br> >1-5 years <br> >5-10 years <br> >10-15 years <br> >15 years |
| 12. How long have you worked in this hospital? | 0-1year <br> >1-5 years <br> >5-10 years <br> >10-15 years <br> >15-20 years <br> >20-25 years <br> >25-30 years <br> >30 years |
| 13. How long have you worked in your professional field? | 0-1year <br> >1-5 years <br> >5-10 years <br> >10-15 years <br> >15-20 years <br> >20-25 years <br> >25-30 years <br> >30 years |

## Appendix D: Institutional Review Board Approval Form

**LSU**Health**NewOrleans**
HEALTH  SCIENCES  CENTER
Institutional Review Board

**Memorandum**

DATE:        09 July, 2014

TO:          Denise Danna, PhD, APRN
             Department of Nursing

FROM:        Lynn Arnold, MBA
             Coordinator, LSUHSC-NO Institutional Review Board

RE: <u>IRB #8674:</u> **The Influence of Nurse Manager Leadership Style on Staff Nurse
             Perception of Structural Empowerment, Work Engagement and
             Intent to Stay**

Enclosed please find signed and dated copies of the approval documents for the above
referenced study, along with other study related documents for your records. You may
now begin the study.

Please contact me at 568-3779 or larnol@lsuhsc.edu  should you require anything
further.

Encl.

**Appendix E: Initial Survey Invitation and Consent Form**

My name is Jennifer Manning, I am a graduate student in the Doctor of Nursing Science Program at LSUHSC School of Nursing in New Orleans. I am conducting a research survey as part of the requirements for my doctoral degree. The title of my study is *The Influence of Nurse Manager Leadership Style on the Perception of Staff Nurse Structural Empowerment, Work Engagement and Intent to Stay in Acute Care Hospitals.*

The purpose of this study is to investigate the strength of the relationship between nurse manager leadership style and staff nurse structural empowerment, work engagement and intent to stay.  The findings from this study can be used to further support organizational strategies which aim to improve nurse manager leadership development and staff nurse outcomes. This study will consist of research surveying staff registered nurses working in southeast Louisiana hospitals.

You are being asked to complete this research survey because you are a staff registered nurse and can contribute information relevant to the study questions. The research survey will begin with general demographic questions. The next set of questions will ask about your perception of your nurse managers leadership style, perception of your level of engagement and empowerment in your current job, and your intent to stay in your current position. The research survey consists of 102 questions and will take approximately 15-20 minutes to complete.

Your participation is voluntary and your responses will be completely anonymous. The data that is collected will be analyzed at the group level only. There are no personal identifiers in this research survey. There are no foreseeable risks associated with participation in this study. There is no cost or obligation to participate. You may withdraw at any time and participation will not affect your employment. If the results of the study are published, the privacy of subjects will be protected and they will not be identified in any way.
Refusal to participate will result in no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Any questions regarding the study can be directed to the investigators, Dr. D. Danna (504) 568-4123 or J. Manning 504-568-4156; or the Chancellor of the LSU Health Sciences Center New Orleans at (504) 568-4801.

Before beginning this online research survey, you will be asked to answer the first question that addresses the option to either consent or not consent to participate in the study. Selecting the "I do agree and consent" option will be considered your consent to participate, selecting the "I do not agree or consent" option will be considered as your decision not to proceed with the study.

**Appendix F: Survey Reminder #1**

Two weeks ago, your assistance was requested to participate in a doctoral research project at Louisiana State University Health Sciences (LSUHSC) School of Nursing. Please consider participating in this project by reading the instructions below. If you have already completed the survey, please accept my thanks and delete this email as no further involvement is required.

My name is Jennifer Manning, I am a graduate student in the Doctor of Nursing Science Program at LSUHSC School of Nursing in New Orleans. I am conducting a research survey as part of the requirements for my doctoral degree. The title of my study is *The Influence of Nurse Manager Leadership Style on the Perception of Staff Nurse Structural Empowerment, Work Engagement and Intent to Stay in Acute Care Hospitals.*

The purpose of this study is to investigate the strength of the relationship between nurse manager leadership style and staff nurse structural empowerment, work engagement and intent to stay. The findings from this study can be used to further support organizational strategies which aim to improve nurse manager leadership development and staff nurse outcomes. This study will consist of research surveying staff registered nurses working in southeast Louisiana hospitals.

You are being asked to complete this research survey because you are a staff registered nurse and can contribute information relevant to the study questions. The research survey will begin with general demographic questions. The next set of questions will ask about your perception of your nurse managers leadership style, perception of your level of engagement and empowerment in your current job, and your intent to stay in your current position. The research survey consists of 102 questions and will take approximately 15-20 minutes to complete.

Your participation is voluntary and your responses will be completely anonymous. The data that is collected will be analyzed at the group level only. There are no personal identifiers in this research survey. There are no foreseeable risks associated with participation in this study. There is no cost or obligation to participate. You may withdraw at any time and participation will not affect your employment. If the results of the study are published, the privacy of subjects will be protected and they will not be identified in any way.

Refusal to participate will result in no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Any questions regarding the study can be directed to the investigators, Dr. D. Danna (504) 568-4123 or J. Manning 504-568-4156; or the Chancellor of the LSU Health Sciences Center New Orleans at (504) 568-4801.

Before beginning this online research survey, you will be asked to answer the first question that addresses the option to either consent or not consent to participate in the study. Selecting the "I do agree and consent" option will be considered your consent to participate, selecting the "I do not agree or consent" option will be considered as your decision not to proceed with the study.

**Appendix G. Survey Reminder #2**

Four weeks ago, your assistance was requested to participate in a doctoral research project at Louisiana State University Health Sciences (LSUHSC) School of Nursing. Please consider participating in this project by reading the instructions below. If you have already completed the survey, please accept my thanks and delete this email as no further involvement is required.

My name is Jennifer Manning, I am a graduate student in the Doctor of Nursing Science Program at LSUHSC School of Nursing in New Orleans. I am conducting a research survey as part of the requirements for my doctoral degree. The title of my study is *The Influence of Nurse Manager Leadership Style on the Perception of Staff Nurse Structural Empowerment, Work Engagement and Intent to Stay in Acute Care Hospitals.*

The purpose of this study is to investigate the strength of the relationship between nurse manager leadership style and staff nurse structural empowerment, work engagement and intent to stay.  The findings from this study can be used to further support organizational strategies which aim to improve nurse manager leadership development and staff nurse outcomes. This study will consist of research surveying staff registered nurses working in southeast Louisiana hospitals.

You are being asked to complete this research survey because you are a staff registered nurse and can contribute information relevant to the study questions. The research survey will begin with general demographic questions. The next set of questions will ask about your perception of your nurse managers leadership style, perception of your level of engagement and empowerment in your current job, and your intent to stay in your current position. The research survey consists of 102 questions and will take approximately 15-20 minutes to complete.

Your participation is voluntary and your responses will be completely anonymous. The data that is collected will be analyzed at the group level only. There are no personal identifiers in this research survey. There are no foreseeable risks associated with participation in this study. There is no cost or obligation to participate. You may withdraw at any time and participation will not affect your employment. If the results of the study are published, the privacy of subjects will be protected and they will not be identified in any way.

Refusal to participate will result in no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Any questions regarding the study can be directed to the investigators, Dr. D. Danna (504) 568-4123 or J. Manning 504-568-4156; or the Chancellor of the LSU Health Sciences Center New Orleans at (504) 568-4801.

Before beginning this online research survey, you will be asked to answer the first question that addresses the option to either consent or not consent to participate in the study. Selecting the "I do agree and consent" option will be considered your consent to participate, selecting the "I do not agree or consent" option will be considered as your decision not to proceed with the study.

**Appendix H: MLQ 5X short form**

## Multifactor Leadership Questionnaire
## Rater Form

Name of Leader: _____Date: _____
Organization ID #: _____Leader ID #: _____

This questionnaire is used to describe the leadership style of the above-mentioned individual as you perceive it. Answer all items on this answer sheet. **If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.** Please answer this questionnaire anonymously.

**Important** (necessary for processing): Which best describes you?
___ I am at a higher organizational level than the person I am rating.
___ The person I am rating is at my organizational level.
___ I am at a lower organizational level than the person I am rating.
___ Other than the above.

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits the person you are describing. Use the following rating scale:

| Not at all | Once in a while | Sometimes | Fairly often | Frequently, if not always |
|:---:|:---:|:---:|:---:|:---:|
| 0 | 1 | 2 | 3 | 4 |

*The Person I Am Rating. . .*
1. Provides me with assistance in exchange for my efforts ............................................. 0 1 2 3 4
2. *Re-examines critical assumptions to question whether they are appropriate ........................ 0 1 2 3 4
3. Fails to interfere until problems become serious ......................................................... 0 1 2 3 4
4. Focuses attention on irregularities, mistakes, exceptions, and deviations from standards ...... 0 1 2 3 4
5. Avoids getting involved when important issues arise ...................................................0 1 2 3 4
6. *Talks about his/her most important values and beliefs ................................................ 0 1 2 3 4
7. Is absent when needed ..............................................................................................0 1 2 3 4
8. *Seeks differing perspectives when solving problems................................................... 0 1 2 3 4
9. *Talks optimistically about the future ............................................................................ 0 1 2 3 4
10. *Instills pride in me for being associated with him/her ................................................ 0 1 2 3 4
11. Discusses in specific terms who is responsible for achieving performance targets ............... 0 1 2 3 4
12. Waits for things to go wrong before taking action ...................................................... 0 1 2 3 4
13. *Talks enthusiastically about what needs to be accomplished ...................................... 0 1 2 3 4
14. *Specifies the importance of having a strong sense of purpose ...................................... 0 1 2 3 4
15. *Spends time teaching and coaching ........................................................................ 0 1 2 3 4

**Appendix I: Conditions of Work Effectiveness Questionnaire II (CWEQ)**

HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU HAVE IN YOUR PRESENT JOB?

|  | None | | Some | | A Lot |
|---|---|---|---|---|---|
| 1. Challenging work | 1 | 2 | 3 | 4 | 5 |
| 2. The chance to gain new skills and knowledge on the job. | 1 | 2 | 3 | 4 | 5 |
| 3. Tasks that use all of your own skills and knowledge. | 1 | 2 | 3 | 4 | 5 |

HOW MUCH ACCESS TO INFORMATION DO YOU HAVE IN YOUR PRESENT JOB?

|  | No Knowledge | | Some Knowledge | | Know A Lot |
|---|---|---|---|---|---|
| 1. The current state of the hospital. | 1 | 2 | 3 | 4 | 5 |
| 2. The values of top management. | 1 | 2 | 3 | 4 | 5 |
| 3. The goals of top management. | 1 | 2 | 3 | 4 | 5 |

HOW MUCH ACCESS TO SUPPORT DO YOU HAVE IN YOUR PRESENT JOB?

|  | None | | Some | | A Lot |
|---|---|---|---|---|---|
| 1. Specific information about things you do well. | 1 | 2 | 3 | 4 | 5 |
| 2. Specific comments about things you could improve. | 1 | 2 | 3 | 4 | 5 |
| 3. Helpful hints or problem solving advice. | 1 | 2 | 3 | 4 | 5 |

HOW MUCH ACCESS TO RESOURCES DO YOU HAVE IN YOUR PRESENT JOB?

|  | None | | Some | | A Lot |
|---|---|---|---|---|---|
| 1. Time available to do necessary paperwork. | 1 | 2 | 3 | 4 | 5 |
| 2. Time available to accomplish job requirements. | 1 | 2 | 3 | 4 | 5 |
| 3. Acquiring temporary help when needed. | 1 | 2 | 3 | 4 | 5 |

IN MY WORK SETTING/JOB:                                None                          A Lot

1. The rewards for innovation on the job are           1     2     3     4     5

2. The amount of flexibility in my job is              1     2     3     4     5

3. The amount of visibility of my work-related activities  1     2     3     4     5

    within the institution is

HOW MUCH OPPORTUNITY DO YOU HAVE FOR THESE ACTIVITIES IN YOUR PRESENT JOB?

                                                       None                          A Lot

1. Collaborating on patient care with physicians.      1     2     3     4     5

2. Being sought out by peers for help with problems    1     2     3     4     5

3. Being sought out by managers for help with problems 1     2     3     4     5

4. Seeking out ideas from professionals other than physicians  1     2     3     4     5
   e.g., Physiotherapists, Occupational Therapists, Dieticians.

                                                    Strongly                      Strongly
                                                    Disagree                       Agree

1. Overall, my current work environment empowers me to  1     2     3     4     5
   accomplish my work in an effective manner.
2. Overall, I consider my workplace to be an empowering 1     2     3     4     5

*Note.* From "Conditions for work effectiveness questionnaire I and II" by H. Laschinger, 2013. Copyright by Laschinger, 2013.

## Appendix J: Utrecht Work Engagement Questionnaire (UWES)

UWES Manual; page 48

English version

### Work & Well-being Survey (UWES) ©

*The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the '0' (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.*

|   | Almost never | Rarely | Sometimes | Often | Very often | Always |
|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times a week | Every day |

1. _____ At my work, I feel bursting with energy* *(VI1)*
2. _____ I find the work that I do full of meaning and purpose *(DE1)*
3. _____ Time flies when I'm working *(AB1)*
4. _____ At my job, I feel strong and vigorous *(VI2)**
5. _____ I am enthusiastic about my job *(DE2)**
6. _____ When I am working, I forget everything else around me *(AB2)*
7. _____ My job inspires me *(DE3)**
8. _____ When I get up in the morning, I feel like going to work *(VI3)**
9. _____ I feel happy when I am working intensely *(AB3)**
10. _____ I am proud on the work that I do *(DE4)**
11. _____ I am immersed in my work *(AB4)**
12. _____ I can continue working for very long periods at a time *(VI4)*
13. _____ To me, my job is challenging *(DE5)*
14. _____ I get carried away when I'm working *(AB5)**
15. _____ At my job, I am very resilient, mentally *(VI5)*
16. _____ It is difficult to detach myself from my job *(AB6)*
17. _____ At my work I always persevere, even when things do not go well *(VI6)*

\* Shortened version (UWES-9); VI= vigor; DE = dedication; AB = absorption

*Note.* From "Utrecht work engagement scale" by W. Schaufeli & A. Bakker, 2003. Copyright by Schaufeli & Bakker, 2003.

**Appendix K**: **Intent to Stay (ITS) Questionnaire**

For the next six items, please rate your job intent to stay on a scale of:

(1) Definitely will not leave
(2) Probably will not leave
(3) Uncertain
(4) Probably will leave
(5) Definitely will leave

Which of the following statements most clearly reflects your feelings about your future in the hospital?

1. Rate your intent to stay in your current job and present hospital for one year........1 2 3 4 5

2. Rate your intent to stay in your current job and present hospital for three years….1 2 3 4 5

3. Rate your intent to stay in your current job and present hospital for five years. ….1 2 3 4 5

4. Rate your intent to leave your current hospital for a similar job at another hospital
   in one year. …………………………….…………………………………………...1 2 3 4 5

5. Rate your intent to leave your current hospital for a similar job at another hospital
   in three years. ……………………………………………………………………..1 2 3 4 5

6. Rate your intent to leave your current hospital for a similar job at another hospital
   in five years…………………………………………………………………… . 1 2 3 4 5

*Note*. From "Intent to Stay Questionnaire" by Kim, Price, Mueller &Watson, 1996. Reprinted with permission.

**Appendix L: Research Study Schematic**

| Research Question | Null Hypothesis | Instruments | Statistical Analysis Method |
|---|---|---|---|
| 1. What leadership style factors do staff nurses report in their nurse managers? | N/A | MLQ | Descriptive Statistics (M, SD, graphics) |
| 2. What are the levels of structural empowerment, work engagement and intent to stay in staff nurses? | N/A | CWEQ UWES ITS | Descriptive Statistics (M, SD, graphics) |
| 3. What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse structural empowerment? | There is no relationship between nurse manager transformational leadership style and staff nurse structural empowerment. | MLQ UWES | Multiple regression |
| 4. What is the strength of the relationship between nurse manager transformational leadership style factors and staff nurse work engagement? | There is no relationship between nurse manager transformational leadership style and staff nurse work engagement. | MLQ CWEQ | Multiple regression |
| 5. What is the strength of the relationship between nurse manager transformational factors staff nurse intent to stay? | There is no relationship between nurse manager transformational leadership style and staff nurse intent to stay. | MLQ ITS | Multiple regression |
| 6. What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse structural empowerment? | There is no relationship between nurse manager transactional leadership style and staff nurse structural empowerment. | MLQ UWES | Multiple regression |
| 7. What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse work engagement? | There is no relationship between nurse manager transactional leadership style and staff nurse work engagement. | MLQ CWEQ | Multiple regression |
| 8. What is the strength of the relationship between nurse manager transactional leadership style factors and staff nurse intent to stay? | There is no relationship between nurse manager transactional leadership style and staff nurse intent to stay. | MLQ ITS | Multiple regression |
| 9. What is the strength of the relationship between nurse manager Passive-avoidant | There is no relationship between nurse manager Passive-avoidant leadership | MLQ UWES | Multiple regression |

| | | | |
|---|---|---|---|
| leadership style factors and staff nurse structural empowerment? | style and staff nurse structural empowerment. | | |
| 10. What is the strength of the relationship between nurse manager Passive-avoidant leadership style factors and staff nurse work engagement? | There is no relationship between nurse manager Passive-avoidant leadership style and staff nurse work engagement. | MLQ CWEQ | Multiple regression |
| 11. What is the strength of the relationship between nurse manager Passive-avoidant leadership style factors and staff nurse intent to stay? | There is no relationship between nurse manager Passive-avoidant leadership style and staff nurse intent to stay. | MLQ ITS | Multiple Regression |
| 12. What is the strength of the relationship between three types of nurse manager leadership style factors and staff nurse structural empowerment, work engagement and intent to stay? | There is no relationship between nurse manager leadership styles and staff nurse work engagement, structural empowerment intent to stay. | MLQ CWEQ UWES ITS | Multiple regression |

## Appendix M: Pearson Correlations Coefficients among Study Instruments

Pearson Correlations Coefficients among Leadership Style Factors

| | IA | IB | IM | IS | IC | CR | MA | PA | MP | EE | EF | ST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IA | 1 | 0.859* | 0.854* | 0.852* | 0.877* | 0.886* | 0.049 | -0.679* | -0.723* | 0.849* | 0.891* | 0.888* |
| IB | | 1 | 0.869* | 0.851* | 0.81* | 0.858* | 0.033 | -0.646* | -0.665* | 0.74* | 0.806* | 0.815* |
| IM | | | 1 | 0.809* | 0.773* | 0.869* | 0.026 | -0.636* | -0.684* | 0.723* | 0.827* | 0.843* |
| IS | | | | 1 | 0.879* | 0.848* | -0.026 | -0.668* | -0.655* | 0.798* | 0.808* | 0.82* |
| IC | | | | | 1 | 0.85* | -0.063 | -0.677* | -0.665* | 0.807* | 0.828* | 0.84* |
| CR | | | | | | 1 | -0.027 | -0.691* | -0.714* | 0.812* | 0.882* | 0.875* |
| MA | | | | | | | 1 | 0.38 | -0.012 | -0.003 | 0.043 | -0.012 |
| PA | | | | | | | | 1 | 0.841* | -0.646* | -0.71* | -0.729* |
| MP | | | | | | | | | 1 | -0.654* | -0.722* | -0.755* |
| EE | | | | | | | | | | 1 | 0.836* | 0.832* |
| EF | | | | | | | | | | | 1 | 0.926* |
| ST | | | | | | | | | | | | 1 |

*Note.* Transformational Leadership Style Factors: Idealized Influence (Attributes) = IA; Idealized Influence (Behavior) = IB; Inspirational Motivation = IM; Intellectual Stimulation = IS; Individual Consideration = IC; Transactional Leadership Style Factors: CR = contingent reward; MA = management by exception - active; MP = management by exception –passive, Passive Avoidant Leadership Style Factors: PA = passive/avoidant
*p<0.001

Pearson Correlations Coefficients among Structural Empowerment Subscales

| | Opportunity | Resource | Information | Support | Formal | Informal | Global |
|---|---|---|---|---|---|---|---|
| Opportunity | 1 | 0.14* | 0.26* | 0.32* | 0.35* | 0.38* | 0.38* |
| Resource | | 1 | 0.32* | 0.34* | 0.50* | 0.18* | 0.54* |
| Information | | | 1 | 0.809* | 0.773* | 0.869* | 0.026 |
| Support | | | | 1 | 0.65* | 0.50* | 0.57* |
| Formal | | | | | 1 | 0.45* | 0.69* |
| Informal | | | | | | 1 | 0.56* |
| Global | | | | | | | 1 |

*Note.* *p<0.001

Pearson Correlations Coefficients among Work Engagement Subscales

|  | Vigor | Dedication | Absorption |
|---|---|---|---|
| Vigor | 1 | 0.77* | 0.69* |
| Dedication |  | 1 | 0.71* |
| Absorption |  |  | 1 |

*Note.* *p<0.001

Pearson Correlations Coefficients among Staff Nurse Intent to Stay

|  | Intent to stay in Job and hospital for 1 year | Intent to stay in job and hospital for 3 years | Intent to stay in job and hospital for 5 years | Intent to stay in hospital for 1 year | Intent to stay in hospital for 3 years | Intent to stay in hospital for 5 years |
|---|---|---|---|---|---|---|
| Intent to stay in job and hospital for 1 year | 1 | 0.715* | 0.631* | 0.490* | 0.435* | 0.378* |
| Intent to stay in job and hospital for 3 years |  | 1 | 0.893* | 0.420* | 0.517* | 0.468* |
| Intent to stay in job and hospital for 5 years |  |  | 1 | 0.344* | 0.428* | 0.469* |
| Intent to stay in hospital for 1 year |  |  |  | 1 | 0.880* | 0.778* |
| Intent to stay in hospital for 3 years |  |  |  |  | 1 | 0.910* |
| Intent to stay in hospital for 5 years |  |  |  |  |  | 1 |

*Note.* *p<0.001

**Appendix N: Approval to Use Conditions of Work Effectiveness Questionnaire**

Date:      6/12/13
Name:     Jennifer Manning
Title:     The Impact of the Nurse Manager's Leadership Style on Staff Nurse Perception of Structural Empowerment, Work Engagement and Intent to Stay
University/Organization:    Louisiana State University Health Sciences Center
Address:   4117 Bissonet
Metairie, La. 70003
Phone:    504-568-4156
E-mail:   jmanni@lsuhsc.edu

Description of Study:   The aim of this dissertation is to investigate the relationship between the nurse manager's leadership style and the staff nurse's structural empowerment, work engagement, and intent to stay in their current position. Staff nurses in southeast Louisiana hospitals will be surveyed.

Permission is hereby granted to copy and use the Nursing Work Empowerment Scale.

Date:

Signature:

Dr. Heather K. Spence Laschinger, Professor
School of Nursing, University of Western Ontario
London, Ontario, Canada N6A 5C1
Tel:519-661-4065    Fax: 519-661-3410
E-mail: hkl@uwo.ca
--
Nursing Research Unit
The University of Western Ontario

**CURRICULUM   VITAE**

NAME:  Jennifer Manning, ACNS-BC, DNS, CNE
**Email:** jmanni@lsuhsc.edu
**DATE OF INITIAL APPOINTMENT:** January 2008
**ACADEMIC RANK:** Instructor
**DATE APPOINTED TO PRESENT RANK:** January 2008
**TENURE STATUS:** non tenured

## PROFESSIONAL EDUCATION

| Date | Institution | Degree |
|------|-------------|--------|
| 2010-2014 | LSUHSC School of Nursing-DNS program | DNS 12/2014 |
| 2005-2007 | LSUHSC School of Nursing CNS Program | Clinical Nurse Specialist Masters – Adult Health |
| 1996-2000 | LSUHSC School of Nursing | BS-Nursing |
| 1990-1994 | University of New Orleans | B.S., Biological Sciences Minor in chemistry and psychology |

## LICENSURE, CREDENTIALING OR CERTIFICATION:

| | |
|---|---|
| Registered Nurse – active, unencumbered license | 2000-present |
| Clinical Nurse Specialist (Board Certified) – Adult Health | 2008-present |
| Certified Clinical Nurse Educator | 2014-present |

## HONORS, SCHOLARSHIPS, AND SPECIAL RECOGNITION:

| | |
|---|---|
| December 2014 | Outstanding DNS student award |
| May 2014 | Research Scholarship from New Orleans Chapter of the National Association of Nurse Executives |
| May 2012 | Dr. Allen Copping Teaching in Excellence Award |
| May 2011 | Daisy Faculty Award |
| February 2011 | Nightingale Nurse Educator of the Year (Nominated and Awarded) |
| October 2009 | Great 100 Nurse Award |
| December 2007 | Joyce Travelbee Award |
| 1998, 1999 & 2000 | Research Associate Award LSUHSC |

**PROFESSIONAL EXPERIENCE**

| Date/s | Agency/Institution | Position |
|---|---|---|
| 2008 –present | LSUHSC | Faculty in the School of Nursing Director of Articulation Programs (2012 – present); Director of the Traditional BSN program (Junior II – Senior II level nursing students) |
| 2000-present | EJGH | Full Time Staff RN-ICU; PRN Clinical Nurse Specialist<br>2000-2001 RN – ICU step-down<br>2001-2008 – RN-ICU<br>2008-2014 – PRN CNS- assist with evidence based projects in the ICU and development of clinical pathways (approximately 4 hours/week) |
| 1994-2006 | LSUHSC | Research Associate III- Pediatrics – Managed the Pediatric Nephrology Lab – developed and maintained physician research projects. Assisted with hiring and training lab personnel. |

**TEACHING EXPERIENCE**

January 2008 - present

Courses I currently teach:

Nursing perspectives  (NURS 4371)
Gerontology Nursing (NURS 4346)
End of Life Nursing Care of the Dying Client and Their Families (HLSC 4411)
Advanced Concepts in Professional Nursing (NURS 4380)
Clinical Nurse Specialist – Acute Care (NURS 6311)
Scholarly Inquiry Project – committee member – two CRNA students

Courses I have taught:
Health Assessment Lab
Leadership and management
Transitions into graduate nursing

Advanced Health Assessment
Critical Care Nursing
    Adult Gerontology CNS Course
(guest lecturer)

January 2007-December 2007               Teaching Assistant (Grad Student)-
Health Assessment Lab

**PUBLICATIONS**

Manning, J. (2014). Considerations for the Critical Care Nurse Caring for Older Adult

Patients. *Critical Care Nursing 2014*. 9(6); 21-27.

Tartavoulle, T., Manning, J. & Fowler, L. (2013). The Effectiveness of Bed Position versus

Chair Position on Reliability and Validity of Cardiac Index in Post − Operative

Cardiothoracic Surgery Adult Patients: A Systematic Review Protocol. Retreived

from: http://www.joannabriggslibrary.org/index.php/jbisrir/article/view/1024

Tartavoulle, T., Manning, J. & Fowler, L. (2011). Smoothing the transition from bedside

to classroom. *American Nurse Today*. 6(5); 35-38.

Aviles, Vehaskari, Culotta, Manning, Ochoa and Zea. T cell CD3 receptor zeta (TCRzeta)-

chain expression in children with idiopathic nephritic syndrome *Pediatric*

*Nephrology* 2009 Apr;24(4):769-73

Beque, Manninq and Correa. Development of a real-time PCR for quantification of

Helicobacter felis organisms in mouse stomach. Southern Medical Journal 2006

Nov;99(11):1306-7.

Stewart, Junq, Manninq and Vehaskari. Kidney Immune Cell Infiltration and Oxidative

Stress Contribute to Prenatally Programmed Hypertension. Kidney Int. 2005.

PMID: 16221217

Manninq and Vehaskari. Postnatal modulation of prenatally programmed hypertension by

dietary Na and ACE inhibition. 2005. PMID: 15458966

Vehaskari, Stewart, Lafont. Sovez. Seth and Manninq. Kidney Angiotensin and

Angiotensin receptor expression in prenatally programmed hypertension. Am J

Renal Physiol. 2004. PMID: 15100095

Aviles. Vehaskari, Manninq, Ochoa and Zea. Decreased expression of Tcell NF-kappaB

p65 subunit in steroid-resistant nephrotic syndrome. Kidney Int. 2004. PMID:

15200413

Manninq. Beutler, Knepper and Vehaskari. Upregulation of renal BSC1 and TSC in

prenatally programmed hypertension. Am J Renal Physiol. 2002.PMID:

12060603

Manninq and Vehaskari. Low birth weight-associated adult hypertension in the rat.

Pediatr Nephro12001. PMID: 11405116

Vehaskari. Aviles and Manning. Prenatal Programming of adult hypertension in the rat.

Kidney Int. 2001. PMID: 11135076

Vehaskari. Hempe, Manning. Aviles and Carmichael. Developmental regulation of

ENaC subunit mRNA levels in rat kidney. Am J Physiol. 1998. PMID: 9611132

**PROFESSIONAL AND ACADEMIC PRESENTATIONS**

CE: The influence of nurse manager leadership style on the perception of staff nurse structural empowerment, work engagement and intent to stay in acute care hospitals – October 2014 – Cheryl Sanders Memorial Research Day

CE: Lab Interpretation at East Jefferson General Hospital October 2012- Speaker (6.5 CEs)

CE: Lab Interpretation at Nicholls University Spring 2012- Speaker (6.5 CEs)

Presented at Connie Logan Research day 2011: Central Line Infection Prevention in Critical Care Patients

CE: End of Life Nursing Care at EJGH Summer 2011- Speaker (6.5 CEs)

CE: Lab interpretation at EJGH Fall 2010- Speaker (6.5 CEs)

CE: Critical Care Nursing at LSUHSC Summer 2010 (8 CEs)

 Presented at Connie Logan research day 2007: Oral Care Prevention as Part of
 Ventilator Associated Pneumonia (V AP) Reduction- Oral Presentation

Presented at Research Day for Master Program 2007: Oral Care Prevention as Part of
Ventilator Associated Pneumonia- Poster Presentation

Presented at annual American Society of Nephrology meeting over the period of 1998-
2006: poster and oral presentations of research publications

Presented at Research Day for Medical school 1998-2006

## PROFESSIONAL MEMBERSHIP/S

| Organization | Position/Dates |
|---|---|
| Sigma Theta Tau- Epsilon Nu Chapter | member 2010- current |
| | President Epsilon Nu 2013-2015 |
| Southern Nurses Research Association | member 2009-2014 |
| American Association of Critical Care Nurses | member 2006-2012 |
| American Nursing Association | member 2007-2010 |
| National Association of Clinical Nurse Specialist | member 2007-2013 |
| National League for Nursing  (NLN) | member 2008-2009 |

## MAJOR EDUCATIONAL ACTIVITIES

| Date/s | Title | Contact Hours |
|---|---|---|
| 2014 | Preliminary Dissertation Research Findings: Influence of Leadership Style on Staff Nurse Structural Empowerment, Work Engagement and Intent to Stay | 1.0 |
| 2014 | Cheryl Sanders Memorial Research Day | 1.5 |
| 2013 | Clinical Nurse Specialists- Who are they and what do they do? | 1.0 |
| 2012 | Cornerstone of Cultural Competency in the Disaster Cycle | 1.5 |
| 2012 | Lab Interpretation for Nursing | 6.5 |
| 2011 | End of Life Nursing Care | 6.5 |
| 2011 | Managing Large Clinical Groups | 1.0 |
| 2010 | Critical Care Nursing | 32 |
| 2010 | Lab Interpretation for Nursing | 6.5 |
| 2008 | EBP – Panel Presentation: Preventing MRSA in Critical Care Patients | 1.0 |

| 2007 | Evidence Based Workshop at EJGH | 6.0 |
| 2007 | Therapeutic Hypothermia at EJGH | 2.5 |