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Perceptions of head nurse leadership style

Feryal Yigit
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San Jose State University, 1993

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PERCEPTIONS OF
HEAD NURSE LEADERSHIP STYLE

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By

Feryal Yigit

August, 1993

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ABSTRACT

HEAD NURSE LEADERSHIP STYLE

by Feryal Yigit

This thesis examines leadership style of head nurses as perceived by staff nurses, head nurses, and supervisors. Conducted in a large government hospital in the San Francisco Bay area, the study asks whether there are differences among participants regarding the leadership style chosen most frequently (PLS) and second-most frequently (SLS). Using a descriptive design, data were collected from participants (N=81) who responded to questions on the Lead-Self and LEAD-Other tools, along with a demographic survey created by the investigator.

Data across all units indicate that for PLS the rate of agreement among participants was less than chance. Findings for head nurses and supervisors indicate a rate of agreement not significantly greater than chance. Perceptions of SLS indicate that across all units there was a rate of agreement not significantly greater than chance. No significant agreement was shown when analysis of data across all units for both PLS and SLS was examined.

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To my mom and my brother,
without whom I would not be,
and to BJS for her
endless support and belief in me.

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Chapter 1

INTRODUCTION

Leadership is "a process of influencing the activities of an individual or a group in efforts toward goal achievement in a given situation" (Hersey & Duldt, 1989, p. 9). Researchers in nursing administration have long had an interest in identifying the single-most effective leadership approach for head nurses (Hersey & Duldt, 1989). The head nurse's position is a key one in nursing administration and requires effective leadership skills (Ellis, 1986). The head nurse's style and, more importantly, her or his staff members' perceptions of that style, affect each nurse's participation in the work environment. Furthermore, the quality of nursing care is a direct reflection on the effectiveness of a head nurse's leadership style (Byers & Klink, 1978; Duxbury, Armstrong, Drew, & Henley, 1984; Ellis, 1986; McClure, 1990).

Problem Area

Few studies demonstrate findings of staff nurses' perceptions of their head nurses' leadership styles (Burke Weitzel, & Deszca, 1982; Campbell, 1986; Duxbury et al., 1984; Maguire, 1986). Moreover, supervisors' perceptions of head nurses' leadership styles are infrequently documented (Adams, 1990; Burke & Weitzel, 1982; Kison, 1989). Extant

studies also demonstrate that little agreement exists among staff nurses and head nurses about leadership style (Burke et al., 1982; Landstrom, Biordi, & Gillies, 1989).

Research thus far indicates that an understanding of leadership style and its affect on retention and job satisfaction are important from both the staff nurse's and the hospital administrator's perspectives (Byers & Klink, 1978; Landstrom, 1989). The leadership required to enhance such understanding starts with the head nurse and reverberates in the form of information and a sense of support to the staff in general (Duxbury et al., 1984). Inconsistencies in leadership impede the communication and development of definitive perceptions requisite to shared knowledge and wide support of goals. Such impediments can arise between any of the parties, thereby creating the potential for conflict regarding patterns of behavior related to standards of practice and standards of interaction, including matters of decorum and appropriate methods of communication.

Perceptions and expectations of leadership style vary among leaders as well as researchers and theorists. While the head nurse's position is fundamental to the process of patient care, that position is also requisite to retention of qualified professional nurses and, ultimately, a significant aspect of a hospital's success. A lack of

research pertaining to perceptions of leadership style complicates arriving at a consensus about the best leadership methods, the absence of which has the potential for promulgating nursing attrition and flawed practice.

Conflicts arise between leadership styles and leadership responsibilities when supervisors and head nurses disagree about the expectations they have of staff nurses. For example, if a staff nurse is required to conform to the expectations of a head nurse that are inconsistent with standard behavior, the staff nurse's perceptions of her or his head nurse's leadership style may be affected. Similarly, if the head nurse and the supervisor share a view that diverges from that of the staff nurse, then the staff nurse cannot expect to have her or his point of view recognized.

If a disagreement arises between the staff nurse and the head nurse, the former's option might be to discuss the matter with the nursing supervisor. In such a circumstance, if the supervisor agrees with the head nurse, the staff nurse's efforts to resolve the conflict will fail from her or his perspective. On the other hand, when leadership skills that include behaviors like selling, telling, participating, and delegating are practiced, acceptable resolutions might occur between head nurses and

their staff members, with or without supervisory intervention.

Purpose

The purpose of this study was to determine if differences exist in the perceptions of staff nurses, head nurses, and supervisors regarding head nurse leadership styles. Hersey and Blanchard (1988) have noted the need to nurture staff members in the following ways:

Managers need to devote time to nurture the leadership potential, motivation, morale, climate, commitment to objectives, and the decision-making, communication, and problem-solving of their people. Thus, an important role for managers is the development of the task relevant maturity of their followers (p. 229).

Understanding how actions affect a leader's guidance and her or his staff members' acceptance of leadership behaviors are beginning steps in describing the mechanisms of effective leadership style. This study contributes to knowledge about leadership styles of head nurses. Recommendations are offered to the head nurses in the study setting based on how perceptions vary among different groups.

Research Questions

1. How do staff nurses perceive the leadership style of the head nurse on their unit?

2. How do head nurses perceive their own leadership style?

3. How do supervisors perceive the leadership style of the head nurses under their supervision?

4. Do the perceptions of the staff nurses, the head nurse, and the head nurse's supervisor differ regarding the head nurse's leadership style?

Definition of Terms

The following definitions are used in this study:

1. Head nurse is a registered nurse designated to act in a leadership role in an acute care setting, and one who is immediately supervised by a nursing supervisor. In this study, the terms head nurse and nurse manager are used interchangeably.

2. Leadership style is a pattern of communication used to work with and through other people. Hersey and Blanchard (1988) identified four possible styles: (a) telling, (b) selling, (c) participating, and (d) delegating.

3. Primary leadership style is the leadership style chosen most often by a specific leader. In this study, primary leadership style is that style chosen most frequently for the situations given in the Leader Effectiveness and Adaptability Description, Self (LEAD-Self) or Leader Effectiveness and Adaptability

Description, Other (LEAD-Other) questionnaire developed by Hersey (1989).

4. Secondary leadership style is the second-most frequently chosen leadership style by a specific leader. In this study, it is the second-most frequently chosen leadership style on the LEAD-Self or LEAD-Other questionnaires.

5. Staff nurse is a registered nurse designated to act in a direct patient care role in an acute care setting, and one who is immediately supervised by the head nurse of a unit.

6. Supervisor is a registered nurse who has been designated to act in a managerial role in an acute care setting. She or he supervises head nurses in acute care settings.

7. Triad members are the staff nurse(s), the head nurse, and her or his supervisor on a specific acute care unit.

Summary

This chapter provides a background to the problem under study, the purpose, and the research questions. The focus on leadership behaviors and discovering how such behaviors can be included in the leadership compendium is the challenge of nursing leaders. A review of efforts and observations in this respect follows in Chapter 2.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF THE LITERATURE

Conceptual Framework

Nursing leaders continue to search for the most effective and efficient method of leadership style (Ellis, 1986). In order to be recognized as a profession, nursing must have accountable leaders (Bernhard & Walsh, 1990). According to Hersey and Duldt (1989), leaders should possess a variety of styles in order to cope successfully with a range of situations. Moreover, successful leaders modify their styles according to specific situations (Hersey & Blanchard, 1982).

Situational Leadership Theory (SLT) "is based on a curvilinear relationship between task behavior and relationship behavior and maturity" (Hersey & Blanchard, 1977, p. 160). SLT provides leaders with some understanding of the relationship between effective leadership style and the maturity of their followers. The emphasis of the theory is on the behavior of a leader in relation to subordinates.

According to Hersey and Blanchard (1988) the fundamental concept of SLT is as follows:

As the level of maturity of their followers continues to increase in terms of accomplishing a specific task,

leaders should begin to reduce their task behavior and increase relationship behavior until the individual or group reaches a moderate level of maturity (p. 163).

By way of explanation, Bernhard and Walsh (1990) note that SLT "attempted to find a flexible approach in which one principle could be used in a variety of settings" (p. 54). According to them, the major principle of the theory is that the situation determines how the leader performs.

Leaders are concerned with both results and people (Hersey, 1984). A demonstration of these concerns requires a variety of leadership styles that adapt to the varying situations a leader faces on a daily basis. As Hersey and Duldnt (1989) see it, using multiple leadership styles and focusing on communication as a significant variable help to underscore the usefulness of their theoretical framework in assessing leadership.

For Hersey and Duldnt (1989), leadership is "a process of influencing the activities of an individual or a group in efforts toward goal achievement in a given situation" (p. 9). In the development of SLT (Hersey & Duldnt, 1989), four patterns of communication emerged: telling, selling, participating, and delegating. These patterns are used to measure leadership style with the LEAD-Self and LEAD-Other tools developed by Hersey and Blanchard. In "telling," the leader defines roles and tells people how to achieve tasks. Through "selling," the leader accords both directive and

supportive behavior. In "participating," the leader facilitates and guides the process of communication, while both the follower and the leader share in decisions together. Finally, in "delegating," the leader and the follower may each contribute to the identification of problems, but the follower is responsible for carrying out actions that lead to solutions.

Several writers have promoted the use of SLT among nursing leaders. Zurlinden, Bongard, and Magafas (1990) have suggested that situational leadership requires not only the nursing leader's understanding of the situation but also the staff member's readiness to receive and act upon the leader's style and guidance. Waller, Smith, and Warnock (1989) describe the application of SLT to the processes of planning and organizational change. They conclude that SLT is useful in identifying tasks, setting goals, determining the maturity of individuals and the group, selecting an appropriate leadership style, and modifying the chosen style as change occurs.

Keenan, Hurst, Dennis, and Frey (1990) promote the use of SLT in health care settings. According to them, SLT allows managers to advocate for personal as well as institutional goals, while developing confidence, expert abilities, and high standards of performance. DiMarco, Goodson, and Hauser (1989) used a situational approach to

develop nursing management skills. They assert that the nursing profession offers inadequate leadership training for its managers and that the situational approach allows managers to assess the management situation and then choose the appropriate management behavior.

In summary, Hersey and Blanchard's theory has recently been applied to nursing leadership, and the effects of the theory on management and staff have been documented. In the process, the nursing triad, made up of the staff nurse, head nurse, and a supervisor, have been observed and evaluated for inter- and intra-perceptual discrepancies. One of the chief conclusions relating to the theory and its application is that recognizing differences in perceptions of leadership style among all members of the nurse triad is an important initial step in the development of an effective, unified, and professional nursing administrative process. Findings specific to these and other related SLT principles will be discussed in detail in the review of the literature.

Review of the Literature

A review of the literature specific to leadership revealed three subcategories: nursing leadership, head nurse leadership, and style of leadership. Leadership along with each subcategory will be discussed separately in the following sections.

Leadership

Bernhard and Walsh (1990) list three leadership requirements: (a) a goal to which one is strongly committed, (b) at least one follower to lead, and (c) the employment of the leadership process. According to them, "Leadership is a process that is used to move a group toward goal setting and goal achievement" (p. 16). Moreover, the process of leadership can be learned and may be used by anyone in a position to lead at any time. Four important attributes of an effective leader are awareness, assertiveness, advocacy, and accountability; these attributes enable the leader to influence the group. As the authors see it, ". . . as nurses use leadership and recognize the power they can achieve, they will see that leadership is indeed the key to the professionalization of nursing" (p. 13). The style that a leader uses depends on how much control she or he must exercise in the process of managing group members. One's value system, confidence in group members, and the level of comfort in the leadership role all contribute to leadership style.

McFarland, Leonard, and Morris (1985) describe five variables associated with the leadership process: the leader, the followers, the situation, the goals, and the organization. The interactions and characteristics of these variables make it possible for the leadership process

to occur. Key factors for the leader to consider include values, skills, and perceptions.

Marcos and Silver (1988) explored management styles among 11 directors of psychiatry in municipal general hospitals in a large metropolitan area. Hersey and Blanchard's LEAD-Self and LEAD-Other tools were used. Ratings demonstrated overall agreement between the directors' self-perceived management styles and their styles according to the perceptions of others. An evaluation of the directors' styles showed primary style as high task/high relationship and secondary style as high relationship/low task.

In their discussion of SLT, Waller et al. (1989) assert that "no single all-purpose leadership style exists" and that "successful leaders adapt their behavior to meet the demands of each unique situation" (p. 2336). Reporting on a study in which LEAD tools were used, the authors noted variances between perceived leadership styles among a group of pharmacists and the perceptions of those whom they supervised. For example, supervising pharmacists generally believed themselves to be participative leaders, whereas less than one-third of the staff pharmacists under their direction shared the same perception. In addition, the ability of subjects in the study to integrate complicated tasks into their individual practices along with their

readiness to follow a specific leader were key to the consistency of perceptions regarding leadership style.

Nursing Leadership

According to Hersey and Duldnt (1989), leadership is "an interpersonal communication process that influences the task group members to achieve task goals and maintain relationships" (p. xi). The authors suggest that a crucial element to successful leadership is communication, specifically communication that occurs in both the superior-subordinate or leader-follower relationship. Communication as a successful process is central to SLT. Hersey and Duldnt (1989) see communication as a necessary tool for all facets of life, a tool that provides a common understanding and language between leaders and their followers.

As Wolf (1986) sees it, a lack of communication frequently exists among staff nurses, the head nurse, and the supervisor. This lack of communication commonly results in poor job performance and job dissatisfaction, conditions that may lead to staff burnout and eventual attrition of nurses.

Noting the significance of communication, Wolf (1986) lists three conditions of communication that can affect nursing performance and satisfaction: an atmosphere that fosters positive communication, effective communication between staff nurses and the head nurse, and a thorough

evaluation and report of job performances. In the same way, the head nurse who can communicate a sense of trust in her or his employees creates a positive environment for communication. The head nurse must believe in each individual staff nurse and be willing to help staff members realize their full potential. In the effective work environment, an atmosphere of interest exists, and the proficient nursing leader assists each staff member to identify professional goals. Wolf views motivation, influence, negotiation, conflict resolution, and the ability to counsel employees as fundamental leadership skills. Although inadequately prepared to function in these capacities, Wolf asserts that such characteristics among nursing leaders are critical for effective communication with staff members.

According to Kison (1989), the test of a leader is the behavior of the group that she or he leads. In this way, the effect of leadership is demonstrated through the impact it has on subordinates and on the performance of the group. Kison states, "The most valued leader is one who is able to accomplish the task, develop satisfaction and loyalty from the group, and strengthen group cohesiveness" (p. 74).

Meighan (1990) examined the most important characteristics of nursing leaders as perceived by staff nurses. The study was limited by a small sample size as well as sampling from a single geographic area. Results,

nonetheless, showed that participants agreed that the leader's concern for the staff and her or his clinical experience were important to them.

According to McFarland et al. (1985), "The definition of leadership identifies the communication process as the means through which efforts of the group are directed toward goal accomplishment" (p. 73). The authors add that the communication process not only provides information, but also affects attitudes. The responsibility for successful communication is shared by all group members, while the nurse manager is responsible for effectively receiving communication from staff members. In addition, the nurse manager must recognize the need for self-esteem among her staff members; failure to meet this basic human need will contribute to decreased job satisfaction and high rates of job turnover.

Head Nurse Leadership

The head nurse's position is one of the key positions in the department of nursing services (Ellis, 1986; Maguire, 1986; McClure, 1990). One of the responsibilities of the head nurse is to prevent burnout and dissatisfaction among staff nurses (Duxbury et al., 1984). Ellis (1986) states, "Head nurses directly affect the quality of patient care, staff performance and satisfaction, and the accomplishment of organizational goals and objectives" (p. 49). She goes on to note that a chief concern among

practicing nurses has been the ineffectiveness of their leaders.

The ability to motivate staff is another necessary component of an effective leader. Although many characteristics are associated with a leader, the nurse manager's consideration of the feelings of others is a significant leadership requirement. According to Moloney (1979), effective leaders encourage their staff members, are supportive of them, and are capable of giving regular feedback regarding job performance. Whether the head nurse and the staff can effectively communicate their thoughts, intentions, and feelings is dependent on their skills. In this way, communication is an influential leadership tool. Staff nurses and their nurse managers must share goals. On the other hand, if the nurse manager tries to secure the agreement of staff nurses without consideration for their perceptions and needs, conflict over issues of power and authority will arise. Negotiation and compromise are crucial to avoiding such struggles.

Duxbury et al. (1984) attempted to quantify the relationships of nurse manager leadership style with self-reported nurse burnout and job satisfaction in neonatal intensive care units. Examined in the study were leadership dimensions of "consideration" and "initiating structure," or the "concern for group members' needs [and]

the achievement of organizational goals" (p. 99). Head nurse consideration was related to staff nurse satisfaction.

In their study, Landstrom et al. (1989) found that anger in staff nurses was generally focused on their supervisors. The nurses believed that expression of their feelings would yield negative consequences. As a result, staff nurses were disaffected from first-line nurse managers and, thus, from the organization. The authors concluded that in order to retain staff, nurse managers must focus on the human elements of leadership, including an understanding and nurturing approach in the process of executing interventions relating to performance.

Participative leadership behavior is fundamental to successful retention of qualified nurses, along with nurses' job satisfaction (Adams, 1990). However, findings from Adams' study using SLT revealed that nurses in leadership positions do not adequately use delegation as a management tool, which would enhance both retention and satisfaction, since delegation relies on the recognition of others' abilities to act in autonomous ways.

Davidhizar and Bowen (1990) state that "the expert manager combines a focus on human needs with task orientation, maximizing human potential in the work place" (p. 234). According to the authors, the availability of a nurse manager can have a positive influence on staff nurse

retention and job satisfaction. However, the use of availability as a management strategy also has limitations, such as exhaustion on the part of the nurse manager, too much interaction between the nurse manager and individual staff members, and inadequate emotional distance between the nurse manager and staff members.

Blankenship, Wilhoit, and Blankenship (1989) studied 20 head nurses and their staff nurses and found a correlation between the staff nurses' satisfaction and the head nurses' leadership style. Staff nurses most satisfied with their jobs were supervised by head nurses with wide-ranging styles of leadership, whereas those least satisfied were supervised by nurse managers with limited styles.

In a study of burnout, Campbell (1986) found that 60% of the participants viewed leadership style as an important component, on the one hand, of job satisfaction and, on the other, of job-related stress. The successful nurse manager was perceived to be both an expert clinician and a credible, admirable person. Findings further indicated that health care workers increasingly see themselves as operating in collegial relationships with others in the field, which has the potential for influencing organizational goals and objectives.

Summary

Hersey and Blanchard's (1988) theory of leadership provides the conceptual framework for this study. A review

of the literature indicates that perception of leadership style by self and others is an important first step in determining the effectiveness of any leadership style. Use of SLT offers nursing leaders an organized perspective on leader communication as well as the behaviors of followers. By allowing a leader to identify a task, set goals, determine the appropriate leadership style in a given situation, and modify that style as changes occur, SLT brings flexibility and a sense of logical direction to the achievement of shared goals.

The head nurse makes an important contribution to nursing administration but all too often does not have expertise equal to her or his responsibility. Development of the ability to choose an appropriate leadership style in order to fit a particular situation amounts to an initial step in achieving effective leadership.

Staff nurses care for clients while head nurses care for their staff members. An integral component of care is communication, a process easily thwarted by perceptual differences. SLT provides tools that can both assess and measure leadership style, after which leaders can make decisions about how to develop leadership objectives consistent with staff, organizational, and client needs. A review of the literature indicates the need for more research addressing appropriate leadership styles of head

nurses in relation to their staff members' and nursing supervisors' perceptions of it. Additional efforts in this realm may help to curb nursing attrition, both from the bedside and from management.

Chapter 3

RESEARCH DESIGN AND METHOD

The design of this study was a descriptive survey. The purpose of descriptive studies, according to Burns and Grove (1987), is to gain information in a particular field. Descriptive studies help in the development of theory and in the recognition of problems. In descriptive studies, causality can neither be determined nor variables manipulated. Nonetheless, the design clarifies events or circumstances prior to investigators commencing more complicated research.

Study Objectives

A standardized questionnaire was used to determine if there were differences in the perceptions of staff nurses, head nurses, and nursing supervisors regarding head nurse leadership styles. The study hospital provides a broad range of inpatient and outpatient medical, surgical, long-term, and psychiatric services. A convenience sample was used, consisting of acute medical and surgical staff nurses, head nurses, and supervisors. Only regularly scheduled staff nurses participated.

Study Sample and Setting

The study sample was composed of 70 staff nurses, 9 head nurses, and 2 supervisors from 10 medical and surgical

nursing units employed at a government teaching hospital with 1548 beds in the San Francisco Bay Area. Each of the 10 units in the study have a head nurse. Two supervisors oversee the management of the total number of units. The supervisors also directly manage the head nurses. The number of staff nurses on each of the units varied from 7 to 21.

Demographic data collected in this study include age, gender, degree held, years as head nurse, and years employed in the hospital. Demographic information specific to the staff nurses also includes information about years employed in the unit of assignment and full-time versus part-time status. Due to the limited number of supervisors in the study, no demographic information was requested of them.

It should be noted that the investigator is employed at the study setting. Initially, permission to conduct the study was granted by the San Jose State University Human Subjects Institutional Review Board (See Appendix A). Thereafter, permission to conduct the study was given by the setting administrator (See Appendix B), and permission to use the LEAD tools was obtained (See Appendix C). The investigator then obtained permission to attend a joint head nurse and supervisor meeting in order to familiarize the head nurses and the supervisors with the study that was to take place on their units.

The convenience sample was recruited by a research assistant hired for the purpose of maintaining each subject's anonymity. In this way, the investigator would not be directly knowledgeable about individual participant's responses; in addition, she would not immediately handle research material as it was disseminated to the subjects. The research assistant compiled a list of all staff nurses on the 10 units and attempted to reach each staff nurse individually to elicit participation. Ample time and opportunity were allotted to answer questions. The research assistant informed participants of the benefits and risks associated with the study, assuring them of complete confidentiality. Participants were also advised that they could withdraw from the study at any time.

A combined cover and consent letter was delivered to each participant (See Appendix D), along with a packet containing a demographic data questionnaire, one for staff nurses and another for head nurses (See Appendix E); the LEAD-Self and LEAD-Other questionnaires; and a pre-addressed, stamped envelope to be returned to the investigator. Packets were individually coded, and the research assistant assigned the coded packets to each of the units at random.

Following 2 weeks' time, a letter was sent to all units to remind those participants who had not yet returned a

packet to do so and to thank those who had. This procedure was repeated twice at 2-week intervals, allowing for the continuous flow of incoming questionnaires. Seventy out of 108 staff nurse packets were returned, whereas 9 out of the 10 head nurses as well as both of the supervisors returned theirs.

Data Instruments and Collection

Personal history data were obtained using demographic forms developed by the researcher. One form was reserved for the staff nurses and another for the head nurses. No demographic information was requested of the supervisors in the study.

Head nurse leadership style was measured using the Leader Effectiveness and Adaptability Description (Hersey & Blanchard, 1988). The head nurses completed the LEAD-Self tool, while the staff nurses and supervisors completed the LEAD-Other. The LEAD-Self instrument provides information about the style leaders most commonly use, whereas the LEAD-Other instrument gives information about the ways in which the leader is perceived by others. Each instrument contains a 12-item questionnaire, responses to which are ranked by magnitude in quadrants designated by the terms telling, selling, participating, and delegating. The primary leadership style is the category with the highest magnitude, while the secondary leadership style is the

category with the next highest magnitude. The primary and secondary leadership styles make up a leader's style range. The leader is effective when she or he understands both the situation at hand and the needs of the followers regarding direction. In other words, the leader must be able to choose the appropriate leadership style, specifically as that style relates to telling, selling, participating, and delegating, and then modify the style as change occurs.

Primary and secondary leadership styles were determined using Hersey and Blanchard's LEAD-Self and LEAD-Other tools. The adaptability (the ability of the leader to diagnose and to vary styles accordingly) was not calculated for the purposes of this study.

Although not without its critics, the LEAD-Self and LEAD-Other instrument is considered to be valid. In his executive summary of the LEAD-Self Manual, Greene (1980) states, "The LEAD-Self is deemed to be an empirically sound instrument." Noting that test-retest reliability of the tool has been described as moderately strong, researchers who have used it found it to be experientially valid (Marcos & Silver, 1988; Waller et al., 1989).

In this study, participants rated their unit's head nurse's leadership style in 12 situations. The resulting number of responses for each style (telling, selling, participating, and delegating) were summed and ranked by magnitude, highest to lowest. The head nurse's Primary

Leadership Style (PLS) was the category with the highest magnitude and the Secondary Leadership Style (SLS) was the category with the next highest magnitude. Primary and secondary leadership styles were computed according to the participants' responses.

Analysis Procedures

Each unit's staff nurse ratings of the head nurse's PLS and SLS were pooled to form mean frequencies for each style. The means were rounded to the nearest whole number and ranked according to the predominant style for PLS and the second-most predominant style for SLS. The resulting staff nurse rankings were used to calculate that unit's staff nurse rating of the head nurse. Finally, the numbers of units choosing each of the leadership style categories were tabulated.

Standard descriptive statistical procedures were used to compute frequencies and variances. In addition, the Kappa, or K, statistic was used to correct for chance agreement, since percent agreement is often used as a measure of agreement between raters (Fleiss, 1981). Raters may agree on a rating by chance alone, which can be corrected for with the use of this statistic. The Kappa statistic is a chance-corrected measure of agreement with values from -1.0 to $+1.0$. A negative value indicates agreement poorer than chance. A positive K indicates that

the raters agree at better than chance. A zero value indicates a rate equal to chance.

Head nurse leadership style was measured using the LEAD tools. PLS and SLS were computed for each rater, then rated by staff nurses, head nurses, and supervisors. Each unit's staff nurse ratings of the head nurse's primary and secondary leadership style were pooled to form mean frequencies for each style. These means were rounded to the nearest whole number and ranked accordingly. The resulting staff nurse rankings were used to calculate each unit's staff nurse rating of their head nurse.

The rate of agreement on leadership style was compared for each head nurse's self-rating with their corresponding staff nurse rating, as well as the supervisor's rating. Although it can be said that 2 raters may agree, testing the hypothesis that their agreement is significantly greater than a chance occurrence yields more reliable results. For the data under consideration, the hypothesis was tested that the agreement between staff-head nurse pairs, and supervisor-head nurse pairs was significantly greater than chance. This hypothesis was tested by calculating a χ^2 value for each K obtained and comparing this value to a tabled value of χ^2 that corresponds to the appropriate alpha level (.05) and the number of categories rated. If the χ^2 value calculated from the data was more than the value of χ^2 in the statistical table, it could be

said that the results obtained would occur by chance only 5% of the time. Kappa coefficients were calculated for each category (telling, selling, participating, and delegating) of leadership style in the contingency tables, and tabular figures were constructed to show how the ratings compared. Analysis and interpretation of the data follow in Chapter 4.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

This was a descriptive study to explore the perceptions of leadership style of the head nurse by staff nurses, head nurses, and supervisors. Ten acute care areas of a large government hospital in the San Francisco Bay Area of Northern California were selected. A convenience sample of 70 staff nurses, 9 head nurses, and 2 supervisors participated in the study.

Demographic Data

As previously noted, demographic data were not obtained for the 2 supervisors who participated in this study. Data regarding the gender of respondents revealed that 5 of the staff nurses were male, 65 were female. Eight of the 9 head nurses were female and 1 head nurse was male. Ranges were calculated for continuous variables of ages and academic degrees. The mean age of the staff nurses was 40, as was the mean age of the head nurses. Degrees held by staff nurses were as follows: 10 diploma degrees, 10 associate degrees, 45 bachelor's degrees, 2 master's degrees, and 1 doctorate for a total of 68 staff nurse respondents. Head nurses held 1 diploma degree, 5 bachelor's degrees, and 3 master's degrees, for a total of 9 head nurse respondents.

Frequencies were calculated for the categorical data of work hours, years in hospital, and years on unit. Of 67 staff nurses respondents, 22 worked part-time and 45 worked full-time. All head nurses were employed on a full-time basis. The mean years in hospital of staff nurses was 8.2 and for head nurses was 9.4 years. Mean years on the unit for part-time staff nurses was 4.7, while mean years for full-time nurses was 5.8. Mean years for staff nurses in their their units was 5, whereas mean years for head nurses was 3 years.

Measurement of Leadership Style

Most of the respondents in the study, regardless of status, rated the head nurses' PLS as selling or participating. Only the staff nurses of Unit 1 and the supervisor of Unit 6 rated their head nurses' PLS as telling. More staff nurses rated their head nurse as selling than did the head nurses themselves. More head nurses rated themselves as participating than did staff or supervisors. Staff nurses on Units 6, 7, 8, 9, and 10 and the supervisor responsible for Units 1, 2, 3, 8, and 9 rated their head nurse as selling. On the other hand, the staff nurses of Units 2, 3, 4, and 5 rated their head nurse as participating, as did the supervisor of Units 1, 5, and 7. The head nurses from Units 3, 4, and 8 rated themselves as selling. Neither staff nurses or supervisors rated their head nurse as delegating, nor did any head nurse rate

herself or himself as delegating. On two units there was agreement between staff nurses and their head nurses' rating of leadership style. On Units 2 and 5 the head nurses' PLS was rated as participating.

On two other units the rating of the head nurse was agreed upon by members of the triad: staff nurses, the head nurse, and the supervisor. On Unit 5 the head nurse was rated as participating and on Unit 8 as selling. Across all units, the Kappa was $-.29$ ($p > .05$), indicating a rate of agreement less than chance.

Head nurses and supervisors on Units 3, 4, and 8 agreed that the head nurses' PLS on these units was selling. Head nurses and supervisors on Units 5 and 7 rated the head nurse style of leadership as participating. The Kappa for these raters was $.38$ ($p > .05$), indicating a rate of agreement that is better than chance but not significant at the $.05$ level. Supervisors agreed with their corresponding head nurses 5 out of 10 times. See Table 1 for triad rating of PLS.

Ratings for SLS revealed a wider range of perceptions than did those among respondents regarding PLS. The staff nurses on Units 2, 6, and 10 rated their head nurse as telling. Nurses on Units 3, 4, and 5 rated their head nurse as selling, whereas nurses on Units 7, 8, and 9 rated theirs as participating. Staff nurses on Unit 1 rated their head nurse as delegating. The supervisor on Units 1,

5, and 6 rated the head nurse as selling; the supervisor on Units 2, 3, 4, 8, and 9 rated the head nurse as participating; and the supervisor on Unit 7 rated the head nurse as delegating. Head nurses from Units 2, 6, 7, 9, and 10 rated themselves as selling; head nurses from Units 3, 4, and 8 rated themselves as participating; and the head nurse from Unit 5 as delegating.

On Unit 8 there was overall agreement among the triad regarding the head nurse's SLS: all members perceived the style as participating. Across all units, the Kappa was $-.26$ ($p > .05$), indicating a rate of agreement less than chance.

As was demonstrated in perceptions of PLS, there was more agreement between the head nurses and the supervisors. The raters on Units 3, 4, and 8 agreed that the head nurses' SLS was participating, while the supervisor and head nurse of Unit 6 rated the SLS as selling, with a Kappa of $.20$ ($p > .05$), a rate of agreement better than chance but not significant at the $.05$ level. Unit 8 was the only unit on which members of the triad agreed that the head nurse's SLS was participating.

Out of the 10 units tested, all respondents on Unit 8 agreed on PLS and SLS, perceiving the head nurse's style in both categories to be selling in the former and participating in the latter. Nevertheless, analysis of

data across all units for both PLS and SLS showed no significant agreement. See Table 2 for triad rating of SLS.

Table 1

Triad Ratings of Primary Leadership Style

	Telling	Selling	Participating	Delegating
<hr/>				
Unit				
1	N		S	
2		S	NH	
3		SH	N	
4		SH	N	
5			SNH	
6	S	N	H	
7		N	SH	
8		SNH		
9		SN	H	
10		N	H	

Note. H = Head Nurses; N = Staff Nurses; S = Supervisors.

(The head nurse for Unit 1 and the supervisor for Unit 10 did not complete PLS data.)

Table 2

Triad Ratings of Secondary Leadership Style

	Telling	Selling	Participating	Delegating
Unit				
1		S		N
2	N	H	S	
3		N	SH	
4		N	SH	
5		SN		H
6	N	SH		
7		H	N	S
8			SNH	
9		H	SN	
10	N	H		

Note. H = Head Nurses; N = Staff Nurses; S = Supervisors.
 (The head nurse for Unit 1 and the supervisor for Unit 10
 did not complete SLS data.)

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to examine whether there was agreement about the leadership style of the head nurse as perceived by the head nurse, her or his supervisor, and her or his staff nurses. Little research has been conducted to discover the perceptions of staff nurses regarding their head nurses' leadership styles. Furthermore, supervisors' perceptions of their head nurses' leadership styles have seldom been examined.

Summary

Using the LEAD-Self and LEAD-Other tools, the investigator obtained and analyzed information about the leadership style of the head nurse as perceived by herself or himself, her or his staff members, and her or his supervisors. In addition, staff nurses and head nurses participating in the study were surveyed by way of a demographic tool, which the investigator developed.

Analysis of demographic data revealed that the staff nurses and the head nurses were predominantly female. The staff nurses had more bachelor's degrees than did the head nurses. The staff nurses had been in their respective units longer than had their head nurse. The mean age for both the staff nurses and head nurses was 40 years.

Analysis of data across all units for both the PLS and SLS showed no significant agreement. Findings of the study showed no overall agreement among members of the triad. It should also be noted that delegating, a leadership style commonly endorsed in the literature (Adams, 1990; Keenan et al., 1990; Wolf, 1986), was not chosen as a PLS by any of the members of the triad and was chosen as a SLS in 3 out of 10 instances.

Conclusions

Leadership is a process of communication that influences members of the health care team to achieve common goals and maintain professional relationships. As noted in the literature, many head nurses have inadequate preparation to assume leadership responsibilities; they are often placed in their positions as a result of clinical expertise rather than their leadership potential (DiMarco, Goodson, & Hauser, 1989; Hersey & Duldnt, 1989; Wolf, 1986). Hence, head nurses require additional assistance in taking on the challenges of leadership, particularly if they are to progress toward a leadership style that conveys the humanistic tenets of the nursing profession.

Ideally, leadership should be a proactive rather than a reactive process. The head nurse should be encouraged to discover her or his style and, through self-assessment as well as the evaluation of others, should be able to adapt behaviors that are conducive to the effective management of

a unit. By using SLT, an organizational communication theory, successful leaders consistently evaluate their behaviors and adjust them to meet the specific requirements of each situation. If effective communication exists among the members of the team, head nurse ratings by all parties will be similar.

Scope and Limitations

Some of the limitations of this study include the governmental designation of the hospital, that the study was conducted in a single setting, and that the sample size was limited within that setting according to specific units in the hospital. This was a descriptive study, which disallows for determining causality regarding findings. As previously noted, the investigator was employed in the hospital, and while she made every effort to protect the confidentiality of participants, it is possible that her employment within the facility limited the number of participants.

Other limiting factors include the LEAD tools themselves. Analysis of the demographic data showed that the staff nurses and the head nurses were primarily female. The tools might not adequately account for gender differences. For example, variances might have occurred had female staff nurses rated a male head nurse or had a contingent of male staff nurses rated a female head nurse.

Another limitation to consider in a study of this nature is the educational background of the raters. There might have been differences, depending on the degrees held or lack thereof, among the raters attributable to education and its socializing influences, circumstances indiscernible with use of the LEAD tools.

Yet another limitation was the amount of time a head nurse had been observed by her or his rater. For example, in this study the staff nurses on one unit had been in their unit for 5 years, whereas the head nurse had been in it for 3. The differences in tenure may have accounted for variations in perceptions and expectations.

Two other limitations include the general status of the units at the time of the study and the corporate culture in which the study took place. Lay-offs, budget cuts, and surveys by regulatory agencies such as Joint Commission might have skewed the perceptions of some raters, either in favor of or against the prevailing management style at the time. Similarly, the culture of a governmental hospital might bear special, identifiable characteristics that cannot be adequately addressed with use of the LEAD tools.

SLT promotes the use of a variety of styles for different environments. Nonetheless, the investigator found it difficult, based on the study findings as well as her experience with the LEAD tools, to see how the tools contribute to knowledge about whether the leader is using

the appropriate leadership style in a given situation. Any of the limitations noted here could create confusion about choosing a style according to specific assessments and the analysis generated from them.

Recommendations

The following recommendations are made, based on the results of this descriptive study:

1. In a subsequent study, the LEAD instruments should be applied several times, limiting the sample for variables such as age, gender, degrees held, tenure in unit for both staff and head nurses, and significant events, such as layoffs, that have the potential for creating workplace tribulations.

2. The study should be replicated using a larger sample and should be completed in both private and community hospitals, as well as chronic versus acute care facilities, and on units rendering primary versus team-leading nursing care models in all specialties, including geriatrics, Maternal/Child Health, psyche, Peds, Med/Surg, and Critical Care.

3. A potential area for future investigation might be to examine whether increasing levels of disagreement about PLS and SLS coincide with levels of conflict on the units in question.

4. The head nurse should complete regular self evaluations and should promote the use of an evaluation tool regarding her or his leadership style and its efficacy, according to the perceptions of staff members and supervisors. In addition, the head nurse should be willing to alter leadership style as a result of the findings.

5. Based on the results here, an educational program that addresses leadership style, as well as ways to share perceptions among staff members, should be developed and offered at the study setting.

6. The LEAD tools should be applied in more controlled settings in order to establish the validity of the instruments and to evaluate their usefulness to the nursing profession.

The leadership style of the head nurse affects the behavior and participation of the nursing staff members. Hersey and Duldnt (1989) have written, " . . . there is a need for a system of common understandings and language between and among leaders and their followers:

Communication congruency is believed to help people function well together to achieve unity" (p. 7). This study demonstrates the ongoing need for research regarding the methods, manifestations, and perceptions of leadership style, as well as how the development of leadership practice can be satisfactorily encouraged.

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APPENDIX A

San Jose State University

Permission Letter

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Feryal Yigit, Nursing
181 Ada Avenue # 6
Mountain View, CA 94043

From: Serena W. Stanford *Serena W. Stanford*
Office of Graduate Studies and Research

Date: June 6, 1991

The Human Subjects Institutional Review Board has approved your request to use human subjects in the study entitled:

"Leadership Style of the Head Nurses as
Perceived by Head Nurses, Staff Nurses, and
Supervisor"

This approval is contingent upon the subjects participating in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to any and all data that may be collected from the subjects. The Board's approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised that each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2480.

CC: Terry W. Miller, Nursing

APPENDIX B
Study Setting Permission Letter

Date: April 22, 1991

From: M. Matheson, RN Clinical Coordinator

Subj: Thesis

To: San Jose State University

Ms. Feryal Yigit may conduct a study project entitled: "Is there a difference of perception of leadership among the members of the triad staff nurse, head nurse, and supervisor?"

This study requires the analysis of answers obtained thru an anonymous questionnaires given to the members of the triad above.

Ms. Yigit will provide information on the findings if requested.

Thank you,

Mary Ann Matheson RN

APPENDIX C

LEAD Tools Permission Letter

April 16, 1991

LEADERSHIP
STUDIES

Feryal Yigit-DesJardens
181 Ada Avenue, Unit #6
Mountain View, CA 94043

Dear Ms. Yigit-DesJardens:

230 W. THIRD AVE.
ESCONDIDO
CALIFORNIA
92025-4180

619/741-6595

We have received your request for use of the LEAD Self and LEAD Other instruments. Your interest in Situational Leadership is appreciated. It has been a major focus of Dr. Hersey and the staff here to provide quality leadership training and tools to health care providers. The text, Situational leadership In Nursing, co-authored with Dr. Bonnie Weaver Duld, R.N., has been one result.

You are granted permission by Leadership Studies to use the LEAD Self and allied instruments in your research project. The instruments must be acquired from a legitimate source, such as University Associates. A Resource Guide is enclosed for your review. Please note both the public and special price for research and education uses.

Please do not reproduce any of the instruments. This is a violation of copyright laws and is not covered by the Fair Use Act. Replication, though cheaper to you in the short run, violates reproduction and publishing agreements we hold with legitimate publishing and distribution firms. Because of this, and other factors such as quality control and copy count, permission to reproduce **can not** be granted.

Should you need any other assistance, including ways to conduct your research at minimum cost. Please feel free to contact myself or any member of the staff here.

Sincerely,

William A. Turk
Vice President

Enclosure:

UARG

APPENDIX D

Participant Cover/Consent Letter

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130 • FAX: 408/924-3135

Dear Registered Nurse,

You are invited to participate in a study that will examine leadership style of head nurses as perceived by head nurses, their staff nurses, and their supervisors.

If you decide to participate, you will be asked to complete a questionnaire that takes approximately fifteen minutes to complete. The questionnaire is coded only to reflect that it came from a nurse of a particular unit and anonymity and confidentiality is strictly assured.

Information gathered in the study will not be connected to you in any manner, and will be used by the investigator as part of a thesis. If published, no data will reveal your identity.

The decision to participate in this study is voluntary and your decision not to participate does not by any means affect you professionally. Further, you may decide to withdraw at any time.

The benefits of completing this questionnaire is that it adds knowledge to the area of nursing administration in order to better prepare and educate our future leaders.

If you have any other questions or concerns about this study, please feel free to contact my advisor, Dr. Terry Miller at (408) 924-3171 or Dr. Stanford, Associate Academic Vice President for Graduate Studies and Research at San Jose State University, (408) 924-2480.

Thank you very much for enhancing the knowledge of leadership in nursing.

Signature of participant

Signature of investigator
or witness

Date

APPENDIX E
Demographic Questionnaires

Dear Staff Nurse,

When filling out the questionnaire, please circle the choice which you think most closely describes THE BEHAVIOR OF YOUR HEAD NURSE.

Please send the completed questionnaire in the self-addressed envelope provided for your convenience.

Thank you very much for your cooperation in enhancing the knowledge of leadership in nursing.

Sincerely yours,

F. Yigit, RN

Age _____

Sex _____

Highest degree held _____

Years in unit _____

Years in hospital _____

Part time or full time _____

Dear Head Nurse,

When filling out the questionnaire, please circle the choice which you think most closely describes YOUR BEHAVIOR.

Please send the completed questionnaire in the self-addressed envelope provided for your convenience.

Thank you very much for your cooperation in enhancing the knowledge of leadership in nursing.

Sincerely yours,

F. Yigit, RN

Age _____

Sex _____

Highest degree held _____

Years as head nurse _____

Years in hospital _____

Dear Supervisor,

When filling out the questionnaire, please circle the choice which you think most closely describes THE HEAD NURSE WHOM YOU SUPERVISE.

Please send the completed questionnaire in the self-addressed envelope provided for your convenience.

Thank you very much for your cooperation in enhancing the knowledge of leadership in nursing.

Sincerely yours,

F. Yigit, RN