HEAD NURSES' PERCEPTIONS OF LEADERSHIP IN A COMMUNITY HOSPITAL

by

VIVIAN L. GIGLIO
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School
Department of Nursing

The University of British Columbia
Vancouver, Canada

Date Aug 29, 1994
Abstract

Decentralization and changes in the health care industry in British Columbia are forces which have precipitated changes in the head nurse role. Head nurses are in a pivotal leadership position within today's nursing organizations and serve to integrate staff nurses' needs with the organizational goals and vision. However, there are few studies based on head nurses' perceptions of their leadership.

The purpose of this study was to describe head nurses' perceptions of their leadership by using the transformational leadership framework (Bass, 1985b) to identify leadership styles and outcome factors. Specifically, this descriptive study examined head nurses' perceptions of their leadership from transformational and transactional perspectives. The study was conducted in an acute care hospital in the Lower Mainland of British Columbia. A sample of 16 head nurses completed the Multifactor Leadership Questionnaire. Data were analyzed using descriptive statistics. The scores obtained were used to provide a profile for each head nurse, the head nurses as a group, and to compare data for the sample and normative groups.

Generally, head nurses perceived their leadership to be transformational and, to a lesser degree, transactional. In transformational leadership, the head nurses reported using high levels of individualized consideration and inspirational behaviors. In transactional leadership, they reported using contingent reward behaviors, and to a much lesser extent, management-by-exception
behaviors. In terms of outcomes, the group of head nurses perceived that their leadership style positively influenced organizational outcomes. Implications of the findings for nursing administration, education, and research are presented.
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Chapter One

Introduction

Background to the Problem

It has been suggested that effective leadership is the cornerstone by which an organization's success can be measured (Boeglin, 1993; Tichy & Ulrich, 1984). In nursing service organizations, the head nurse position has been described as the pivotal leadership position (Beaman, 1986; Hodges, Knapp, & Cooper, 1987). Therefore, the future of nursing service organizations will be strongly influenced by head nurses who are effective leaders.

During the past decade, decentralization in nursing organizations has been introduced. This has resulted from the perception that the traditional organizational structure, centralized decision making, and limited participation of staff in organizational issues are no longer effective means of leadership. As decentralization increases, the role of the head nurse is changing. Major administrative responsibilities are being placed at the unit level where head nurses are expected to provide innovative leadership and manage resources effectively. Head nurses must now make decisions in areas such as staffing, budgeting, policy-making, and labour relations (Beaman, 1986; Hodges, Knapp, & Cooper, 1987).

Concurrent with these changes, decentralization has brought more authority, accountability, and, therefore, autonomy to the staff nurse (Clifford, 1981; Sullivan & Decker, 1988; Wilhite, 1988). As responsibility and accountability for patient care decisions shift from the head nurse to the staff nurse, important aspects of the head nurse
role change. In today's nursing organizations, the head nurse serves to integrate the individual staff nurse's needs with the organizational goals and vision. This evolving role requires the development of new leadership skills. Leadership in nursing requires an individual "who has a long term vision of what can be accomplished and who identifies common values with staff members" (Dunham & Klafehn, 1990, p.28).

Dramatic changes in the health care industry have also precipitated dramatic changes in the work and responsibilities of head nurses. Canadian hospitals have entered an era in which economic restraint has been, and will continue to be, a dominant factor in health care delivery (Collins & Noble, 1992). This has forced nursing service organizations to examine the organizational structure and the scope of responsibility of the head nurse. In addition, the report of the British Columbia Royal Commission on Health Care and Costs (1991) outlines several recommendations as necessary changes to the health care system. These recommendations are forcing hospitals to review programs offered and methods of delivery of service. Strong nursing leaders are necessary to represent the profession of nursing in this process (Dunham & Fisher, 1990; Dunham & Klafehn, 1990; Murphy & DeBack, 1991).

The forces of decentralization coupled with the evolving changes in the health care system have had a strong influence on the role of the head nurse in the community hospital where this study was conducted (E. Baxter, personal communication, October, 1993). In an effort to continue decentralization of decision making and authority and to contain costs, head nurses have assumed responsibility for two or three
nursing units, rather than only one as in the past. Thus, head nurses' roles are evolving and new leadership skills are needed. It is opportune at this time to examine the head nurse leadership role in this hospital located in the Lower Mainland of British Columbia (B.C.).

Problem Statement

Studies of head nurses' leadership have not been based on head nurses' perceptions of their leadership but rather on the perceptions of others such as staff nurses and nursing executives (Campbell, 1986; Duxbury, Armstrong, Drew, & Henley, 1984; Meighan, 1990; Pryer & Distefano, 1971). Without knowledge of head nurses' perceptions of their own leadership, the understanding of a management position that is important in the shaping of nursing care delivery in the future is limited.

In addition, the role of the head nurse in British Columbia hospitals has been dramatically changed by the move towards decentralization in nursing service organizations and the changes in the health care environment in the province. There have been few studies of the incorporation of leadership into the head nurse role (Baxter, 1993; Fraser, 1992). Therefore, the purpose of this study was to describe the perceptions of leadership held by head nurses in a Lower Mainland British Columbia community hospital.

Conceptual Framework

Burns's (1978) transactional and transformational theory which was expanded by Bass (1985a) provided the framework for this study. Burns identified two types of leadership: transformational and transactional, thereby broadening the concept of leadership to include
its political aspects, that is, to identify those variables which motivate followers to perform to their full potential for the good of the leader, follower, or organization. In today's healthcare climate, it is fitting that head nurse leadership be viewed from Burns's perspective. Burns described transactional leadership as occurring when "leaders approach followers with an eye towards exchanging one thing for another" (p.4). That is, leadership is due to a transaction based on promises of reward for the followers for compliance with the leader's proposals. Transformational leadership, on the other hand, is conceptualized by Burns as leadership which motivates followers to work for transcendental goals and for higher level self-actualizing needs, instead of working through simple exchange relationships with their followers. Burns argued that a leader could be either transactional or transformational, but not both.

Unlike Burns, Bass (1985a) argued that both transformational and transactional leadership need to be present in the individual to some degree. He developed a framework that has been tested in several studies of military and industrial leaders. The framework identifies three categories that include seven leadership factors (Bass & Avolio, 1990). These are defined as follows:

**Transformational Factors**

*Idealized Influence:* provides vision and sense of mission, instills pride, gains respect and trust *.

*Inspirational:* communicates high expectations, uses symbols to focus efforts, expresses important purposes in simple ways.

*This factor had earlier been entitled Charisma. The terms idealized influence and charisma are used interchangeably throughout the thesis.*
Intellectual Stimulation: promotes intelligence, rationality, and careful problem-solving.

Individualized Consideration: gives personal attention, treats each employee individually, coaches, advises.

Transactional Factors

Contingent Reward: contracts exchange of rewards for effort, promises rewards for good performance, recognizes accomplishments.

Management-by-Exception: (active): watches and searches for deviations from rules and standards, takes corrective action;
(passive): intervenes only if standards are not met.

Nonleadership Factor

Laissez-faire: abdicates responsibility, avoids making decisions.

Research Question

This study was designed to address the following question:

What are head nurses' perceptions of their leadership from transactional and transformational perspectives?

Definition of Terms

For purposes of this study, the following definitions were used.

Head Nurse - The first-level nurse manager in a hospital nursing organization. The terms head nurse and nurse manager are used interchangeably throughout the thesis.

Leadership - An interactive process whereby the leader motivates the follower to act to meet certain goals which reflect the organization's values and beliefs.

Assumptions

It was assumed that head nurse leadership is similar in all clinical
areas in which head nurses work and that it is comparable to leadership among managers other than head nurses.

**Limitations**

The sample size was small and was obtained from one hospital. Therefore, findings are not generalizable beyond that setting. In addition, the use of a self-report questionnaire, which uses a Likert scale, could have affected the accuracy of the responses given by the subjects and introduced the potential for other response biases, such as, extreme responses.

**Significance of the Study**

Knowledge and practice of effective leadership is essential in successful organizations. Head nurses must be effective leaders to meet today's economic, political, and social challenges. However, limited research has examined the perceptions of leadership held by members of this group. Therefore, this study generates new information that could potentially be used by nurse administrators and educators. Head nurses' perceptions of leadership from a transactional and transformational perspective should provide new insights into the head nurse position within a nursing administrative structure. It is from this knowledge base that nurse administrators and educators could prepare present and future head nurses to provide the leadership that is required in a turbulent and challenging health care environment.

Specifically, this study provides valuable information about head nurse leadership to head nurses and nurse administrators in one community hospital. This information is timely as the hospital is experiencing and will continue to experience major changes as a result
of a volatile health care environment. In addition, the findings from the study will assist nurse administrators to identify the characteristics of head nurse leadership in the hospital. Based on this information, plans can be developed to ensure that head nurses, as multi-unit managers, have the necessary skills to provide effective leadership. Finally, this study adds to the limited Canadian research on head nurse leadership.

**Organization of the Thesis**

The remainder of the thesis is organized as follows: The relevant literature on leadership, the head nurse role, and an overview of the Canadian health care environment are presented in Chapter Two. In Chapter Three the research methodology is described. The analysis and discussion of findings are presented in Chapter Four and the summary, conclusions, and implications in Chapter Five.
Chapter Two

Review of the Literature

The nursing literature includes limited research related to the work of leaders and managers. Many authors speak to the importance of head nurse leadership, but very few studies have examined leadership variables pertinent to the head nurse role. Leadership research outside of nursing offers a broader perspective although definitions of leadership are often unclear and the concept is still poorly defined.

An overview of the leadership literature follows. First, an examination of the leadership theories and research findings in the educational and business fields is presented. Second, a review of nursing research on the role of the head nurse and head nurse leadership skills and style is discussed. Finally, a brief review of the current changes in health care as they relate to head nurse leadership is presented.

Business and Education Literature

The business and educational leadership literature reflects two major theoretical approaches: the psychological model, which includes four major perspectives on leadership and the political model which includes cultural perspectives. Literature relating to both approaches is presented in chronological order, moving from the earlier trait theories through current investigative approaches.

Psychological Model

This model includes the trait, the behavior, the contingency, and the multiple influence perspectives on leadership.
**Trait perspective.** The search for leadership traits was the most important activity with which leadership theorists concerned themselves before World War II (Fiedler & Chemers, 1974). Personality attributes which were investigated included intelligence, dominance, aggressiveness, masculinity, scholarship, and judgment. The trait theories did little, however, to explain and predict the nature of leadership and the theories have since been largely abandoned.

**Behavioral perspective.** As the hope of relating personality traits to leadership faded, researchers focused on the study of leader behavior. In an extensive study at Ohio State University, two major factors in leadership behavior were identified: consideration (recognition of individual needs) and initiation of structure (goal or task orientation) (Stogdill & Coons, 1957). The identification of these behaviors as dimensions of leadership was a significant development in leadership research. These two categories of leadership behavior have repeatedly reappeared in other theoretical approaches to leadership (Foster, 1986; Immegart, 1988).

Concurrently, Likert (1967) was investigating factors that contribute to group productivity and satisfaction of group members. He identified two distinct dimensions of leadership: job-centered (task orientation) and employee-centered (people orientation).

The similarities between the Ohio State and Likert studies are remarkable. However, even though broad dimensions of leadership behavior were isolated, a consistent relationship between patterns of leadership behavior and successful performance was not identified. What was missing was consideration of the situational factors that could
influence success or failure.

**Contingency perspective.** A contingency model for leadership was developed by Fiedler (1967). The model proposes that effective group performance depends upon the proper match between the leader's style and the degree to which the situation gives control and influence to the leader. Group performance can, therefore, be improved by modifying the leader's style or by modifying the group task situation. House (1971) proposed the path-goal model for leadership. The model suggests that in order to be effective, a leader must select a style most appropriate to the particular situation. A leader can make job satisfaction easier to obtain by clarifying the nature of the task and ensuring successful task completion. Where the tasks to be done are not clear, subordinates appreciate the leader clarifying the path to goal achievement.

Vroom and Yetton (1973) examined the degree to which the leader encouraged the participation of subordinates in solving problems or making decisions. Similarly, Hersey and Blanchard (1976) stated that leadership styles should vary according to the needs of the situation as influenced by the task to be done and the level of maturity of the follower. There is little doubt that the situation plays an important role in leadership performance and the contingency approaches offer a broader perspective of leadership.

**Multiple influence perspective.** The multiple-influence perspective begins to examine broader influences in the study of leadership. It proposes that the organizational size, its environment, and its structure (all macrovariables) and conditions within the working units of an
organization (microvariables) influence the role of the manager (Hunt, 1984).

Political Model

Extending from the contingency and multiple influence perspectives of leadership, some researchers have discussed leadership in relation to the culture in which it exists which in turn introduces politics into the leadership arena. One political theorist (Zaleznik, 1981) contrasted leaders and managers within the context of the organization. Managers were characterized as individuals who maintain the balance of operations in an organization. Leaders were described as individuals out to create new approaches and imagine new areas to explore. Another political theorist (Burns, 1978) focused attention on key differences in the ways both great and ordinary political leaders motivate their followers. He concluded that the strong forces of leadership are those that motivate followers to perform to their full potential for the good of the follower, leader, or group. These forces are represented by shifts in outlook and perspective caused by the leader's vision. Further, Burns identified two types of political leadership: transactional and transformational. Through transactional leadership, the needs of the followers are met by focusing on transactions through contingent reward behaviors. Transformational leaders encourage followers to both develop and perform beyond expectations and encourage followers to transcend their own self-interest for the sake of the organization.

Bass (1985a; 1985b; Bass & Avolio 1990) applied Burns's ideas to organizational management. From studies on military and industrial leaders, Bass further refined the concepts of transactional and
transformational leadership. Unlike Burns, who saw transformational and transactional leadership as being bipolar, Bass argued that transformational leadership builds on and augments transactional leadership. That is, transformational leadership produces high levels of subordinate effort and performance that goes beyond what would occur with a transactional approach (Seltzer & Bass, 1990).

Both Burns (1978) and Bass (1985a) identified leaders by their actions and the impact of the actions on others. Sergiovanni (1987) agreed the real value of leadership rests not with actions themselves but with the meaning the actions have for others. What leaders stand for and the meanings they communicate to others are more important than leadership style (Sergiovanni, 1987). Other authors described meaning as being central to the exercise of leadership (Pfeffer, 1978; Pondy, 1978). Leadership, then, is an expression of culture which "...seeks to build unity and order within an organization by giving attention to purposes, historical and philosophical tradition, and ideals and norms which define the way of life within the organization and which provide the bases for socializing members and obtaining their compliance" (Sergiovanni, 1987, p.106-107). Thus, the cultural political perspectives of leadership broaden the view of leadership from a management process by which objectives are accomplished to leadership as an important aspect of the organizational culture. It is the leader who creates and strengthens the culture (Shein, 1985).

**Transformational leadership studies.** Avolio, Waldman, and Einstein (1988) investigated the practices of transformational and transactional leadership measured by Bass’s (1985b) Multifactor Leadership
Questionnaire (MLQ) in a management simulation game. Data were collected on the perceived leadership of team presidents and the financial performance of their respective teams. Results indicated that active transactional and transformational leadership were correlated with higher levels of organizational effectiveness. In addition, transformational leadership accounted for the largest percentage of unique variance in the financial performance of teams. Inactive leadership, or the practice of managing-by-exception, was not correlated with team performance (Bass, 1985; Bass, Avolio, & Goodheim, 1987; Waldman, Bass, & Yammarino, 1990).

Hater and Bass (1988) hypothesized that transformational leadership factors would add to the prediction of subordinates' ratings of effectiveness and satisfaction beyond that of transactional leadership factors. A total of 362 subordinates responded to the MLQ to describe the leadership of 28 top performing and 47 ordinary business managers. In addition, subordinates were asked to rate the effectiveness of their work unit and manager in representing their unit, meeting job-related needs of subordinates, and meeting organizational requirements.

Results for both studies demonstrated that the correlations between the transformational factors and subordinates' ratings of leader effectiveness were high. In addition, managers identified as top performers were rated higher on transformational leadership than the ordinary managers. In contrast, the transactional factors showed low or negative correlations with individual performance.

Waldman, et al. (1990), examined the relationship between
contingent-reward behavior and charismatic leadership on leader effectiveness. A total of 186 naval officers responded to the MLQ. As expected, charisma augmented effectiveness beyond contingent rewards alone. The act of helping to define follower objectives and accompanying rewards without charisma was not sufficient to ensure maximum effectiveness.

Seltzer and Bass (1990) examined the relationship between the consideration and initiation dimensions of leadership and transformational leadership and the effect of these on leadership outcomes (leader's effectiveness and subordinates' satisfaction and extra effort). A total of 138 subordinates responded to the MLQ and the Leader Behavior Description Questionnaire to describe the leadership of 55 managers. The results demonstrated that transformational leadership augments initiation and consideration. This finding supports the importance of adding transformational leadership variables in studies of leadership.

Singer and Singer (1986) examined the relationship between the personality traits of subordinates and their preference for transformational or transactional leadership style. The 87 subjects completed the MLQ and the Edwards Achievement, Affiliation, and Succorance Subscales and a conformity scale. Findings demonstrated that "affiliators" favor leadership qualities such as charisma and individualized consideration and both "non-conformers" and "achievers" prefer leaders who provide intellectual stimulation. Further, subjects preferred working with leaders who were more transformational than transactional.
Nursing Literature

Descriptions of the Head Nurse Role

Traditionally, head nurses concentrated on developing clinical management skills in order to enforce hospital policies and to instruct staff on any and all aspects of direct patient care. More recently, nursing organizations have restructured, moving from highly centralized to decentralized organizational models. Head nurses at the unit level are expected to provide innovative leadership and manage human and material resources to produce the highest quality patient care at the least cost (McClure, 1989). The professional staff nurse now makes the patient care decisions previously made by the head nurse. Thus, the role of the head nurse has changed dramatically with decentralization (Maguire, 1986; Rotkovitch, 1983).

The importance of the head nurse role has been stressed increasingly in the literature. Head nurses have been described as the "pivotal point" in the health care delivery system (Everson-Bates, 1992; Patz, Biordi, & Holm, 1991). Jones and Jones (1979) have described the first line manager as vital to quality patient care.

Beaman (1986) examined tasks assigned to first line nurse managers in order to develop a clearer and more accurate role description. Thirty-one tasks were selected by the director of nursing respondents as representing common tasks of the first line managers. Some of the most significant tasks included budget preparation, scheduling, disciplining, evaluating, goal setting, and hiring.

Baxter (1993) studied head nurses' perceptions of their roles using Mintzberg's ten managerial roles as a framework. Seven of the roles
described by Mintzberg were familiar to the 20 subjects and they provided a description of the head nurses's work. These included the roles of monitor, disseminator, entrepreneur, disturbance handler, resource allocator, leader, and liaison. The head nurses reported spending most of their time in these roles and the descriptions of the activities within these roles were consistent with those described by Mintzberg. The roles of spokesman, negotiator, and figurehead were not easily described or discussed by the subjects and they reported spending little time in these roles.

Fullerton (1993) contrasted the traditional role of the head nurse with the responsibilities of today's nurse manager. Whereas the head nurse was the clinical expert, nurse managers today provide direction for maintaining standards, coordinating quality assurance activities, and counselling employees. Fullerton explored the educational support available to nurse managers given this major role change and found limited research on the preparation, success, or job satisfaction of nurse managers.

Hodges, Knapp, and Cooper (1987) studied the changes in the role of the head nurse in order to validate the need for master's-prepared head nurses in American hospitals. Ninety-five percent of the 284 chief executive nurse respondents indicated that they would hire master's-prepared head nurses and 93% of the respondents perceived the head nurse to be a critical factor in achieving organizational goals.

Nurse Leadership

The majority of the literature relating to head nurse leadership examines the effects of leadership "style" on staff nurses' job
satisfaction and nurse retention. Two behavioral dimensions, consideration and initiating structure, are the leadership characteristics predominantly used in these studies of leadership. Four examples of such research are presented below.

Pryer and Distefano (1971) studied the relationship between leadership behavior descriptions, job satisfaction, and internal-external control attitudes among employees at different organizational levels. The leadership behavior was assessed through the use of a two-factor questionnaire, developed by Fleishman and Harris (1962), which describes leadership style as composed of consideration structure (relationship orientation) and initiating structure (task orientation). The findings showed that consideration structure was positively related to job satisfaction among all levels of employees.

Duxbury, Armstrong, Drew, and Henley (1984) described the effect of head nurse leadership style on staff nurse burnout and job satisfaction using the same two factor model as Pryer and Distefano (1971). They concluded that staff nurses' perceptions of head nurse leadership were primarily related to the amount of consideration shown by the head nurse towards them. Units with higher levels of job satisfaction and lower levels of burnout were managed by head nurses who were described as demonstrating a consideration style of leadership. These findings supported those in Duxbury, Henley, and Armstrong's (1982) study which showed that the leadership style of the head nurse was significantly linked to the incidence of staff nurse burnout.

Campbell (1986) examined the effect of a collaborative leadership
style on the staff nurse. A questionnaire was administered to staff nurses on which they rated head nurses on 10 leadership qualities and on their ability to improve patient care. According to over 60% of the staff, the leader's collaborative style improved job satisfaction and reduced work-related stress.

Meighan (1990) interviewed 14 staff nurses regarding the most important characteristics of nursing leaders. They identified treating subordinates as equals, respecting their opinions, and acting as a team member as the most important characteristics of a leader who earns the respect and admiration of the staff.

Dunham and Klafehn (1990) reflect the movement to examine leadership variables beyond initiating structure and consideration. Believing that leadership qualities of nurse executives have changed dramatically in recent years, these researchers employed an exploratory research design and Bass's leadership framework to study transformational leadership characteristics of nurse executives. Eighty nurse executives and a total of 213 staff members who reported directly to them completed the Multifactor Leadership Questionnaire (MLQ) designed by Bass (1985b). The researchers found that both the nurse executives and their staff concurred that the executives were predominantly transformational and, to a lesser degree, transactional leaders.

Similarly, Fraser (1992) studied head nurses' perceptions of their leadership from transformational and transactional perspectives. The 51 head nurses who participated in the study completed the MLQ. The findings indicated that head nurse leaders perceived their leadership as
predominantly transformational. The head nurses demonstrated very high levels of individualized consideration, idealized influence, intellectual stimulation, and inspirational behaviors. In addition, the head nurses perceived that their leadership was very effective in meeting staff nurses' needs and presenting these to superiors. Meeting organizational goals was also attributed to their leadership abilities.

In a qualitative study designed to identify and define the leadership role of the nurse executive, Dunham and Fisher (1990) interviewed 85 hospital nurse executives. Executives were asked to describe the characteristics of excellent nursing leadership and identify their own strengths and weaknesses. The interviews were transcribed and analyzed for cultural themes using the ethnographic process. The following are the primary themes that emerged from the interview data: facilitates nursing practice at the bedside, is a team player, holds strong value systems and models them, is creative, takes risks, is adaptable, is charismatic, is involved in constant communication, uses a vision to set goals and direction, empowers others, is a mentor, is outcome-oriented, and constantly grows and learns.

In their study designed to describe how a number of today's nurse leaders bring about change in the workplace, Murphy and De Back (1991) reported similar findings to those of Dunham and Fisher (1990). From interviews with 13 nurse administrators, the following eight categories used to describe leadership were identified: 1) managing the dream (includes creating a vision); 2) mastering change (making a vision come to life); 3) changing organizational design (altering it to fit the vision); 4) anticipating the learning (preparing for what is coming);
5) taking the initiative (making things happen); 6) mastering interdependence (involving all stakeholders in change and creating the vision); 7) holding high standards of integrity (trustworthy, dependable, honest); 8) exercising humble decision making (being able to make adaptive decisions).

**Canadian Health Care Environment**

The effects of the health care environment on nursing leadership are not well-documented in the Canadian literature. Health care organizations and hospitals in particular are under siege and the industry is responding with a variety of new strategies such as flatter organizational structures, downsizing, rightsizing, cost reduction, regionalization, and more rigorous marketing efforts (Collins & Noble, 1992). In the midst of these dramatic changes, the public is demanding quality health care services. Hospital administrators who once enjoyed strong internal control of their organizations now must fashion health care to be responsive to strong external pressures (Collins & Noble). Hospital leaders must manage for financial success and achieve quality results, but fiscal responsibility and positive outcomes alone will not meet the expectations of all stakeholders. It is through leadership that a desirable, effective, and efficient health care system will be achieved (Collins & Noble). Leadership in hospitals must serve to make sense of the changes and to move the organization towards the future.

In British Columbia, soaring health care costs have forced government to review the health care system. The report of the Royal Commission on Health Care and Costs (1991) outlines many recommendations for change. A closer to home philosophy whereby
medically necessary services are provided in, or close to, the patient's place of residence, as is consistent with quality and cost effective health care, and the shift from hospital to community care, has had a significant impact on the mission of British Columbia hospitals. Hospitals are having to seriously review their mandates to ensure that the services provided are congruent with the expectations of the stakeholders and are fiscally sound. In addition, regionalization will bring about changes to ensure health services are provided by the most appropriate health care agency and are not duplicated. These initiatives have resulted in closure and downsizing of a number of B.C. hospitals. In these strategic times, nursing requires leaders who are visionaries and able to plan for the future recognizing that economic constraints will be a dominant factor in hospital planning (Wilson, 1992).

Summary

In the fields of education and business, leadership research has focused on narrow aspects of leadership emphasizing behavioral perspectives such as recognition of individual needs (consideration) and goal or task orientation (initiating structure). However, a move towards an examination of leadership from a broader perspective is evident.

Findings from transformational studies indicate that there is a high correlation between transformational factors and the leader's perceived effectiveness as well as the satisfaction of subordinates. In addition, transformational leadership augments transactional leadership.

The nursing literature describes major changes in the head nurse role. However, many of these studies have been reported solely from the perspective of the staff nurse. Findings demonstrate that leadership
effectiveness is influenced by the amount of consideration shown by the head nurse toward the staff nurse. However, few studies have examined leadership beyond leadership style or selected dimensions of leader behavior.

The dynamic health care environment in B.C. has also influenced the role of the head nurse in Lower Mainland hospitals. Cost containment, decentralization, a closer to home philosophy, and flatter organizational structures have brought about changes in the head nurse role that are not well-documented in the literature.

This study enhances the knowledge about leadership in the head nurse role by addressing the limitations identified in the literature. First, this study adds to a Canadian perspective on head nurse leadership. Second, this study investigates leader characteristics, behavior, and outcomes and thus provides a broader examination of the leadership concept than that found in most of the studies reviewed.

Lastly, this study provides useful information for the nursing organization of the hospital. The information gained through this study describes the leadership factors predominant among the head nurses in this hospital. The findings also provide a base for head nurse education to ensure that the nursing organization has the type of leaders needed to face current challenges and those of the future.
Chapter Three

Methodology

The methodology for the study is described in this chapter. It includes the research design, sample selection, data collection procedures, instrument used, the analysis procedures, and protection of human rights.

Research Design

A descriptive research design was employed in this study. The purpose of descriptive studies is to observe, describe, and explore aspects of a situation rather than explain it (Polit & Hungler, 1989). Since little is known about head nurses' perceptions of their leadership, a descriptive design was appropriate.

Setting

The hospital chosen for this study, a 640-bed Lower Mainland community hospital, offers a variety of inpatient, outpatient and extended care services to a growing community. Specifically, the acute care services offered include surgical, medical, rehabilitation, psychiatric, maternity, pediatric, discharge planning, and intensive and coronary care in addition to ambulatory and surgical day care programs. The nursing organizational structure consists of a vice president of nursing, 2 directors of nursing and 17 acute care head nurses.

Subjects

The subjects were acute care head nurses who had held the position for at least one year and who agreed to participate in the study. All acute care head nurses (17) were eligible to participate.
Data Collection Procedures

To gain access to the participating agency, the researcher contacted the vice president of nursing seeking approval to conduct the study (Appendix A). Once approval was obtained, the directors of nursing were asked to introduce the study to the nurse managers and obtain verbal consent for the researcher to meet with them. Then, two meetings were held between the researcher and the nurse managers in the organization who were interested in participating to explain the study and distribute the Questionnaires. Each Questionnaire was accompanied by a letter of information (Appendix B) outlining the purpose of the study, how confidentiality of participants was to be maintained, how the information would be used, and the rights of the participants. Respondents were instructed to mark their ratings directly on the computer scorable questionnaire and return it to the researcher in a sealed envelope provided.

Study Instrument

The Multifactor Leadership Questionnaire (MLQ) (Appendix C) was designed by Bass (1985a) for the purpose of describing transformational and transactional leaders. As shown in Figure 1, the transformational category is described by the four factors, Idealized Influence, Inspiration, Intellectual Stimulation, and Individual Consideration. The transactional category is described in terms of Contingent Reward and Management-by-Exception. The Laissez-faire category represents nonleadership (Bass, 1985b; Bass & Avolio, 1990). Also included is an outcome category with three factors; Satisfaction with the Leader, Individual and Group Effectiveness, and Extra Effort by
<table>
<thead>
<tr>
<th>Categories/Factors</th>
<th>Number of Items</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Idealized Influence</td>
<td>10</td>
</tr>
<tr>
<td>Inspirational</td>
<td>7</td>
</tr>
<tr>
<td>Intellectual Stimulation</td>
<td>10</td>
</tr>
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<td>Individualized Consideration</td>
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</tr>
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<td>Transactional Leadership</td>
<td></td>
</tr>
<tr>
<td>Contingent Reward</td>
<td>10</td>
</tr>
<tr>
<td>Management-by-exception</td>
<td>10</td>
</tr>
<tr>
<td>(Active/Passive)</td>
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</tr>
<tr>
<td>Nonleadership</td>
<td></td>
</tr>
<tr>
<td>Laissez-faire</td>
<td>10</td>
</tr>
<tr>
<td>Outcome Factors</td>
<td></td>
</tr>
<tr>
<td>Satisfaction With the Leader</td>
<td>12</td>
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<tr>
<td>Individual and Group Effectiveness</td>
<td>4</td>
</tr>
<tr>
<td>Extra Effort by Followers</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
</tr>
</tbody>
</table>

Figure 1. Seven leadership factors and three outcome measures and the number of items on the MLQ.
Followers. There is a total of 76 items, distributed among the 10 factors, as follows: four transformational leadership factors (37 items), two transactional leadership factors (20 items), one nonleadership factor (1 item), and three outcome factors (9 items). In addition, four items address biographical data and allow respondents to rate the degree of confidence they have that the MLQ identifies and measures the appropriate range of leadership behaviors.

A five-point scale for rating the frequency of observed leadership behaviors is used for the 67 leadership behaviors as follows: not at all (0 points), once in awhile (1 point), sometimes (2 points), fairly often (3 points), and frequently, if not always (4 points). In addition, scores are obtained on the three outcome measures: Effectiveness, Satisfaction, and Extra Effort (Bass & Avolio, 1990). Extra Effort reflects the extent to which followers exert effort beyond the ordinary as a result of the leadership. This outcome is scored on the same scale as the leadership items. Effectiveness refers to how a leader meets the needs of the followers and the goals of the organization. The degree of effectiveness is described by a rating scale as follows: not effective (0 points), only slightly effective (1 point), effective (2 points), very effective (3 points), and extremely effective (4 points). Satisfaction reflects, from the leader's perspective, how satisfied both leader and followers are with the leader's style and methods. The degree of satisfaction items are rated using the following scale: very dissatisfied (0 points), somewhat dissatisfied (1 point), neither satisfied nor dissatisfied (2 points), fairly satisfied (3 points), and very satisfied (4 points).

A mean score for each subject for each of the 10 factors is obtained
through computerized scoring. Each factor has a possible score of 0 to 4. The sum of the factor scores on Idealized Influence, Inspiration, Intellectual Stimulation and Individualized Consideration leadership provides an overall transformational measure for each head nurse. The sum of the two transactional factors scores, Contingent Reward and Management-By-Exception provides an overall transactional measure.

Bass (1985b) used internal consistency analyses to establish reliability of the MLQ. Two scales were developed, one each for transactional or transformational responses. Split-half reliabilities were .86 and .80 respectively. A number of small and large sample studies completed by Bass involving industrial, business, and military leaders have yielded the following reliabilities of the scales as assessed by coefficient alphas: Idealized Influence, .82 to .94; Individualized Consideration, .84 to .87; Intellectual Stimulation, .78 to .89; Inspiration, .45 to .83; Contingent Reward, .74 to .83; Management-by-Exception, .60 to .70; and Laissez-faire, .60 to .68 (Bass, 1985; Bass & Avolio, 1990; Bass, Avolio, & Goodheim, 1987).

In order to determine construct validity of the scales for five initial leadership factors, Bass (1985a) converted F-ratios for the transformational and transactional scales to eta correlation coefficients. The eta values were as follows: Idealized Influence, .79; Individualized Consideration, .77; Intellectual Stimulation, .77; Contingent Reward, .66 and Management-by-Exception, .69. In addition, content analysis and factorial validity were used to ensure construct validity of the initial MLQ. Construct validity for the current seven leadership factors has been supported by data collected by Bass and Avolio (1990).
Data Analysis

Data were analyzed to yield means and standard deviations for each leadership factor. These scores were used to provide a profile for each head nurse.

Similarly, a profile for the head nurses as a group was obtained by identifying mean scores and standard deviations for each leadership factor for the group. In addition, the sample group data were compared with normative data available from previous research using the MLQ.

Procedures for Protection of Human Rights

In order to ensure the protection of human rights, the procedures were reviewed and approved by the University of British Columbia Behavioural Sciences Screening Committee for Research and Other Studies Involving Human Subjects. Approval for the study was granted by the Nursing Research Committee of the participating hospital. The confidentiality of information is addressed in the letter of introduction (Appendix A) and in the letter of information to the participants (Appendix B). Informed consent and the subject's right to withdraw or refuse to participate at any time without penalty was also addressed in the letter to participants. In addition, subjects were verbally reminded of their rights prior to completion of the Questionnaire.
Chapter Four

Findings and Discussion

The findings of this study are presented in four sections. In the first, the sample is described. The second and third sections present the findings regarding individual head nurse leadership and those for the head nurse group, respectively. In the last section, a comparison between this and a normative data sample are presented.

Sample Characteristics

The head nurses who participated in this study worked in a 640-bed Lower Mainland community hospital. Of the 17 acute care head nurses who were eligible to participate, one was on vacation. All others agreed to participate. Therefore, a total of 16 complete instrument sets was used for data analysis. The sample group consisted of one male and 15 female participants. Experience in a head nurse position ranged from three to 25 years. Educational backgrounds were nursing diploma (8), baccalaureate degree (6), and Masters degree (2). These head nurses were responsible for the management of one to three nursing units and 50 to 150 staff members.

Presentation of Findings for Individual Head Nurses

In order to describe head nurses' perceptions of their leadership from transformational (TF) and transactional (TA) perspectives, a profile of each head nurse's scores for the transformational, transactional, and nonleadership factors was generated. In addition, a profile of each leader's outcome measures was developed.

As shown in Table 1, each head nurse (identified as subjects A
<table>
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<tr>
<th>Leadership Factors</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
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<td>2.5</td>
<td>3.6</td>
<td>3.7</td>
<td>2.8</td>
<td>3.3</td>
<td>3.7</td>
<td>3.4</td>
<td>2.9</td>
<td>2.9</td>
<td>3.0</td>
<td>2.8</td>
<td>3.5</td>
<td>3.0</td>
<td>3.1</td>
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<tr>
<td>Inspirational</td>
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<td>2.2</td>
<td>2.6</td>
<td>3.1</td>
<td>3.6</td>
<td>2.9</td>
<td>3.6</td>
<td>4.0</td>
<td>3.6</td>
<td>2.7</td>
<td>2.9</td>
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<td>4.0</td>
<td>2.7</td>
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<tr>
<td>Intell. Stimulation</td>
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<td>2.9</td>
<td>2.9</td>
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<td>3.3</td>
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<td>3.4</td>
<td>3.6</td>
<td>3.2</td>
<td>3.7</td>
<td>3.7</td>
<td>3.5</td>
<td>3.0</td>
<td>3.1</td>
<td>3.5</td>
<td>3.1</td>
<td>3.8</td>
<td>3.0</td>
<td>3.1</td>
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<tr>
<td>Transactional (TA)</td>
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</tr>
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<td>2.3</td>
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<td>2.7</td>
<td>3.6</td>
<td>2.7</td>
<td>2.6</td>
<td>1.9</td>
<td>3.3</td>
<td>2.0</td>
<td>2.2</td>
<td>2.8</td>
<td>2.2</td>
<td>2.0</td>
</tr>
<tr>
<td>M.B.E.</td>
<td>1.9</td>
<td>2.5</td>
<td>2.4</td>
<td>2.2</td>
<td>3.7</td>
<td>2.2</td>
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<td>1.3</td>
<td>2.2</td>
<td>1.2</td>
<td>2.2</td>
<td>2.5</td>
<td>2.0</td>
<td>2.6</td>
<td>1.7</td>
<td>1.5</td>
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<tr>
<td>Composite TA Score</td>
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<td>2.4</td>
<td>2.5</td>
<td>3.6</td>
<td>2.5</td>
<td>2.4</td>
<td>2.0</td>
<td>2.4</td>
<td>1.6</td>
<td>2.8</td>
<td>2.3</td>
<td>2.1</td>
<td>2.7</td>
<td>2.0</td>
<td>1.8</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laissez-faire</td>
<td>0.8</td>
<td>2.3</td>
<td>1.5</td>
<td>1.7</td>
<td>2.4</td>
<td>1.8</td>
<td>1.1</td>
<td>0.3</td>
<td>1.6</td>
<td>1.0</td>
<td>1.8</td>
<td>1.1</td>
<td>0.4</td>
<td>0.7</td>
<td>0.9</td>
<td>1.1</td>
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</table>
through P) has a mean score for each of the seven leadership factors. In addition, mean composite TF and TA scores have been identified to provide an overall perspective of each head nurse's leadership style.

These data show that there is a wide range in the scores among subjects for most of the leadership factors. The mean composite TF score ranges from 2.7 to 3.8 with 15 subjects scoring higher than 3.0. This indicates that these head nurses view themselves as displaying TF leadership from "fairly often" (3.0) to "frequently if not always." (4.0) Similarly, even though the TA mean composite scores range from 1.6 to 3.6, 11 of the subjects scored between 2.0 and 2.5. This indicates that the majority of head nurses perceive themselves as exhibiting TA behaviors "sometimes" (2.0). Among the composite scores for each head nurse, all TF scores exceed all TA scores. These head nurses believe they practice a TF leadership style.

Based on the researcher's experience in this community hospital, these results are not surprising for several reasons. First, the vice president of nursing (VP) and directors of nursing (DON) are themselves transformational leaders. They can be described as visionary, charismatic, inspirational, challenging of the status quo, and determined to maximize follower performance. There is little doubt that their transformational qualities have been adopted by many of the head nurses. Second, the VP, DONs, and head nurses (except three) have been in their present positions for at least four years. This consistency of influence over the period has been conducive to an effective teacher-learner relationship between DONs and head nurses which may have facilitated the development towards transformational leadership among
the head nurses. Third, a shared governance philosophy has allowed the head nurses to delegate many day-to-day decisions to charge nurses and staff nurses. This has given head nurses the opportunity to look beyond today and begin to prepare their staff for the future. Lastly, the climate within the nursing division has generally been a supportive one where risk-taking, innovation, and challenging of the status quo have been encouraged. This in itself is conducive to the development or emergence of transformational leaders.

A wide range of scores is also evident in the nonleadership category. Mean scores range from 0.3 to 2.4 which means that head nurses perceive themselves as not demonstrating nonleadership behaviors at all (0) to sometimes demonstrating a laissez-faire leadership style (2.0). However, eight subjects had mean scores between 0.7 and 1.1 indicating that nonleadership behaviors were displayed "once in a while" (1.0).

A possible explanation for this result could be that, given the move towards staff nurse autonomy, these managers engaged in behaviors described in the MLQ as follows: "I avoid telling them [staff] how to perform their jobs," "My presence has little effect on their [staff's] performance," and "I avoid getting involved in their [staff's] work."

The profiles for outcome measures for the head nurses are presented in Table 2. The differences among the 16 subjects are similar to those observed in the leaders' factor profiles. Head nurses perceive that their leadership style influences the amount of extra effort exhibited by nurses from "sometimes" (2.0) to "frequently, if not always " (4.0), represented by a range of mean scores from 1.7 to 4.0. However, 12 of the 16 subjects scored between 3.0 and 4.0. Similarly,
<table>
<thead>
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<th>Organizational Outcomes</th>
<th>Head Nurses</th>
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<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Amount of Extra Effort</td>
<td>3.0</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>3.5</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>3.0</td>
</tr>
</tbody>
</table>
there is a range between "effective" (2.0) and "extremely effective" (4.0) in describing the head nurses' leadership styles and the effectiveness of the units they manage and the extent to which organizational needs are met. However, eight subjects agreed that they were "very effective" in this category with mean scores clustering around 3.0. From a perceived neutral "neither satisfied nor dissatisfied" to a "very satisfied" is the range observed for the outcome measure of satisfaction with leadership style as represented by a range of mean scores from 2.0 to 4.0. However, there is a high degree of agreement among subjects on this outcome factor with 14 of them being "fairly" (3.0) to "very" (4.0) satisfied with their leadership behaviors.

It is important to note that, although there are wide differences in scores among subjects, these data show that there is general agreement among them that their leadership styles positively influence staff performance. The differences among subjects can most likely be explained as a measure of the head nurse's self-esteem or experience in the role.

Presentation of Findings for Head nurses as a Group

The means and standard deviations for the seven leadership factors and three outcome factors of the MLQ for the study sample as a group are presented in Table 3. Several impressions arise out of reviewing these data.

Composite Scores

The mean composite TF score is 3.2, therefore, these head nurses perceive themselves as demonstrating transformational leadership "fairly often" (3.0). This is further supported by a transactional score of
Table 3

<table>
<thead>
<tr>
<th>Leadership and Outcome Factors</th>
<th>Mean</th>
<th>Standard Deviation</th>
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</thead>
<tbody>
<tr>
<td><strong>Transformational (TF)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idealized Influence</td>
<td>3.1</td>
<td>.30</td>
</tr>
<tr>
<td>Inspirational</td>
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<td>.42</td>
</tr>
<tr>
<td>Intell. Stimulation</td>
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<td>.32</td>
</tr>
<tr>
<td>Indiv. Consideration</td>
<td>3.3</td>
<td>.29</td>
</tr>
<tr>
<td>Composite TF Score</td>
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<td>.33</td>
</tr>
<tr>
<td><strong>Transactional (TA)</strong></td>
<td></td>
<td></td>
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<tr>
<td>Contingent Reward</td>
<td>2.6</td>
<td>.41</td>
</tr>
<tr>
<td>M.B.E.</td>
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<td>.42</td>
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<td>Composite TA Score</td>
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<td>.42</td>
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<tr>
<td><strong>Nonleadership</strong></td>
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<td>Laissez-faire</td>
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<td>.51</td>
</tr>
<tr>
<td><strong>Outcome Factors</strong></td>
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</tr>
<tr>
<td>Amount of Extra Effort</td>
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<td>.54</td>
</tr>
<tr>
<td>Effectiveness</td>
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<td>.60</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>3.1</td>
<td>.32</td>
</tr>
</tbody>
</table>

2.4 for the sample group. Based on the MLQ scale this TA score indicates that the head nurses see themselves as "sometimes" (2.0) exhibiting contingent reward and management by exemption behaviors. The nonleadership factor, laissez-faire, which indicates the absence of leadership, the avoidance of intervention or both, received a mean
rating of 1.3 from the head nurses in this sample. Thus, they perceive themselves as exhibiting nonleadership behaviors only "once in awhile" (1.0).

Fraser (1992) described very similar findings in a study of 51 head nurses who were identified as leaders by peers and superiors. The composite score for the TF factors was 3.2 and 2.17 for the TA factors for that group. Fraser identifies that this group of head nurses perceive themselves as transformational and, to a lesser degree, transactional leaders. Researchers (Bass, 1985b; Bass, Avolio, & Goodheim, 1987; Dunham & Klafeln, 1990) have identified that scores which identify leaders as charismatic, inspirational, understanding of followers' concerns, and intellectually stimulating and, to a lesser extent, identify leaders as transactional, is a combination which describes the most effective leader.

**Transformational Factors.**

The MLQ consists of four transformational factors: Idealized Influence, Inspirational, Intellectual Stimulation, and Individualized Consideration.

Individualized consideration means understanding and sharing in followers' concerns and needs. It also represents an attempt on the part of the leader to recognize, satisfy, and expand the followers' needs in order to achieve their full potential (Bass & Avolio, 1990). Of the four TF factors, individualized consideration had the highest mean score, 3.3. The standard deviation of .29 suggests that there is a high degree of agreement among head nurses' perceptions that they understand and share in staff concerns and treat each nurse uniquely. In addition,
these head nurses provide opportunities and foster an organizational culture supportive of individual growth. This leadership quality is important in times of change and uncertainty where the needs of the organization can become more important than the needs of the individual which may contribute to lower staff morale.

The inspirational factor refers to the leader's ability to enhance meaning and promote positive expectations about what needs to be done by using symbols and images (Bass & Avolio, 1990). The mean score on this factor was 3.2 for this group of head nurses. These respondents see themselves as using symbols and describing in simple ways awareness and understanding of mutually desired goals. The fact that this group see themselves as inspirational leaders is not unexpected. For the past year, these head nurses have been called upon to explain to staff the changes in the organizational structure which, in turn, have brought about changes to the norms and culture of the organization. They have been able to use language and familiar words to communicate change. Therefore, the organizational vision is becoming a reality. Bass, Avolio, and Goodheim (1987) state that transformational leadership is ineffective if the leader cannot manage meaning.

Idealized influence is another aspect of transformational leadership. It refers to the follower's reaction to the leader as well as the leader's behavior, that is, the degree to which followers identify with and emulate the leader who is trusted and seen as having a realistic vision and mission (Bass & Avolio, 1990). The mean score for the group of head nurses in this category is 3.1. These head nurses perceive themselves as using charismatic influence as part of their leadership
behavior. This helps staff nurses to gain respect and confidence in the head nurse. These head nurses hold higher standards and set challenging goals for the staff. Bass & Avolio (1990) identified idealized influence as essential to transformational leadership as followers want to identify with these leaders and their mission.

The intellectual stimulation of followers' ideas and values is also an important part of transformational leadership. Through intellectual stimulation, leaders help followers view old problems in new ways and question their own beliefs, values, and assumptions. In this manner, followers are challenged to be creative and develop new ways in which to solve problems. The mean score of 3.0, obtained by the head nurses, means that the behaviors are demonstrated "fairly often" and therefore it implies that the head nurses encourage staff nurses to tackle and solve problems on their own by being innovative and creative. This skill is essential in today's health care environment where head nurses are not always available to solve problems on the unit or at the bedside and where nurses are encouraged to practice autonomously. Bass and Avolio (1990) state that a key measure of a leader's effectiveness is how capable followers are when operating without the leader's presence.

The results of this study support the findings of earlier studies (Bass, 1985; Bass, Avolio, & Goodheim, 1987; Waldman, Bass, & Yammarino, 1990). Transformational leadership was found in different organizational settings and was not limited to upper level managers and world class leaders.

**Transactional Factors**

Transactional leadership is characterized by two leadership factors;
contingent reward and management-by-exception (Bass & Avolio, 1990). Contingent reward refers to the interaction between leader and follower where the follower completes the assigned task in exchange for rewards. The head nurse study group scored 2.6 in this category. This indicates that these head nurses perceive themselves as at least sometimes engaging in interactions with staff nurses which involve rewards for those who meet agreed-upon goals. In her study, Fraser (1992) also found that head nurses use contingent reward behaviors at least some of the time with a mean score of 2.61.

Management-by-exception (MBE) refers to a passive leadership style where the status quo is allowed to exist without being addressed. Only when things go wrong does the leader intervene. Intervention usually consists of correcting, criticizing, providing negative feedback, and using negative contingent reinforcement. Punishment may also be used (Bass & Avolio, 1990). The mean for the study group of head nurses was 2.1. This suggests that they avoid intervening and taking corrective action "sometimes" (2.0). This finding is somewhat unexpected in that the head nurses must ensure patient safety and anticipate potential problems prior to their occurrence. It is possible that this score in the MBE category could be linked to the move towards decentralization and increased staff nurse autonomy. The head nurses could be interpreting their commitment to staff nurse autonomy, problem-solving opportunities, and fostering of risk-taking environments as managing by exception. It is this researcher's experience that head nurses do intervene when the ability to provide
quality care is compromised. This explanation is congruent with the belief that the use of MBE is situationally determined (Bass & Avolio, 1990).

**Nonleadership**

The nonleadership factor, laissez-faire, indicates the absence of leadership. There are no transactions or agreements with followers and no effort to identify or meet followers' needs (Bass & Avolio, 1990). For this factor, these head nurses obtained a mean score of 1.3, the lowest score obtained by the group on any MLQ variable. This result indicates that the head nurses "once in awhile" (1.0) avoid leadership. With the move to decentralization of decision making from head nurse to staff nurse it would not be surprising if the head nurses perceived themselves as using behaviors described by statements such as, "I avoid telling them how to perform their jobs" and "My presence has little effect on the staff's performance," and, therefore, perceived themselves as once in awhile avoiding leadership.

**Outcome Factors**

The three outcome factors are Extra Effort, Effectiveness, and Satisfaction. Extra effort identifies the extent to which the leadership style motivates followers to exert effort beyond the ordinary (Bass & Avolio, 1990). The mean score for the nurse respondents (3.0) suggests that the head nurses believe their leadership style affects the amount of extra effort demonstrated by staff nurses "fairly often."

Effectiveness refers to the leader's effectiveness in meeting the job-related needs of followers, representing followers' needs to higher-level managers, contributing to organizational effectiveness, and performance
by the leader's work group (Bass & Avolio, 1990). The study group described themselves as "very effective" (3.0) in this category. The head nurse respondents believe that their leadership is perceived as very effective in meeting staff's needs and presenting the needs and concerns to those in higher positions. The head nurses also believe that their leadership style contributes to the effectiveness of their units in meeting organizational goals.

The third outcome measurement reflects how satisfied the leader or followers are with the leader's style. The mean score for this outcome as 3.1 for the study group. This result means that head nurses are fairly satisfied with their leadership style.

The success of a transformational leader is measured by outcomes such as unit performance and productivity, and by how well the leader has developed followers into effective transformational leaders (Bass & Avolio, 1990). Transformational leadership has been positively correlated with how much effort followers will expend for the leader, how satisfied followers are with the leader, and how effective the leader is as perceived by the followers (Bass, 1985b; Bass, Avolio, & Goodheim, 1987; Hater & Bass, 1988). Transactional leadership was also positively correlated with these outcomes, but the relationship was weaker than that for transformational leadership. It is not unexpected, therefore, that these head nurses who view themselves as transformational also see their leadership style as a positive influence on staff performance.

Comparison Between Study and Normative Samples

Normative data available from MLQ research are derived from
descriptions by 251 supervisors, representing first-to upper-level management. Data were obtained from subjects in several settings in both the private and public sectors (Bass & Avolio, 1990). Table 4 presents the means and standard deviations for the 10 scales of the MLQ for both the study and normative samples.

For all of the four factors of TF leadership, the mean scores for the head nurse group were higher than those for the normative group. The composite transformational score for the study group was 3.20 which is higher than the score of 2.82 for the normative group. This result is consistent with findings by Fraser (1992) and Dunham and Klafehn (1990) who reported that the nurse managers and executives in their study groups demonstrated higher transformational scores than other leaders, managers, and administrators in studies conducted by Bass (1985b). Bass and Avolio (1990) reported from normative group findings that female leaders tend to score higher in transformational and lower in transactional leadership than their male counterparts.

Comparing transactional mean scores obtained by the head nurses in the sample and those of the normative group, a large difference was found for the contingent reward factor but not for the management-by-exception factor. The contingent reward mean score for the study group was 2.60 compared to 2.16 for the normative group. A possible explanation for this difference could be that most head nurses have participated in some form of management education which often presents transactional leadership theory. In addition, head nurses have traditionally used transactional leadership behaviors to manage nursing units.
Table 4

**Mean Scores for Leadership and Outcome Factors for Study and Normative Groups**

<table>
<thead>
<tr>
<th>Leadership and Outcome Factors</th>
<th>Study Group n=16</th>
<th>Norm Group n=251</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Transformational (TF)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idealized Influence</td>
<td>3.10</td>
<td>.30</td>
</tr>
<tr>
<td>Inspirational</td>
<td>3.20</td>
<td>.42</td>
</tr>
<tr>
<td>Intell. Stimulation</td>
<td>3.00</td>
<td>.32</td>
</tr>
<tr>
<td>Indiv. Consideration</td>
<td>3.30</td>
<td>.29</td>
</tr>
<tr>
<td>Composite TF Score</td>
<td>3.20</td>
<td>.33</td>
</tr>
<tr>
<td><strong>Transactional (TA)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent Reward</td>
<td>2.60</td>
<td>.41</td>
</tr>
<tr>
<td>M.B.E.</td>
<td>2.10</td>
<td>.42</td>
</tr>
<tr>
<td>Composite TA Score</td>
<td>2.40</td>
<td>.42</td>
</tr>
<tr>
<td><strong>Nonleadership</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laissez-faire</td>
<td>1.30</td>
<td>.51</td>
</tr>
<tr>
<td><strong>Outcome Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Effort</td>
<td>3.00</td>
<td>.58</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>2.90</td>
<td>.55</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>3.10</td>
<td>.32</td>
</tr>
</tbody>
</table>
The mean for the management-by-exception factor for the study group was slightly higher (2.10) than that for the normative group (1.91). A possible explanation for this difference could be that the head nurses in this study are working in an environment of constant change due to the changes in the organizational structure and uncertainty of the future of the hospital which will be influenced by regionalization. In order to maintain some stability in their nursing units, they may be choosing not to fix it if it "isn't broken." This is congruent with the suggestion of Bass and Avolio (1990) that MBE may be more situationally determined than any other MLQ factor.

For the nonleadership factor, the head nurses obtained a sample mean of 1.30 which is much higher than that of the normative sample (.90). The one possible explanation for this difference is that head nurses are mistaking the move towards staff nurse autonomy with nonleadership on their part.

The results for the outcome factors are very similar for both the study group and the normative sample. This does not support Fraser's (1992) findings that the head nurses scored significantly higher than the normative group on all outcome factors. This may be explained, however, by the fact that the Fraser sample consisted of head nurses who were described as leaders and were nominated to participate in the study. Therefore, one can assume that they were fairly confident of their leadership abilities.

**Summary**

The group of 16 head nurses in this study perceive themselves as being transformational and, to a lesser extent, transactional leaders.
Thus, while they are providing leadership which is necessary to accomplish the day-to-day operational requirements of a nursing unit, they are also motivating staff to do more than they originally thought possible and, in fact, are developing followers into leaders. Further, these head nurses perceive themselves as exhibiting individual consideration and inspirational behaviors to a higher degree. To a lesser degree, they engage in leadership behaviors which demonstrate idealized influence (charisma) and encourage followers to question their old ways of practicing. In addition, these head nurses perceive themselves as providing rewards when staff meet agreed-upon objectives as one aspect of their leadership style. Occasionally, they allow the status quo to exist without being addressed. These head nurses also report being satisfied with their leadership style and believe that these behaviors promote staff to perform beyond their expectations. Bass (1985a) suggested that transformational leaders are more likely to emerge in times of growth, change, and crisis. There is no doubt that the head nurses in this study are working in an environment where change, crisis, and growth are part of everyday life.
Chapter Five
Summary, Conclusions and Implications

Summary

Knowledge and practice of effective leadership behavior are essential to meet the challenges facing health care today. The leadership research in nursing is very minimal and studies most often reported findings from the perspective of the staff nurse. This study was designed to explore leadership by examining head nurses' perceptions of their leadership styles from a transactional and transformational perspective. This was accomplished through the use of Bass's (1985b) transformational leadership framework and the Multifactor Leadership Questionnaire (MLQ) (Bass & Avolio, 1990). The study was carried out in a Lower Mainland community hospital. Data were collected from 16 of the 17 head nurses from the acute care areas of the hospital.

The findings indicated that though there were differences among the head nurses, overall they perceived their leadership as predominantly transformational and, to a lesser degree, transactional. Management-by-exception and nonleadership behaviors were employed to a lesser extent. In transformational leadership, the head nurses perceived themselves as demonstrating high levels of individualized consideration and inspirational behaviors. Idealized influence and intellectual stimulation, though rated slightly lower, were also perceived to be demonstrated fairly often. The mean scores for all four of these transformational factors were higher than those reported by the managers from business and industrial settings, members of the
normative group. In transactional leadership, the head nurse group described themselves as using high levels of contingent reward behaviors and sometimes engaging in management-by-exception (MBE). Compared to the other managers, this group reported using more contingent reward behaviors. The group also reported using more MBE behaviors than the normative group but this difference was minimal. It is apparent that these head nurses tend to allow staff nurses time to problem-solve before intervening. However, the score also suggests that when patient care could be compromised, head nurses intervene quickly. The head nurse group reported engaging in laissez-faire behaviors once in awhile, but more often than the normative group managers.

In terms of outcomes, transformational leaders produce higher levels of effort, satisfaction, and effectiveness in their followers through their use of inspiration, idealized influence, intellectual stimulation, and individualized consideration (Bass, 1985a; Hater & Bass, 1988). The head nurses' profile for extra effort yielded a mean score slightly higher than that for the normative group. Overall, this group of head nurses was fairly confident that their leadership style motivated their staff to do more than they expected to do. For the outcome factors, effectiveness and satisfaction, the study group's reports were very similar to those of the normative group. Thus, the head nurses described their leadership as very effective in representing the staff to higher authority, in meeting staff nurses' needs, and achieving organizational goals. With respect to satisfaction, head nurses perceived staff nurses as being fairly satisfied with the managers' leadership styles and the head
nurses were themselves satisfied with their own leadership behaviors.

Conclusions

The following conclusions can be drawn from the findings for this group of 16 head nurses.

1. Head nurse leadership is reported as being characterized by high levels of transformational and, to a lesser degree, transactional leadership.
2. Compared to the normative sample, head nurses reported higher levels of transformational behaviors.
3. Head nurses reported favoring a leadership style which supports staff nurses as individuals with unique needs which must be recognized and met in order to maximize and develop their full potential.
4. Head nurses did not report using a laissez-faire style of leadership.
5. Head nurses reported that their leadership positively influences organizational outcomes.
6. Bass's transformational leadership framework and the Multifactor Leadership Questionnaire were useful in examining head nurse leadership.

Implications

The findings of the study have implications for nursing administration, nursing education, and nursing research which in turn support the domain of nursing practice.

Nursing Administration

The leadership literature clearly supports the shift towards examining leadership from a transformational and not just a transactional perspective. The success of transformational leadership has also been
empirically supported. In times of uncertainty, change, and crisis, transformational leaders are essential. There is little doubt that the B.C. health care climate is a volatile one and nurses in the study hospital as well as other community hospitals are experiencing change and uncertainty on a daily basis.

The major finding arising out of this study is that the head nurses in this hospital viewed themselves as transformational leaders. It could be valuable, therefore, for nursing administrators to examine Bass's leadership model with a view to strengthening and developing transformational qualities throughout the nursing organization. Bass's (1985b) leadership model could be used to support individual, group, or organizational development. This would initially involve providing leadership training to all levels of management within nursing, that is, clinicians, nurse managers, and directors. Once these managers were comfortable with the concepts, ongoing educational support sessions would need to be established. The clinicians, nurse managers, and directors would, in turn, serve as role models for other managers and staff in the hospital organization. Over a period of time, the leadership culture of the hospital would begin to shift in a more positive and effective direction.

In addition, the nurse administrator could strengthen the level of transformational leadership through hiring practices such as interviews which identify applicants as to their TF and TA skills and could, therefore, choose the most suitable person for the job. For example, in a situation where innovation is required, being an intellectually stimulating leader may be most important to a group's effectiveness.
Transformational leadership has also been correlated to the outcome factors, satisfaction, extra effort, and effectiveness (Avolio, Waldman & Einstein, 1988). In other words, transformational leaders are more successful at motivating staff to go beyond what they thought possible in order to meet staff and organizational needs and goals. These findings are very important to nurse administrators especially in times of fiscal restraint. It is imperative for administrators to maximize the use of diminished resources. In addition, this link between transformational leadership and organizational outcomes could provide the nurse executive with productivity measures for the nursing organization. Divisional or unit problems could also be addressed through this leadership model. For example, the head nurse and staff of a unit could complete the MLQ. This would provide the nurse administrator with a leadership profile for the unit. The type of leadership exercised by the nurse manager as perceived by the head nurse as well as the staff would be evident and, if necessary, changes could be made based on these results. For example, a plan could be developed for that nurse manager in order to increase the level of transformational leadership, and, therefore, increase the effectiveness of unit and organizational outcome.

**Nursing Education**

The findings of this study support the need for teaching transformational and transactional leadership theory in order to assist head nurses to carry out their activities effectively. Even though the educational preparation of head nurses varies, theoretical knowledge about transformational leadership is minimal. Therefore, educational
programs which prepare nurses will need to incorporate leadership theory beyond the leadership paradigms of autocratic versus democratic leadership, directive versus participative leadership, and task- versus relationship-oriented leadership. Further, nurses who enter into management positions will likely require additional preparation through attending short courses or workshops and reading relevant literature.

Three areas require emphasis in educational development. First, transformational leadership behaviors are essential to effective leadership. Idealized influence, inspirational, intellectual stimulation, and individualized consideration behaviors are not easily learned through management courses, reading, and observation. These four aspects of head nurse leadership could be addressed in undergraduate or graduate administration courses which would explore the concepts from a theoretical perspective and provide practical experience. A practicum in which students are mentored by transformational leaders might be an effective option.

Second, transactional leadership skills are also necessary for effective head nurse leadership. Contingent reward and MBE theory tend to be included in most basic leadership/management courses and could be learned through management training programs and self-learning modules.

Third, the relationship between transformational leadership and organizational outcomes must also be taught and understood especially in these times of uncertainty and budgetary restraint. The varied outcomes which result from a specific leadership style and its impact on
patient care and staff satisfaction would be best taught concurrently with transformational leadership theory as it is difficult to separate the two.

Several other educational opportunities exist. Bass and Avolio (1990) propose that a transformational leadership program be adopted by organizations in order to recognize and develop leaders to their maximum potential, that is, into transformational leaders. A certificate program for nurse managers which includes transformational leadership theory and practice offered by continuing education departments is another option. Similarly, offering a selection of required and optional leadership courses, particularly for students interested in pursuing management careers, at both the baccalaureate and graduate levels would also assist in preparing nurse managers for their role.

The educational requirements of the head nurse are varied and controversial (Fullerton, 1993). What is evident, however, is that leadership theory and practice must be a part of the head nurse's education. It is the opinion of this author that a course or program which incorporates theory and mentorship would be most desirable. This program could be offered in a university or continuing education setting and be made available to all nurse managers and those nurses interested in nursing management. This program would help to prepare the head nurse to face the many challenges of the role.

**Nursing Research**

A number of implications for nursing research arise from the findings in this study. This study was conducted in one Lower Mainland community hospital. Because this limits the generalizability of the
findings, it would be useful to replicate the study in settings of different sizes, structures, and organizational types. There is also a need to continue research on transformational and transactional leadership among head nurses. Examination of the relationships between personal attributes of leaders and transformational and transactional leadership would provide information of interest to nurses and administrators. Similarly it would be useful to explore the influence of situational constraints on transformational leadership. Further insight into head nurse leadership would also be gained by examining whether nurse administrators influence the amount of TF and TA leadership exhibited by the head nurses reporting to them.

Further research involving the idealized influence, individual consideration, intellectual stimulation, and inspirational TF factors would also be useful since limited research exists in this area. It would also be beneficial to compare staff nurses' perceptions with those of the head nurse in order to identify similarities and/or differences in perception of head nurse leadership. In addition, further research with respect to the outcome factors would be useful. These could be examined in the light of staff nurses' perceptions of the leadership provided.

Research which identifies the relationship between leadership style and organizational culture is also necessary. One area of interest would be examining how the organizational culture affects the degree to which transformational leadership is evident. Another area for study is identification of organizational qualities which hinder or support transformational leadership qualities.
The findings of this descriptive study have demonstrated that the head nurse subjects perceived themselves to be transformational and, to a lesser degree, transactional leaders. This is the combination that researchers have found provides the most effective leadership. The potential for more effective management through increased understanding of head nurse leadership has been demonstrated by the head nurse perceptions reported in the study. Head nurses have reported that their leadership behaviors influence staff nurse performance. Therefore, head nurse leadership influences the quality of patient care delivered on the nursing units. Further research is needed about head nurse leadership and its effect on the organization, staff nurses, and ultimately patient care.
References


Appendix A

Letter of Introduction
Letter of Introduction

Dear Vice President (Nursing):

I am a student in the Master of Science in Nursing program at the University of British Columbia. I am writing to request your assistance in a study of nursing leadership as perceived by head nurses.

Your participation is requested as follows:

1) Permission to conduct research in your facility.

2) Opportunity to discuss the study with the Directors of Nursing who will in turn introduce the study to the head nurses.

3) Opportunity to discuss the study and distribute the questionnaires to those head nurses interested in participating in the study.

The head nurses will anonymously complete the Questionnaire. Each participant will be made aware (in the attached information letter) of her/his right to refuse to answer any question or to withdraw from the study at anytime and of the anonymity of her/his response.

If you have any questions regarding the study, please contact me or the chair of my thesis committee Dr. Marilyn Willman. Thank you for your assistance. A copy of the study proposal is attached for your information.

Sincerely,
Vivian Giglio
Appendix B

Information Letter
Information Letter

Dear Participant:

As a student in the Master of Science in Nursing program at the University of British Columbia, I am writing to request your voluntary participation in a study of nursing leadership as perceived by head nurses.

Head nurses are viewed as leaders within the nursing organization, yet little is known about their own perceptions of leadership. This study will provide information important to head nurses and other nursing administrators.

Your participation requires that you respond to the attached Questionnaire by marking the rating on the computer scorable sheet. In this questionnaire you will be answering questions about the people who report directly to you as a nurse manager. This should take approximately 30 minutes to complete. Please return the completed questionnaire in the envelope provided to the Nursing Administration Office by May 17th, 1994.

Completion of the Questionnaire will be taken as your consent to participate in the study.

You have the right to refuse to answer any question or to withdraw from the study at anytime and this decision will in no way influence your hospital position. Your name is not required and no identifying information will be used in the study or in any future publication of the findings.

I would be pleased to answer any questions you may have about the study.

Yours truly,

Vivian Giglio, R.N., B.S.N.  Dr. Marilyn Willman
Graduate Student  Thesis Committee Chair
University of British Columbia.  University of British Columbia
Appendix C

Multifactor Leadership Questionnaire
This is a questionnaire to provide a description of you. Answer all questions on the answer sheet with a No. 2 pencil. When the item is irrelevant or does not apply, or where you are uncertain or don’t know, leave the answer blank. Make no more than one mark for each question.

Directions: Listed below are descriptive statements. For each statement, we would like you to judge how frequently it fits you.

Example: "They can discuss their problems with me."

They means those below you in the organization who report directly to you — your immediate subordinates or supervisees — or those at the same level in your organization — your co-workers or colleagues.

If this is true of you most of the time or “frequently, if not always,” then mark the number 4; “fairly often,” mark number 3; “sometimes,” mark number 2; “once in awhile,” mark number 1; “not at all,” mark 0.

Mark the statement below which applies best:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Once in awhile</td>
<td>Sometimes</td>
<td>Fairly often</td>
<td>Frequently, if not always</td>
</tr>
</tbody>
</table>

Use this key for the five possible responses to items 1–70.

0. 1. They feel good when they’re around me.
1. 2. I set high standards.
2. 3. My ideas have forced them to rethink some of their own ideas that they had never questioned before.
3. 4. I give personal attention to those who seem neglected.
4. 5. They can negotiate with me about what they receive for their accomplishments whenever they feel it necessary.
5. 6. I am content to let them do their jobs the same way as they’ve always done it, even if changes seem necessary.
6. 7. I avoid telling them how to perform their jobs.
7. 8. They are proud to be associated with me.
8. 9. I present a vision to spur them on.
9. 10. I enable them to think about old problems in new ways.
10. 11. I get them to look at problems as learning opportunities.
11. 12. I show them that I recognize their accomplishments.
12. 13. I avoid trying to change what they do as long as things are going smoothly.
14. 15. They have complete faith in me.
15. 16. I express our important purposes in simple ways.
16. 17. I provide them with new ways of looking at problems which initially seemed puzzling to them.
17. 18. I let them know how they are doing.
18. 19. I make sure that there is close agreement between what they are expected to do and what they can get from me for their effort.
19. 20. I am satisfied with their performance as long as the established ways work.
20. 21. I avoid making decisions.
21. 22. I have a special gift for seeing what is really worthwhile for them to consider.
22. 23. I develop ways to encourage them.
23. 24. I provide them with reasons to change the way they think about problems.
24. 25. I treat each of them as an individual.
25. 26. I give them what they want in exchange for their showing support for me.
26. 27. I show that I am a firm believer in “if it ain’t broken, don’t fix it.”
27. 28. I avoid getting involved in their work.
28. 29. I view myself as a symbol of success and accomplishment.
29. 30. I use symbols and images to focus their efforts.
30.
<table>
<thead>
<tr>
<th>Item</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.</td>
<td>I emphasize the use of intelligence to overcome obstacles.</td>
</tr>
<tr>
<td>32.</td>
<td>I find out what they want and help them to get it.</td>
</tr>
<tr>
<td>33.</td>
<td>When they do good work, I commend them.</td>
</tr>
<tr>
<td>34.</td>
<td>I avoid intervening except when there is a failure to meet objectives.</td>
</tr>
<tr>
<td>35.</td>
<td>If they don't contact me, I don't contact them.</td>
</tr>
<tr>
<td>36.</td>
<td>I have their respect.</td>
</tr>
<tr>
<td>37.</td>
<td>I give encouraging talks to them.</td>
</tr>
<tr>
<td>38.</td>
<td>I require them to back up their opinions with good reasoning.</td>
</tr>
<tr>
<td>39.</td>
<td>I express my appreciation when they do a good job.</td>
</tr>
<tr>
<td>40.</td>
<td>I see that they get what they want in exchange for their cooperation.</td>
</tr>
<tr>
<td>41.</td>
<td>I focus attention on irregularities, mistakes, exceptions, and deviations from what is expected of them.</td>
</tr>
<tr>
<td>42.</td>
<td>My presence has little effect on their performance.</td>
</tr>
<tr>
<td>43.</td>
<td>I show enthusiasm for what they need to do.</td>
</tr>
<tr>
<td>44.</td>
<td>I communicate expectations of high performance to them.</td>
</tr>
<tr>
<td>45.</td>
<td>I get them to identify key aspects of complex problems.</td>
</tr>
<tr>
<td>46.</td>
<td>I coach individuals who need it.</td>
</tr>
<tr>
<td>47.</td>
<td>I let them know that they can get what they want if they work as agreed with me.</td>
</tr>
<tr>
<td>48.</td>
<td>I do not try to make improvements, as long as things are going smoothly.</td>
</tr>
<tr>
<td>49.</td>
<td>I am likely to be absent when needed.</td>
</tr>
<tr>
<td>50.</td>
<td>I have a sense of mission which I communicate to them.</td>
</tr>
<tr>
<td>51.</td>
<td>I get them to do more than they expected they could do.</td>
</tr>
<tr>
<td>52.</td>
<td>I place strong emphasis on careful problem solving before taking action.</td>
</tr>
<tr>
<td>53.</td>
<td>I provide advice to them when they need it.</td>
</tr>
<tr>
<td>54.</td>
<td>They have a clear understanding of what we will do for each other.</td>
</tr>
<tr>
<td>55.</td>
<td>A mistake has to occur before I take action.</td>
</tr>
<tr>
<td>56.</td>
<td>I am hard to find when a problem arises.</td>
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<tr>
<td>57.</td>
<td>I increase their optimism for the future.</td>
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<tr>
<td>58.</td>
<td>I motivate them to do more than they thought they could do.</td>
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<tr>
<td>59.</td>
<td>I make sure they think through what is involved before taking action.</td>
</tr>
<tr>
<td>60.</td>
<td>I am ready to instruct or coach them whenever they need it.</td>
</tr>
<tr>
<td>61.</td>
<td>I point out what they will receive if they do what needs to be done.</td>
</tr>
<tr>
<td>62.</td>
<td>I concentrate my attention on failures to meet expectations or standards.</td>
</tr>
<tr>
<td>63.</td>
<td>I make them feel that whatever they do is okay with me.</td>
</tr>
<tr>
<td>64.</td>
<td>They trust my ability to overcome any obstacle.</td>
</tr>
<tr>
<td>65.</td>
<td>I heighten their motivation to succeed.</td>
</tr>
<tr>
<td>66.</td>
<td>I get them to use reasoning and evidence to solve problems.</td>
</tr>
<tr>
<td>67.</td>
<td>I give newcomers a lot of help.</td>
</tr>
<tr>
<td>68.</td>
<td>I praise them when they do a good job.</td>
</tr>
<tr>
<td>69.</td>
<td>I arrange to know when things go wrong.</td>
</tr>
<tr>
<td>70.</td>
<td>I don't tell them where I stand on issues.</td>
</tr>
</tbody>
</table>

Use this key for the five possible responses to items 71–74.

<table>
<thead>
<tr>
<th>Use this key for the five possible responses to items 71–74.</th>
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<tbody>
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</tbody>
</table>

71. The overall effectiveness of the group made up of yourself, your supervisees, and/or your co-workers can be classified as?

72. How effective are you in representing your group to higher authority?

73. How effective are you in meeting the job-related needs of supervisees and/or co-workers?

74. How effective are you in meeting the requirements of the organization?
75. In all, how satisfied do you think your supervisees and/or co-workers are with you as a leader?
   (1) Very dissatisfied  
   (2) Somewhat dissatisfied  
   (3) Neither satisfied nor dissatisfied  
   (4) Fairly satisfied  
   (5) Very satisfied

76. In all, how satisfied are you with the methods of leadership you use to get your group's job done?
   (1) Very dissatisfied  
   (2) Somewhat dissatisfied  
   (3) Neither satisfied nor dissatisfied  
   (4) Fairly satisfied  
   (5) Very satisfied

77. My position is
   (1) First-level (lowest level of supervision or equivalent)  
   (2) Second-level (supervises first-level)  
   (3) Third-level  
   (4) Fourth-level  
   (5) Fifth-level or higher  
   (6) Not applicable

78. Of the alternatives below, which is the highest level possible in your organization?
   (1) First-level (lowest level of supervision or equivalent)  
   (2) Second-level (supervises first-level)  
   (3) Third-level  
   (4) Fourth-level  
   (5) Fifth-level or higher  
   (6) Not applicable

79. My primary educational background is (mark as many as apply)
   (1) Science-engineering-technical  
   (2) Social science or humanities  
   (3) Business  
   (4) Professional (law, health field, social service)  
   (5) Other educational background  
   (6) Did not attend college

80. To what extent does this questionnaire accurately represent your leadership performance?
   (1) Not at all  
   (2) To some degree  
   (3) Fairly well  
   (4) Extremely well  
   (5) Exactly

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Please fill out the following information for research on the MLQ (OPTIONAL):

- Today's Date
- Your Age
- Mark One: Your Sex
- Your Race
- Your Education (Mark Highest Level)
- Type of Organization
- Your Current Salary

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Please do not mark in this area.