# THE RELATIONSHIP BETWEEN LEADERSHIP EFFECTIVENESS AND STAFF TURNOVER IN NURSING HOMES

by

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#### A Thesis

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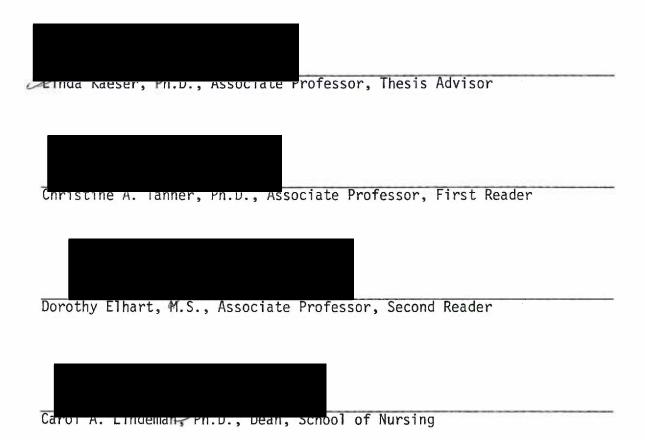
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# TABLE OF CONTENTS

CHAPTER	<u>.</u>	PAGE
I	INTRODUCTION	1
	Review of the Literature	2
	Cost of Turnover	2 3 4
	Leadership Theory	6 11 11
II	METHODS	12
	Overview of Methods	12
	Design	12
	Variables	12
	Sample	12
	Instruments	13
	Procedure	15
	Data Analysis	15
III	RESULTS	16
	Dominant and Supportive Style of Directors of Nursing	16
	Leadership Effectiveness of Directors of Nursing Service	17
	Relationship Between Leadership Effectiveness and Turnover	17
	Relationship Between Ownership Characteristics, DNA Characteristics and Home Size and Turnover	17
IV	DISCUSSIONS AND CONCLUSIONS	19
	Dominant and Supportive Style of Directors of Nursing Service	19
	Leadership Effectiveness of Directors of Nursing Service	20

# TABLE OF CONTENTS (Continued)

CHAPTER		PAGE
	Relationship Between Leader Effectiveness and Turnover	20
	Relationship Between Owner Characterization, DNS Characteristics, Home Size and Turnover	22
٧	SUMMARY, IMPLICATIONS AND RECOMMENDATIONS	23
	Limitations of the Study	23
	Implications for Nursing	24
	Recommendations for Further Study	24
VI	REFERENCES	26
VII	APPENDICES	
	APPENDIX A - Letter of Introduction	30
	APPENDIX B - Cover Letter to Subject	32
	APPENDIX C - Demographic Data Sheet	34
	APPENDIX D - The LEAD Instrument	36
	APPENDIX E - Raw Scores, Nursing Homes by Code	
	Number, Turnover Rate and LEAD Scores	40
	APPENDIX F - ANOVA Ownership Status	42
ABSTRACT		

# LIST OF TABLES

TABLE		PAGE
1	Dominant and Supportive Leadership Styles of Directors of Nursing Services	16
2	Correlations Between Turnover Rates and LEAD Scores by Ownership Characteristics	17
3	Correlations Between Turnover Rates and LEAD Scores by Nursing Home Size	18
4	Correlations Between Turnover Rates and LEAD Scores by Selected Directors of Nursing Service Characteristics	18

# LIST OF FIGURES

FIGURE		PAGE
1	The Management Grid Model	. 6
2	Lead Patterns Based on Situational Leadership Theory	. 9
3	Relationship of Leadership Style to Turnover	. 11

#### CHAPTER I

#### INTRODUCTION

More than five million people currently reside in nursing homes, and that number will undoubtedly increase as the proportion of elderly in the population increase. With more elderly in need of nursing homes, there will be a corresponding need for more nursing home staff and for directors with strong leadership abilities.

The primary need of nursing home residents is for planned nursing care, directed towards restoring mental and physical levels of function and/or maintaining these functions as long as possible. The Director of Nursing Service in a nursing home is responsible for the recruitment and retention of professional nurses, licensed practical nurses and nursing aides who can provide the needed care. Since most of the staff in a nursing home are aides or practical nurses, the Director of Nurses assumes major responsibility for day to day control of quality and productivity.

The difficulty of retaining an adequate staff was the problem most frequently mentioned by Directors of Nursing Service during the researcher's six years of experience as a Nursing Care Consultant to nursing homes for the State of Washington. The nursing staff turnover rate in Oregon nursing homes was between 70-80% in 1978, with some reporting in excess of 300% (Report of ... Nursing Homes, 1978). Nursing staff turnover is a nationwide problem. It is estimated that there is an annual 60-70% turnover rate for nursing personnel in nursing homes (Kasteler, Ford, White and Carruth, 1979).

Inadequate leadership skills may impede the Directors of Nursing Service ability to retain staff. An understanding of leadership

behaviors that promote quality output as well as individual satisfaction may be important for staff retention. When a leadership style is inappropriate for those concerned and continues over a long period of time, the morale and climate of the organization may deteriorate resulting in turnover, absenteeism and grievances (Hershey & Blanchard, 1977). This study will focus on the relationship between the leadership effectiveness of the Director of Nursing Service in a nursing home and nursing staff turnover rates in those same homes.

# Review of the Literature

The review of the literature will discuss turnover and leadership theories. Situational Leadership Theory, as explored, will form the base of the conceptual framework for the study.

# Cost of Turnover

Excessively high turnover of personnel in nursing homes is costly to patients, staff and institutions. One nursing home administrator, when discussing turnover effects on patients, made the following plea:

"To get to know his caretaker and to know that each day the same people will be there to care for him gives the patient more security and life satisfaction than anything else in his nursing home experience. Cleanliness may be important to the patient, relief from pain and discomfort is appreciated, meals may or may not be important but people have a greater meaning for him than anything else. To be forever forced to adjust to strange faces and different voices is extremely disturbing to the average elderly patient". (Kasteler et al., 1979, pp. 23-23).

Not only are patients affected by high turnover, but as Wieland (1969) points out, institutions and other staff members are also affected. Staff members can suffer a loss of morale and often resent the temporary increase in workload. The breaking of friendly ties is also unpleasant. Wieland notes that turnover can infuse an organization

with progressive change and new ideas but too much turnover can disrupt a smoothly running organization. This disruption can be expensive. Financial costs to an institution for a new employee are estimated by Wieland as being 300-700 times the hourly pay cost for that position. Schwartz (1974) suggests a cost of four times the monthly salary of that employee. Nursing home charge nurses felt that turnover reduced their productivity by 50% (Kasteler et al., 1979).

# Causes of Turnover

Hershey and Blanchard (1977) suggest that leadership effectiveness and turnover are related, however, few studies have examined this relationship. Most studies have focused on other causes such as employee characteristics, career opportunities, wages, job satisfaction, job expectations, employee, supervisor relationships and organizational characteristics.

Employee characteristics, such as age, tenure, personality, sex and education may influence turnover. Writers agree that the young employee, recently employed is more likely to terminate than the older long term employee (Mobley, Griffith, Hand and Meglino, 1979), however, they disagree about the relationship between personality, sex or education and turnover (Mobley et al., 1979).

Lack of promotional opportunities were found to be a major cause of turnover by Kasteler et al. (1979), Mobley et al. (1979) and Pecarchik and Nelson (1979). Graen and Ginsburgh (1977) in their study of 89 University employees found a relationship between turnover and perceived relevance of current job to future career.

Mobley et al. (1979) found low pay a major reason for turnover. Pecarchik and Nelson (1979) modified this finding by suggesting that

when a nurse says the pay is too low, what is really meant is that the pay is too low for the kind of conditions under which one must work.

Mobley et al. (1979), in their analysis of six studies on turnover found job dissatisfaction significantly related to higher turnover.

They also found a weak, but significant relationship between turnover and lack of congruency between job expectation and actual job requirements.

Hellriegel and White (1973) studied the relationship of 349 certified public accountants' perceptions of supervisor-supervisee interactions and turnover. They found perceived supervisor favoritism and perceived supervisor restriction of dialogue about progress and performance positively related to higher turnover.

The organizational variables of size and profit status may also influence turnover. Wieland (1969) found higher turnover in larger organizations, however, Pecarchik and Nelson (1979) found no significant relationship between size and turnover. They did, however, find a significant relationship between lower turnover rates and a not for profit status.

# Leadership Theory

There are three broad categories of leadership theory; trait, personal behavior and situational. Trait theories explain leadership through specific characteristics found in leaders, personal behavior theories explain leadership through leader actions and situational theories explain leadership in relation to behavior vis a vis specific situations.

Trait theories identify desireable leader characteristics such as intelligence, personality and physical appearance. Ghisell found a

definite correlation between leadership and specific traits. Hershey and Blanchard (1977) however, while reviewing research literature on trait theories, found little consistency or significance in Ghisell's correlations. Arndt and Huckabay (1975) note that the trait theory approach does not prioritize traits as to importance nor does it consider the role of followers in relationship to the leader. Also the evergrowing list of desireable traits adds to the confusion in leadership theory.

Personal behavior theories are concerned with style or that set of behaviors one observes when a leader performs their role and interacts with followers. Styles include autocratic, participative, laissez-faire, instrumental and "great man" leadership behaviors. Autocratic leaders are directive and often motivate by fear while a participative leader involves the followers in the decision making. The laissez-faire style encourages followers to function without direction. Instrumental leadership controls resources, both people and objects. The "great man" style combines the instrumental and participative approaches with a personal charisma (Moloney, 1979). As in trait theory, one is presented with an endless list of behaviors to describe leadership which again results in confusion in leadership theory.

A more sophisticated personal behavior theory was introduced by Blake and Moutan. The management grid model combines concepts of task accomplishments and personal relationships. The five leadership styles in this model are described as: Impoverished (1-1), Country Club (1-9), Task (9-1), Middle-of-the-road (5-5) and Team (9-9). (See Figure 1).

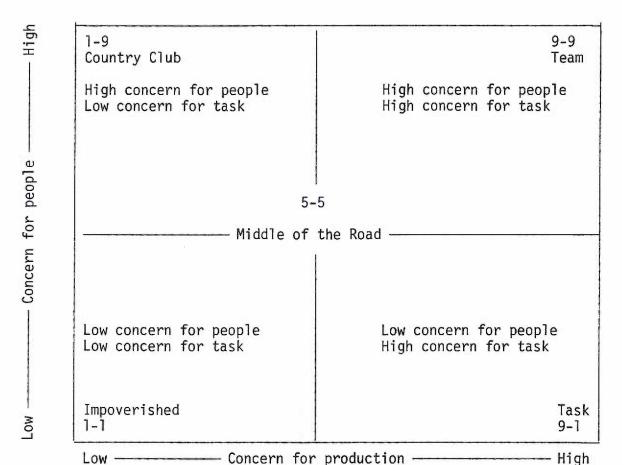


Figure 1. The management grid model. (Hershey & Blanchard, 1977)

The number on these styles indicate the degree to which concern for people (vertical axis) is of importance and the degree to which concern for production (horizontal axis) is of importance. A leader with a score of nine on the vertical axis has a high concern for people. A leader with a score of nine on the horizontal axis has a maximum concern for production. A leader with a 5-5 score has equal concern for people and production (Hershey & Blanchard, 1977).

# The Conceptual Framework-Situational Leadership Theory

Situational theory explains leadership in terms of effectiveness in adapting a style which is most appropriate to the situation. The elements considered in this theory are the behavior of the leader, the

maturity level of the followers and the task to be accomplished. This theory will be examined in more detail as it forms the conceptual framework for the study.

Leadership behavior for situational leadership theorists is that behavior observed when a leader attempts to influence activities of followers. Task behavior describes how extensively leaders organize and define the roles of the followers e.g.: what activities each is to do and when, where, and how tasks are to be accomplished. Relationship behavior describes how extensively leaders maintain personal relationships between themselves and members of their group (followers) by opening up channels of communication, providing socioemotional support, "psychological strokes", and facilitating behaviors (Stogdill & Coons, as cited by Hershey & Blanchard, 1977).

Hershey and Blanchard refer to high task/low relationship leader behavior as a style characterized by one-way communication in which the leader defines the roles of followers and tells tham what, how, when, and where to do various tasks. High task/high relationship behavior is described as 'selling' because with this style most of the direction is still provided by the leader. He or she also attempts, through two-way communication and socioemotional support, to the follower(s), to have the followers psychologically buy into the decisions that have to be made. High relationship/low task behavior is called 'participating' because with this style the leader and follower(s) now share in the decision making process. In addition to two-way communication the participatory style includes much facilitating behavior from the leader based on the follower(s) ability to do the task. Low relationship/low task behavior is called 'delegating' because the style involves letting

the follower(s) function independently with only general supervision. When the effective leader uses this style he or she assumes the follower(s) have a high task and psychological maturity.

The effective leader, in situational leadership theory, correctly assesses the maturity level of the followers and the complexity of the task and adapts his or her style of leadership accordingly. The maturity level of the followers assumes a high level of relevance in the theory and refers to the point a person has reached on a continuum from immaturity to maturity. A mature follower is one who has the capacity, education and experience necessary for setting and achieving high goals while an immature follower lacks these attributes. In Hershey and Blanchard's situational leadership theory, task relevant maturity is more significant than emotional maturity. Task-relevant maturity is job related and focuses on ability and technical knowledge vis a vis the tasks while psychological maturity is personality related and focuses on feelings of self confidence and self respect (Hershey & Blanchard, 1977).

In addition to assessing the maturity of the follower, the effective leader assesses the complexity of the task vis a vis the degree of structure or direction necessary for successful completion.

The maturity of the followers as well as the complexity of the task, therefore, determines which leader behavior is most effective. When the style of a leader is appropriate to a given situation it is termed effective; when the style is inappropriate to a given situation it is termed ineffective. See Figure 2.

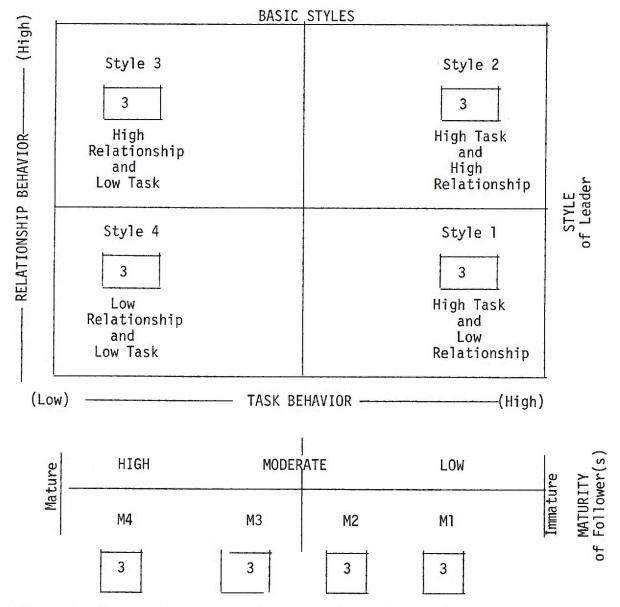


Figure 2. Lead patterns based on situational leadership theory. (Hershey & Blanchard, 1977, p. 230).

How might situational leadership theory be translated into the nursing home environment? The leaders (Directors of Nursing Service) rely on staff with a variety of educational and experimental backgrounds to accomplish patient care tasks that range from simple to complex. In a nursing home, followers are registered nurses, licensed practical nurses and nursing aides. The nursing aides lack the education necessary for

successfully setting and achieving high goals related to complex tasks associated with care of frail individuals. Experience increases their understanding of specific tasks but deficits in knowledge interferes with their ability to assess, plan, implement and evaluate patient care. Since self confidence and self respect may be negatively affected by lack of career mobility or personal achievement the aide may also be psychologically immature. Licensed practical nurses received more education than aides and this allows them to handle more complex tasks: however, they frequently are required to assess, plan, implement and evaluate care for frail individuals. Successful setting and achieving high goals in this area is based on an educational background that they do not have. The registered nurse in a nursing home is also often expected to manage patient care tasks that are more complex than her education prepared her for. Often because of the very limited number of registered nurses, he or she is required to make higher level nursing decisions or supervise others. Seldom has this nurse received the educational background necessary for successful goal setting and achievement in these task areas.

Tasks in nursing homes range from simple to complex and the maturity of followers from low to high. The successful Director of Nursing Service, as the official and often the only professional leader, must evaluate the complexity of each task and the maturity of the follower that is to do that task and then adapt his or her leadership style accordingly. If the assessment of task complexity or follower maturity is incorrect or if the leader is unable or unwilling to adapt his or her leadership style to fit the situation, followers may withdraw.

Temporary withdrawal may result in low productivity and permanent withdrawal in turnover. See Figure 3.

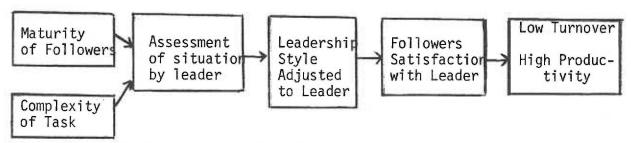


Figure 3. Relationship of leadership style to turnover.

## Statement of the Problem

The question of interest in this study concerned the relationship between leadership effectiveness and the rate of staff turnover since factors affecting turnover are important and leadership effectiveness was thought to be one of these factors.

# Hypothesis

There will be a negative relationship between leadership effectiveness and staff turnover rate.

#### CHAPTER II

#### **METHODS**

# Overview of Methods

This study was designed to investigate the relationship between staff turnover and the leadership effectiveness of a targeted sample of Directors of Nursing Service in nursing homes throughout the State of Oregon.

Questionnaires were sent to Directors of Nursing Service in nursing homes having membership in the Oregon Health Care Association. The questionnaires consisted of general demographic information and the Leadership Effectiveness and Adaptability Description (LEAD) instrument. Design

A non-experimental, descriptive correlational research design was used in this study. This design describes relationships between variables and provides a groundwork for further investigation as to specific cause and effect relationship.

#### Variables

The independent variable was leadership effectiveness of Directors of Nursing and the dependent variable the turnover rate of Registered Nurses, Licensed Practical Nurses and Nursing Aides in the nursing home. Extraneous variables include the educational background of the Directors of Nursing Service, length of administrative experience, nursing home size, and ownership patterns.

#### Sample

The sample consisted of 39 (36%) of the 107 Directors of Nursing Service whose nursing homes met the criteria for inclusion. The criteria were: 1) bed capacity of 30 to 300 beds; 2) membership in Oregon

Health Care Association and 3) licensure as a nursing home in the State of Oregon. Nursing homes size was limited as the researcher believed that homes of less than 30 beds tended to be family operated businesses and that homes of over 300 beds tended to be state institutions. Membership in the Oregon Health Care Association was included as criteria because that association provided organizational support through letters to their membership, entry for the researcher, and a forum for distribution of the study results.

Although there was a 50% return rate from the selected population, data from 15 respondents was incomplete, thereby reducing the total useable responses to 39. Lack of data on turnover rates was responsible for the rejection of 13 respondents and lack of inclusion of the LEAD instrument was responsible for rejection of two.

# Instruments

The Leadership Effectiveness and Adaptability Description (LEAD) was utilized to measure situational leadership attributes in the Directors of Nursing in interactions with employees. This instrument measures the diagnostic skill and adaptability of the leader in selecting a leadership style. It also identifies the leaders dominant and supportive style. The Directors of Nursing Service selected one of four approach responses to 12 described situations. Each of these situations had a possible effectiveness score ranging from -2 to +2. The possible range for scores is from -24 to +24. The 12 situations included clusters of three, each relating to one of four leadership styles: high-task/low relationship, high task/high relationship, high relationship/low task and low relationship/low task. The high task/low relationship style is

appropriate for groups of low maturity (M1). High task/high relationship style is appropriate for groups of moderate maturity (M2). High relationship/low task style is appropriate for groups of moderate high maturity (M3). Low task/low relationship style is appropriate for group (M4) high maturity.

The LEAD was standardized on the responses of 264 managers constituting a North American Sample. A study of test retest reliability of the LEAD, in two administrations across a six week interval showed that 75% of the managers maintained their dominant style and 71% maintained their supporting style. The correlation for the adaptability scores was .69 (Green, 1980). Several validity studies have been conducted. Most important to the present study was a correlation of .67 between the adaptability scores of the managers and the independent ratings of their supervisors (Green, 1980).

Turnover rates for each nursing home were determined by asking the Director of Nursing Service to provide the number of terminations and the number of staff positions for the period of time beginning November 1, 1980 to November 1, 1981. The turnover rate was computed by dividing the number of terminations by the number of staff positions and multiplying by 100. In addition to completing the LEAD questionnaire and giving information regarding turnover and staff positions, the Directors of Nursing Service were asked to provide certain demographic information, including the year of graduation from the last nursing program, the number of years holding an administrative position, the number of beds in the nursing home and a description of ownership characteristics. (Appendix C).

## Procedure

A LEAD instrument and information questionaire was sent to each Director of Nursing Service studied with instructions, a cover letter from the Executive Director of Oregon Health Care Association and a stamped, self-addressed envelope. If the material was not returned in three weeks, the researcher called the Director of Nursing Service who was to have submitted the material.

#### Data Analysis

The Pearson's product moment coefficient was used to measure the degree of correlations between LEAD scores and turnover rates. Additional correlations were computed by categories of nursing home ownership status and nursing home size (small, Medium and Large). Correlations were also done by categories which reflected the year the Director of Nursing Service graduated and number of years of administrative experience.

#### CHAPTER III

#### **RESULTS**

This descriptive correlation study was done to determine the relationship between staff turnover and leadership effectiveness of Directors of Nursing Service in Oregon nursing homes.

# Dominant and Supportive Style of Directors of Nursing

The LEAD instrument provided information about the leader's dominant and supportive styles and also scored their leadership effectiveness. The majority (82%) of the 39 directors sampled had as their dominant style that of high task/high relationship (Style 2) and the majority (64%) also had high relationship/low task (Style 3) as their supportive style. See Table 1. Hershey and Blanchard (1977) state that this combination of styles is the most common in the United States.

Table 1

Dominant and Supportive Leadership Styles of Directors of Nursing Service

	Dominan	t Style	Supporti	ve Style
	Number	%	Number	%
Style 1 High task/low relationship	0	0	6	15
Style 2 High task/high relationship	32	82	7	18
Style 3 High relationship/low task	7	18	25	64
Style 4 Low relationship/low task	0	0	1	3
	39	100	39	100

# Leadership Effectiveness of Directors of Nursing Service

The overall leadership effectiveness (LEAD) scores ranged from 0 to +20 as compared to a national range of -6 to +6. The higher the score, the more effective the leadership style. It would appear that the directors sampled had more effective styles than the national average. The mean was 9.3 with a standard deviation of 4.4

# Relationship Between Leadership Effectiveness and Turnover

The overall turnover rate was 85% with a standard deviation of 46% and a range from 21 to 257%. The hypothesis that there is a negative correlation between leadership effectiveness and staff turnover was not supported. The Pearson's r was not significant at -.11  $(P \le .05)$ .

Relationship Between Ownership Characteristics, DNS Characteristics and Home Size and Turnover.

Analysis by Pearson's r of LEAD scores and turnover rates, ownership status, size of facility and Directors of Nursing Service and Director of Nursing Service characteristics showed no significant results (See Tables 2, 3, and 4).

Table 2

Correlations Between Turnover Rates and Lead Scores By
Ownership Characteristics

Туре	N	LEAD Scores	Turnover Rate	Correlations*
Large chain	8	7.8	114%	r =09
Small chain	12	8.2	64%	r =15
Not for profit	8	11.0	73%	r =27
Single home	11	10.5	77%	r = +.11

Table 3

Correlations Between Turnover Rates and LEAD Scores
By Nursing Home Size

Size	N	LEAD Score	Turnover Rates	Correlations*
30 to 59 beds	12	10.8	70%	r =14
60 to 99 beds	12	9.9	108%	r =25
100 + beds	15	7.5	77%	r = +.06

Table 4

Correlations Between Turnover Rates and LEAD Scores
By Selected Directors of Nursing Service Characteristics

Subjects	N	LEAD Score	Turnover Rates	Correlations*
Graduated prior to 1970	25	9.0	77%	r =06
Graduated 1970 or later	14	9.6	98.5%	r =24
3 yrs. administration exper.	15	10.8	96%	r =09
3 yrs. administration exper.	24	8.0	77.6%	r =31

 $<sup>\</sup>star$  Not significant at .05

#### CHAPTER IV

#### DISCUSSIONS AND CONCLUSIONS

No significant relationships were found between turnover and leadership effectiveness, ownership characteristics, home size or personal characteristics of the Director of Nursing Service. There was, however, some interesting data about the dominant style and the leadership effectiveness of the Director of Nursing.

# Dominant and Supportive Style of Directors of Nursing Service

Study findings indicated that the majority of the 39 Directors of Nursing Service sampled had as their dominant style that of high task/ high relationship. These findings should be examined in relation to the complexity of the task and the maturity level of the staff in nursing home settings. The overwhelming percentage of nursing staff in nursing homes are aides and practical nurses who are frequently required to accept responsibilities that exceed the complexity level for which they have been educated, hence in Hershey and Blanchard's framework, have a generally low level of maturity. Situational leadership theory describes high task/low relationship behavior as the most effective style of leadership to use with followers of low maturity. This study indicated that none of the Directors of Nursing Service had this style as a dominant style and only 15% used this style as a 'backup' or supportive style.

The high task/high relationship style used by these Directors of Nursing Service might be a cause of turnover or a result. It might contribute to turnover through employee withdrawal in the face of inappropriate leadership. On the other hand, the Director of Nursing Service might respond to potential turnover of staff by providing

Socioemotional support. Another possibility is that Directors of Nursing Service view their behavior differently than their staff do. Directors may have responded to the recent emphasis on communication and interpersonal relationships and felt a need to give behavior responses they thought would be more acceptable to the researcher.

# Leadership Effectiveness of Directors of Nursing Service

The Directors sampled did score higher than the national average on effectiveness. This may reflect the nursing professions stress on evaluating problems and situations relating to people. Nurses, necessarily develop perceptive skills in their practice which enable them to assess a situation with more accuracy than non-nurse leaders. Nurses also develop flexibility in coping with rapidly occurring changes in patient conditions. These combined factors of diagnostic skill and adaptability are components in leadership effectiveness. On the other hand the higher scores may reflect what Hershey and Blanchard refer to as taking the least risk choice in selecting leadership approaches. The LEAD tool is scored by assigning a -2, -1, +1, and +2 to responses to questions. A -2 response produces greater error than a -1. The tendency of the Directors of Nursing Service may have been to choose an approach which caused less friction and therefore a 'safer' style even if it was not the most effective.

# Relationship Between Leader Effectiveness and Turnover

Findings showed no indication that lower staff turnover rates and the leadership effectiveness of the Directors of Nursing Service were related. These findings are in conflict with the findings of Hellriegel, White (1973) and Graen, Ginsburgh (1979). Hellriegel and White found

a significant relationship between attitude toward supervision and turnover. Graen and Ginsburgh posited a relationship between the degree of assimilation into the work setting and resignation. They inferred that a cause was poor leader-member interactions. In the present study, there is no data relating to the assimilation process or to the time relationship between assimilation and termination. Hellriegel and White did find that the employees terminating had a less favorable attitude toward the leader-member interaction than did those who did not terminate. This was not tested in this study.

One possible explanation for insignificant findings vis a vis leadership effectiveness and turnover may be that the LEAD instrument does not adequately measure those characteristics in a Director of Nursing Service in a nursing home that affect the behavior of aides and practical nurses. The LEAD instrument measures the self perception of behavior by the leader; perhaps a more sensitive measure would be one that measured the follower's perception of the leader behavior. Another consideration is that the instrument does not give a relative value to leader behavior (i.e., does the follower who is terminating see leader behavior as more important than, less important than, or the same as pay, promotion, benefits and multiple other factors?) Economic factors such as wages, benefits, alternate employment opportunities and the general economic environment of the community may be the major driving force behind turnover. Personal characteristics of employees such as age and tenure may also be a significant factor as may the nature of the work conditions.

Relationship Between Owner Characterization, DNS Characteristics, Home
Size and Turnover

Selected owner and Director of Nursing Service characteristics were not significantly related to turnover. Analysis of turnover rates by ownership status and bed capacity revealed no significant findings when the F test was applied (see Appendix F). This was in conflict with Wieland's (1969) findings that larger organizations have higher turnover rates. In general, Oregon nursing home turnover rates remained high (85%, in 1981 compared to 70-80% in 1978), which could lead to the conclusion that turnover in nursing homes is not impacted by general economic climate.

#### CHAPTER V

#### SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

This study investigated the relationship between staff turnover and Director of Nursing Service leadership effectiveness in selected nursing homes in Oregon. Turnover rates in 39 nursing homes were correlated with the leadership effectiveness scores of the Directors of Nursing Service in those homes. Analysis failed to substantiate the hypothesis that staff turnover rates are significantly related to leadership effectiveness of the Director of Nursing Service. Analysis of turnover data by ownership and Director of Nursing Service characteristics again failed to reveal any significant correlations. Although no significant relationships were found between turnover rates, Director of Nursing Service leadership effectiveness, some interesting data was gathered regarding dominant and supportive leadership styles vis a vis maturity level of followers. The majority of the 39 directors sampled had a high task/high relationship behavior as a dominant style. Situational Leadership Theory indicates that this style is not the most effective leadership behavior for staff with a low task maturity level.

# Limitations of the Study

One limitation of this study was the limited percentage of useable questionnaire response. Another was the potential unreliability of the turnover data on useable responses. The reliability of termination and staffing data reported by the Director of Nursing Service could not be verified by the Quarterly Staffing Reports from nursing homes to the State Health Division. Fiscal cutbacks in the Health Services Division had resulted in elimination of this requirement. Since some homes do

the nature and extent of the administrative tasks and patient care management. Other areas of interest would be the relationship between wages and benefits and turnover rates for different levels of nursing home employees. Finally, a survey of terminated employees to determine their reasons for termination, would begin to bring further light on the subject of variables related to high turnover in nursing homes.

#### REFERENCES

- Arndt, C. & Huckabay, L. <u>Nursing Administration</u>. Saint Louis: C.V. Mosby Co., 1975.
- Bavelas, A. Leadership: Man and function. In B.M. Staw (Ed.)

  <u>Psychological foundations of organizational behavior.</u> Santa

  Monica: Goodyear Publishing Co., 1977.
- Ghiselli, E. Individuality as a factor in the success of management of personnel. Personnel Psychology, 13, 1960.
- Graen, G., & Ginsburgh, S. Job resignation as a function of role orientation and leader acceptance: A longitudinal investigation of organization assimilation. <u>Organizational Behavior and Human</u> Performance, 1977, 19, p. 1-17.
  - Greene, J.F. <u>A Summary of technical information about LEAD-SELF</u>.

    San Diego, California: Learning Resources Corporation, 1980.
- Hellriegel, D. & White, G.E. Turnover of professionals in public accounting: A comparative analysis. <u>Personnel Psychology</u>, 1973, <u>26</u>, p. 239-249.
  - Hershey, P. & Blanchard, K.H. <u>Management of organizational behavior</u>. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1977.
  - Kasteler, J., Ford, M., White, M., & Carruth, M. Personnel turnover a major problem for nursing homes. Nursing Homes, 1979, p. 20-25.
  - Longest, B.R. & Clawson, D.E. The effect of selected factors on hospital turnover rate. <a href="Personnel Journal">Personnel Journal</a>, 1974, <a href="23">23</a>, p. 239-247.
  - Mobley, W.J., Griffith, R.W., Hand, H.H. & Meglino, B.M. Review and conceptual analysis of the employee turnover process.

    Psychological Bulletin, 1979, 86, p. 493-522.

- Moloney, M. Leadership in Nursing. Saint Louis: C.V. Mosby, Co., 1979.
- Pecarchik, R. & Nelson, B.H. Employee turnover in nursing homes.

  American Journal of Nursing, 1973, 73, p. 289-290.
- Polit, D. & Hungler, B. <u>Nursing research-principle and method</u>. Philadelphia: J.B. Lippincott Co., 1978.
- Report of the Joint Interim Task Force on Nursing Homes. Oregon: State of Oregon, June, 1978.
- Schwartz, A.N. Staff development and morale building in nursing homes. The Gerontologist, 1974, 13, p. 50-53.
- Stevens, B.J. Nursing Theory. Boston: Little, Brown & Co., 1979.
- Wieland, G.F. Studying and measuring nursing turnover. <u>International</u>

  <u>Journal of Nursing Studies</u>, 1969, 6, p. 61-70.

**APPENDICES** 

# APPENDIX A LETTER OF INTRODUCTION



### Oregon Health Care Association

HARTZELL COBBS, PhD Executive Director 12200 N. JANTZEN AVE. - SUITE 380 - PORTLAND, OR 97217 (503) 285-9600

October 28, 1981

To: Directors of Nursing OHCA Homes

This will introduce Ms. Janyce Thomson, R.N., a graduate student of the School of Nursing, Oregon Health Sciences University. Ms. Thomson is currently undertaking her Masters of Nursing degree thesis. She will require the completion of two questionnaires (see attached).

The study is to be in the area of staff turnover and will help identify contributory factors of this significant problem. Leadership styles will be explored as a factor.

Complete anonymity for individual nurses and nursing homes is assured. A copy of the thesis will be available to all homes participating in the study.

This is a legitimate research project that is very objective in nature. I urge your cooperation with Ms. Thomson.

Executive Director, Oregon Health Care Association

APPENDIX B
COVER LETTER TO SUBJECT

Dear Director of Nursing;

I am asking for you cooperation and about twenty minutes of your time to complete the enclosed questionaire.

My years of experience in long time care have led me to believe that the leadership skills of the DNS of a nursing home are a key factor in the quality of nursing care provided, the general atmosphere of the racility and attitudes of staff members.

I do acknowledge the importance of salaries and workload levels in looking at terminations, but believe that nursing leadership can also make a difference in turnover rates in a facility. My study is designed to demonstrate this relationship.

The following information should clarify the enclosed questionaires: QUESTIONAIRE #1

This form just provides general information about your background, facility characteristics, and data to establish turnover rates.

#### QUESTIONAIRE #2

This form describes 12 situations, please circle which of the four responses that you feel is most appropriate to the problem. The purpose of this questionaire is to identify leadership styles and your degree of adaptability in selecting styles.

Please return questionaires in enclosed addressed envelope. Note that they are number coded to assure anonymity for participants. If you are interested in receiving your individual score and a trief explanation of the meaning of the score, please enclose a self addressed envelope.

All information and scores will be strictly confidential.

Thank you again for your help and if you have any questions or are interested in the study findings, please call or write to me.

Sincerely.

18690 Nw Shadow Lane Portland, Oregon 97229

Telephone: 645-6600

APPENDIX C
DEMOGRAPHIC DATA SHEET

### DEMOGRAPHIC DATA SHEET

1.	What year did you graduate from your school of nursing?							
2.	How long have you been a Director of Nursing?							
3.	How long have you been a Director of Nursing at this facility?							
4.	What size is your facility?							
5.	What is the approximate population of the community in which your							
	facility is located?							
6.	Please circle the type of facility.							
	A. An owner, on site type of home.							
	B. Member of a large chain (four or more homes).							
	C. Member of a small chain (one to four homes).							
	D. A non-profit facility.							
	E. MR/ICF facility.							
	F. Other							
7.	What is the number of terminations from nursing service for this period:							
	Beginning November 1, 1980 to November 1, 1981? Please							
	designate part-time or full-time employees if this information							
	is easily available							
8.	What is your average number of employees in nursing service, part-							
	time and full-time?							
9.	Please identify your educational needs in leadership and/or manage-							
	ment. Any comments pertinent to this study would be appreciated.							

APPENDIX D
THE LEAD INSTRUMENT

## LEADER EFFECTIVENESS AND ADAPTABILITY DESCRIPTION (LEAD) Paul Hersey and Kenneth H. Blanchard

Directions: Assume you are involved in each of the following twelve situations. READ each item carefully and THINK about what you would do in each circumstance. Then CIRCLE the letter of the alternative that you think would most closely describe your behavior in the situation presented. Circle only one choice. For each situation, interpret key concepts in terms of the environment or situation in which you most often think of yourself as assuming a leadership role. Say, for example, an item mentions subordinates. If you think that you engage in leadership behavior most often as an industrial manager, then think about your staff as subordinates. If, however, you think of yourself as assuming a leadership role primarily as a parent, think about your children as your subordinates. As a teacher, think about your students as subordinates.

Do not change your situational frame of reference from one item to another. Separate LEAD instruments may be used to examine your leadership behavior in as many different settings as you think helpful.

- 1. Your subordinates have not been responding to your friendly conversation and obvious concern for their welfare. Their performance is in a tailspin.
  - A. Emphasize the use of uniform procedures and the necessity for task accomplishment.
  - B. Make yourself available for discussion but do not push.
  - C. Talk with subordinates and then set goals.
  - D. Be careful not to intervene.
- 2. The observable performance of your group is increasing. You have been making sure that all members are aware of their roles and standards.
  - A. Engage in friendly interaction, but continue to make sure that all members are aware of their roles and standards.
  - B. Take no definite action.
  - C. Do what you can to make the group feel important and involved.
  - D. Emphasize the importance of deadlines and tasks.
- 3. Members of your group are unable to solve a problem themselves. You have normally left them alone. Group performance and interpersonal relations have been good.
  - A. Involve the group and together engage in problem solving.
  - B. Let the group work it out.
  - C. Act quickly and firmly to correct and redirect.
  - D. Encourage the group to work on the problem and be available for discussion.
- 4. You are considering a major change. Your subordinates have a fine record of accomplishment. They respect the need for change.
  - A. Allow group involvement in developing the change, but do not push.
  - B. Announce changes and then implement them with close supervision.
  - C. Allow the group to formulate its own direction.
  - D. Incorporate group recommendations, but direct the change.

- 5. The performance of your group has been dropping during the last few months. Members have been unconcerned with meeting objectives. They have continually needed reminding to do their tasks on time. Redefining roles has helped in the past.
  - A. Allow the group to formulate its own direction.
  - B. Incorporate group recommendations, but see that objectives are met.
  - C. Redefine goals and supervise carefully.
  - D. Allow group involvement in setting goals, but do not push.
- 6. You stepped into an efficiently run situation. The previous administrator ran a tight ship. You want to maintain a productive situation, but would like to begin humanizing the environment.
  - A. Do what you can to make the group feel important and involved.
  - B. Emphasize the importance of deadlines and tasks.
  - C. Be careful not to intervene.
  - D. Get the group involved in decision making, but see that objectives are met.
- 7. You are considering major changes in your organizational structure. Members of the group have made suggestions about needed change. The group has demonstrated flexibility in its day-to-day operations.
  - A. Define the change and supervise carefully.
  - B. Acquire the group's approval on the change and allow members to organize the implementation.
  - C. Be willing to make changes as recommended, but maintain control of implementation.
  - D. Avoid confrontation; leave things alone.
- 8. Group performance and interpersonal relations are good. You feel somewhat unsure about your lack of direction of the group.
  - A. Leave the group alone.
  - B. Discuss the situation with the group and then initiate necessary changes.
  - C. Take steps to direct your subordinates toward working in a well-defined manner.
  - D. Be careful of hurting boss-subordinate relations by being too directive.
- 9. Your superior has appointed you to head a task force that is far overdue in making requested recommendations for change. The group is not clear about its goals. Attendance at sessions has been poor. The meetings have turned into social gatherings. Potentially, the group has the talent necessary to help.
  - A. Let the group work it out.
  - B. Incorporate group recommendations, but see that objectives are met.
  - C. Redefine goals and supervise carefully.
  - D. Allow group involvement in setting goals, but do not push.
- 10. Your subordinates, usually able to take responsibility, are not responding to your recent redefining of standards.
  - A. Allow group involvement in redefining standards, but do not push.
  - B. Redefine standards and supervise carefully.
  - C. Avoid confrontation by not applying pressure.
  - D. Incorporate group recommendations, but see that new standards are met.

- 11. You have been promoted to a new position. The previous supervisor was uninvolved in the affairs of the group. The group has adequately handled its tasks and direction. Group interrelations are good.
  - A. Take steps to direct subordinates toward working in a well-defined manner.
  - B. Involve subordinates in decision making and reinforce good contributions.
  - C. Discuss past performance with the group and then examine the need for new practices.
  - D. Continue to leave the group alone.
- 12. Recent information indicates some internal difficulties among subordinates. The group has a remarkable record of accomplishment. Members have effectively maintained long-range goals and have worked in harmony for the past year. All are well qualified for the task.
  - A. Try out your solution with subordinates and examine the need for new practices.
  - B. Allow group members to work it out themselves.
  - C. Act quickly and firmly to correct and redirect.
  - D. Make yourself available for discussion, but be careful of hurting boss-subordinate relations.

APPENDIX E

RAW SCORES

NURSING HOMES BY CODE NUMBER,

TURNOVER RATE AND LEAD SCORES

RAW SCORES

NURSING HOME # TURNOVER		LEAD	NURSING HOME #	TURNOVER	LEAD
#2	135%	11	#55	35%	12
#6	65%	16	#58	70%	7
#7	47%	0	#60	105%	8
#13	95%	10	#62	96%	7
#14	113%	11	#67	53%	6
#15	120%	7	#68	63%	11
#17	124%	11	#73	52%	7
#22	94%	12	#76	67%	13
#25	30%	11	#77	66%	4
#27	68%	10	#80	27%	13
#28	103%	5	#85	60%	20
#30	33%	8	#86	100%	9
#31	175%	14	#87	123%	5
#34	130%	4	#98	80%	5
#35	257%	9	#99	50%	6
#40	25%	18	#100	88%	11
#41	50%	13	#107	144%	4
#43	110%	3	#108	21%	3
#50	88%	17			
<b>#51</b>	55%	11			
#54	84%	10			

APPENDIX F
ANOVA-OWNERSHIP STATUS

### ANOVA-OWNERSHIP STATUS

Source of variance	SS	df	MS	F	Р
Between groups	1.55	3	.51	2.55	<.05
Within groups	7.3	35	.20		
Total	8.85	38			

#### ANOVA-BED SIZE CAPACITY

SS	df	MS	F	Р
1.13	2	.56	2.8	<.05
7.41	36_	.20		
8.54	38			
	1.13 7.41	1.13 2 7.41 36	1.13     2     .56       7.41     36     .20	1.13     2     .56     2.8       7.41     36     .20

# AN ABSTRACT OF THE THESIS OF Janyce Thomson

For the MASTER OF NURSING

Title: THE RELATIONSHIP BETWEEN EFFECTIVE LEADERSHIP AND TURNOVER RATES

APPROVED:							
-	Linda	Kaeser.	R.N.	Ph.D	Thesis	Advisor	272

This study investigated the relationship between staff turnover and the nursing effectiveness of 39 Directors of Nursing Service in 39 Oregon nursing homes. The Directors of Nursing Service education and experience as well as nursing home size and ownership status were also examined.

The Director of Nursing Services leadership effectiveness (the ability to adapt a style best suited to the complexity of the task and the maturity of the followers) was measured by the LEAD tool and correlated by Pearson's r to turnover rates for that home. There were no significant findings vis a vis leadership effectiveness and turnover rates. The LEAD tool provided information about the leader's dominant and supportive styles. The majority of the Directors of Nursing Service sampled had as their dominant style that of high task/high relationship and had as their supportive style that of high relationship/low task. The overall effectiveness score of the directors sampled was higher than the national average.