Improving Practice Through Understanding Nurse Manager's Self-Perceived Behaviors of

Transformational Leadership

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Abstract

Nurse managers are pivotal to the success of today's complex adaptive healthcare organizations. As front-line leaders, nurse managers advocate for patients and families in an exceptionally complex system, and play a primary role in ensuring staff engagement, patient safety, and quality care. Unfortunately, nurse managers are often not adequately prepared for this critical role, and rarely understand the practice of transformational leadership which has been shown as the most effective style for the environment in which they work. This Doctor of Nursing Practice project was undertaken to understand and describe the self-perceived frequency of transformational leadership behaviors and attributes in nurse managers who work in a complex adaptive system. A convenience sample of nurse managers completed the Multifactor Leadership Questionnaire providing quantitative data regarding the self-perceived behaviors across three leadership styles and three outcomes of leadership. The nurse manager respondents perceived their practice to be more consistent with transformational leadership than with passive-avoidant or transactional leadership. In addition, the data highlighted strengths and areas for improvement in relation to transformational leadership. The project resulted in evidence based recommendations the organization can implement to advance the practice of nurse managers towards transformational leadership. While leadership development is often a personal journey the organization has an important role in cultivating transformational leadership by offering purposeful and deliberate opportunities for nurse managers to learn and advance in their practice. Nurse managers who practice as transformational leaders are positioned to improve the outcomes of healthcare organizations.

Keywords: nurse managers, nurse leaders, transformational leadership, complex adaptive systems, multifactor leadership questionnaire

Healthcare organizations, as complex adaptive systems (CAS), are made up of many parts, where each part is related or connected at some level and the system thrives on relationships and their intersections (Crowell, 2016; Eoyang & Holladay, 2013). The role of the nurse manager is pivotal to the success of today's healthcare organization as they live at the intersection of the healthcare system and the point of service, ensuring patient safety, quality care, and improving outcomes for patients and staff (Porter-O'Grady, 2015). These front-line leaders advocate for patients and families in an exceptionally complex system, and are responsible for managing an organization's valuable resources both human and capital (DeCampli, Kirby, & Baldwin, 2010) . With the consistent evolution of healthcare and evolving delivery structures, expectations of nurse managers continue to be more expansive as they are challenged to manage and adapt to constant change supporting nurses in new roles and opportunities (Aiken & Harper-Harrison, 2012; Brooks, Crawford, Nicklas, & Soldwisch, 2014; DeCampli et al., 2010). Nurse leaders have been called upon to become full partners with other healthcare professionals in redesigning healthcare in the United States by engaging in discussions regarding healthcare reform and leading decision-making focused on implementation efforts (Institute of Medicine, 2010). Nurse leaders will need the skills to steer health policy, advance health equity, and redesign the healthcare system (Montavlo & Veenema, 2015). All of these factors make the nurse manager one of the most difficult and most important roles in any healthcare setting (DeCampli et al., 2010).

The Problem

The complexity of the nurse manager role requires an effective leadership approach so that sound decision making is maintained amongst cognitive, emotional, and physical overload (Shirey, 2015). The leadership styles of the past are no longer germane in the current healthcare

environment. These leadership styles such as laissez-faire and transactional leadership are task-oriented in nature and are based in offering rewards that are congruent with performance, however, this leadership type is not consistent with the transforming nature of the nursing profession (Lievens & Vlerick, 2014).   In contrast, transformational leadership (TL) is grounded in relational leadership and evokes trust and respect, and motivates followers to go above and beyond work expectations to achieve organizational goals (Wong, Cummings, & Ducharme, 2013). Transformational leaders are charismatic and inspire followers by acting as role models, creating acceptance of the mission and purpose for the team (Bass & Avolio, 1994). Transformational leadership has emerged as the most effective leadership style for the complex adaptive healthcare environment in which nurse managers function, and has been recognized for its value in supporting leaders as change makers versus maintainers of a rigid organization (Crowell, 2016; Lievens & Vlerick, 2014).

Population Affected by the Problem

Nurse managers are often not adequately prepared to embody TL attributes and act as TL leaders. Nurse managers are frequently promoted into their current leadership position because they excel in their clinical position (Kelly, Wicker, & Gerkin, 2014). Becoming a successful leader requires not only clinical expertise, but also effective use of emotional and cultural intelligence. Studies show that nurse managers are often the least prepared of the healthcare leaders to handle the challenges that they will face in their role (Fennimore & Wolf, 2011). The existing evidence regarding TL and nurse managers recommends that TL is the leadership style that nurse managers should demonstrate. However, organizations often fail to understand the leadership style of their nurse managers and disregard strategies that support development of

nurse managers to become transformational leaders. As a result ineffective leadership practices

can take root giving rise to poor organizational outcomes (Conley, Branowicki, & Hanley, 2007).

Transformational leadership. Transformational leadership was first described by Burns

(1978) in his theory of leadership. The theory was developed further by Bass (1985) who

outlined how it could be measured and its influence on the enthusiasm and performance of

followers. The theory proposed by Bass (1985) illustrates the influence that leaders have in

moving their followers and the organization (Ross, Fitzpatrick, Click, Krouse, & Clavelle, 2014).

Transformational leadership is exemplified as leading through motivation of others, and

encourages followers to envision and achieve change rather than accomplishing tasks or

operational practices (Bass & Avolio, 1994; 2008). Organizations with transformational leaders

often create synergistic environments where creatively managing change is accomplished

through intrinsic motivation to move staff to exceed expectations.

The five behaviors of leaders who exhibit TL include

- "Builds Trust", inspires power and pride in followers, goes beyond their own individual interest and focus' on the interests of the group;

- "Acts with Integrity", discusses their most important values and beliefs, focuses on creating a shared vision always considering the moral and ethical consequences of their actions;

- "Encourages Others", motivates others around them, provides meaning and challenge to their follower's work, encourages them to envision a better future for the organization;

- "Encourages Innovative Thinking", stimulates follower's efforts to be innovative, questions assumptions and reframes questions, solicits new ideas and creative solutions from followers;

- "Coaches and Develops People", focuses attention on each individual's need for achievement and growth, coaches and mentors to develop followers to higher levels of potential through learning opportunities.

(Bass & Avolio, 2015).

Complex adaptive systems. Complex adaptive systems are nonlinear, interactive systems that adapt to the changing environment through self-organization of independent representatives who interact on a variety of levels resulting in emergence of new ideas, structures, and patterns (Crowell, 2016). Due to the constant changing nature of a CAS permanence is not possible and uncertainty becomes the norm making it impossible to predict the future state of either the parts of the system or the whole (Eoyang & Holladay, 2013). Complex adaptive systems often feel intense and appear nebulous, but out of the dynamic interactions patterns unfold which feed back into the system to recalibrate in creative new directions (Porter-O'Grady, 2015). This environment can be difficult and stressful for nurse managers who are still tied to addressing issues in a linear fashion. The nurse manager as a leader must possess competent team leadership and facilitation skills to address the complex and ever changing landscape of healthcare (Porter-O'Grady, 2015). Transformational leaders are successful within a CAS because they value interpersonal relationships and the interdependence of representatives ultimately embracing and coping with the ambiguity (Crowell, 2016).

Literature Review

A review of the literature was conducted to explore TL, the role of the nurse manager, and nurse manager development for TL. The databases reviewed include CINAHL, PubMed, EBSCO Health Business Elite and Google Scholar. Search terms included; "transformational leadership", "transformational leadership and nurse managers", "behaviors of transformational nurse managers", "implementing transformational leadership", "implementing transformational leadership and nurse managers", "nurse manager development and transformational leadership", and "transformational leadership and outcomes". Additional searches included a variety of combinations with the following key MESH terms: "nurse administrator", "nurse leader", "leadership", "frontline nurse leader". Articles included for review were those published between 2006 and 2017 that reported data in English. A total of 412 articles were reviewed by title and then by abstract and articles that did not pertain to nurse managers, nurse administrator, nurse leaders, frontline nurse leaders in combination with transformational leadership were excluded. A total of 29 articles were included. In addition, reference lists of included articles were reviewed for relevant studies that were manually searched for and included or excluded according to the above criteria. This search methodology resulted in four articles included in the review for a total of 33 articles.

Patient Outcomes

To improve patient outcomes, it's important to consider how leadership is understood and practiced in healthcare contexts, particularly on nursing units. In 2013, Wong et al. conducted a systematic review of studies published from 2005 to 2012, examining the relationship between nursing leadership practices and patient outcomes. Nineteen outcome variables were reported in the review by the authors, and subsequently categorized into five themes including, "patient mortality, patient safety outcomes such as the incidence of adverse events involving patients or

complications during hospitalization, patient perceptions of satisfaction with care, and healthcare utilization such as length of stay" (Wong et al., 2013, p. 711). There were a total of 12 articles included in the review that looked at TL, and of these, ten articles showed a significant positive result between TL and the patient outcome measured. The findings point to the key relationship between TL, and the reduction of adverse events specifically, medication errors. Findings also showed a positive trend for restraint use and hospital-acquired infections when TL is embodied by the nursing leader. Three of the six studies looking at mortality outcomes revealed a strong negative relationship with TL. Interestingly, a significant positive relationship was found between patient satisfaction and both TL and transactional leadership styles indicating that some elements of each style may be indicated to ensure patient experience is positive. The findings of this review support the assertion that TL practices by nursing leaders are positively associated with several categories of patient outcomes (Wong et al., 2013).

Transformational leadership is also a positive contributor to a safe patient environment. A significant relationship between leadership style and safety climate has emerged with a positive association for TL and negative for laissez-faire leadership (Merrill, 2015). Nurse manager leadership style is associated with socialization and training, blameless system, and pharmacist support as a component of interprofessional teamwork. Pharmacist support showed the strongest association with TL, indicating that nurse managers with TL style are better able to develop relationships with interprofessional team members to further promote a safe patient environment (Merrill, 2015). Merrill (2015), contends that nurse managers who exhibit TL behaviors can positively affect socialization of new nurses, a blameless environment, and interdisciplinary relationships with pharmacists thereby promoting an environment that is safe for patients.

The impact of leadership styles used by ED nurse managers in academic health centers on nurse turnover and patient satisfaction was studied by Raup (2008), but no relationship between nurse managers who exhibited TL and patient satisfaction scores was found. The mean overall patient satisfaction scores for nurse managers who predominantly used TL as well as nurse managers who predominantly used a non-TL leadership style were 76.68% and 76.50% respectively (Raup, 2008). Additional research on leadership style and patient experience should be conducted on this subject, as patient experience is an increasingly important outcome for healthcare organizations as well as patients.

Staff Outcomes

The bulk of the research exploring the effect of TL style in nurse managers on staff outcomes focuses on nursing workforce issues and the work environment including nursing retention and intent to stay, nurse well-being, engagement, burnout, empowerment, and to a lesser degree staff safety. As mentioned previously, staff outcomes play a pivotal role in patient outcomes. Aiken's (2002) research as cited in Cummings et al. (2010) found the factors that influence nurse job satisfaction are important to understand as declining job satisfaction can be an important symptom or proxy for quality care issues and poor patient outcomes, including increased patient mortality. In addition, the positive and negative influences of various leadership styles can have an indirect impact on patient outcomes through the nursing workforce and the environment in which they are employed (Wong et al., 2013). The studies discussed in this inquiry indicate that the relationship between nurse managers who demonstrate TL and staff outcomes is positive.

Nursing workforce and work environment. With a documented shortage of nurses as well as nurse leaders, it becomes increasingly important to find ways to develop nurse leadership

styles to ensure positive outcomes for the nursing workforce and work environment (Spence Laschinger, Wong, Grau, Read, & Pineau Stam, 2012). Transformational leadership styles result in improved factors related to nursing workforce and work environment while task-focused leadership styles, such as a management by exception or laissez-faire approach result in poor workforce factors and work environment (Cowden, Cummings, & Profetto-Mcgrath, 2011). The findings from a comprehensive review conducted by Cummings et al. (2010) point to a trend that supports people focused leadership by nurse managers such as TL, contributes to improved outcomes. Factors such as staff satisfaction, staff relationships with work, intent to stay, as well as staff health and wellbeing, and work environments were all improved through TL. With little exception, TL practices led to more frequent positive outcomes for the nursing workforce and nursing work environments than did other more task focused leadership styles (Cummings et al., 2010).

Transformational leadership practices among nurse managers also had a positive influence on the quality of the care given to patients and was a predictor of the nurses' intent to stay at their current healthcare facility (Lavoie-Tremblay, Fernet, Lavigne, & Austin, 2016). Staff turnover rate for nurse managers who predominantly exhibited TL was lower at 13 percent than the staff turnover rate for nurse managers who used non-transformational style leadership at 29 percent (Raup, 2008). Nurse managers who engage in TL practices facilitate better outcomes not only for the nursing workforce, but for the organization as a whole.

Nurses quality of work-life contributes to their own outcomes in addition to patient outcomes, and nurse manager leadership style is a major predictor of nurses' quality of work-life. Transformational leadership is positively linked to organizational justice which in turn is positively linked to the quality of nurses work-life (Gillet, Fouquereau, Bonnaud-Antignac,

Mokounkolo, & Colombat, 2013). Poor nursing leadership in healthcare organizations can adversely impact work cultures and lead to burnout, poor engagement, and job satisfaction in nurses. It is generally understood that burnout and engagement among nurses critically influence the quality of patient care and the ability of healthcare organizations to function at a high level (Laschinger & Leiter, 2006). In a review of the evidence, TL increased well-being and decreased burnout factors in staff nurses (Weberg, 2010). Across variables and studies, TL had a positive effect on nurses. Transformational leadership decreased exhaustion and burnout, and increased well-being, and job satisfaction while other leadership styles such as transactional leadership negatively impacted job satisfaction, well-being, and stress and exhaustion (Weberg, 2010).

Failla and Stichler (2008) conducted research, the results of which support the notion that TL positively effects nurse job satisfaction in addition to autonomy and professionalism in nursing. Interestingly, the authors found a significant difference between the manager and staff nurse perception regarding the manager's incarnation of TL. Nurse managers perceived themselves to be more transformational than the nurses working for them (Failla & Stichler, 2008). Transformational leadership in nurse managers, as perceived by nurse staff members, is strongly associated with nurse staff member's perceptions of personal burnout (negatively) and engagement (positively), and the presence of TL may influence important aspects of the work environment including manageable workload, control, reward, community, fairness, and values (Lewis & Cunningham, 2016). This research creates a strong argument for organizations to consistently validate nurse manager's self-perception of TL attributes in contrast to the perception of the nurses who report to them.

Staff nurse safety. Workplace safety is an increasingly challenging matter for healthcare organizations. Healthcare workers including nurses face a wide range of hazards on the job, including sharps injuries, harmful exposures to chemicals and hazardous drugs, back injuries, latex allergy, violence, and stress. Although it is possible to prevent or reduce healthcare worker exposure to these hazards, cases of nonfatal occupational injury and illness with healthcare workers are among the highest of any industry sector (Centers for Disease Control and Prevention, 2017). These statistics are highly undesirable in the context of a worsening nurse shortage.

While there has been much research conducted on the relationship between TL and worker safety outside of healthcare, authors Lievens and Vlerick (2014) sought to fill a gap in the literature related to the effect of TL on nurses' safety performance and the role of knowledge-related job characteristics in this relationship. Consistent with research outside of healthcare, nurses with nurse managers who exhibited TL complied more with and participated more in safety thereby increasing nurse compliance with safety practices. Nurse managers who exhibit TL attributes are able to convey a compelling vision regarding safety that motivate nurses to go beyond their self-interest leading them to be more eager to help colleagues in risky situations and to make a greater effort concerning safety. Furthermore, transformational nurse managers can influence the perceptions of nurses regarding the amount and kind of knowledge their job requires. This influence facilitates different perspectives on work-related problems and encourages innovative or alternative solutions for these problems (Lievens & Vlerick, 2014). The results suggest that TL in nurse managers is a valuable catalyst to improving nurse safety as well as diffusion of safety practices to improve organizational safety performance.

Major Contributions and Gaps in Literature

The literature clearly authenticates the positive relationship between nurse managers who exhibit TL style and positive patient outcomes within healthcare organizations. Nurse managers who practice TL have a positive effect on a multitude of patient outcomes including patient mortality, incidence of adverse events involving patients, safe patient environment, complications during hospitalization, patient satisfaction with care, and length of stay (Merrill, 2015; Wong et al., 2013). Only one study did not find a singularly positive relationship between TL and patient satisfaction, but rather found a combination of TL and transactional leadership lead to higher patient satisfaction (Raup, 2008). While the existing literature base connecting TL with patient outcomes is compelling, more research is needed to unequivocally correlate TL with patient outcomes. Current research is also needed to advance the understanding of this relationship within the current context of healthcare reform and value based reimbursement.

The vast majority of research exploring TL and the role of the nurse manager focuses on staff outcomes. Again, the research supported a positive relationship between nurse managers with a TL style and nursing workforce, work environment including nursing retention and intent to stay, nurse well-being, engagement, burnout, empowerment, and staff safety (Cowden et al., 2011; Cummings et al., 2010; Failla & Stichler, 2008; Gillet et al., 2013; Laschinger & Leiter, 2006; Lavoie-Tremblay et al., 2016; Lewis & Cunningham, 2016; Lievens & Vlerick, 2014; Raup, 2008; Spence Laschinger et al., 2012; Weberg, 2010; Wong et al., 2013). Continued research related to TL and staff outcomes is warranted as the healthcare environment evolves and adapts perpetually. Knowing whether TL persists as the most effective leadership style in the years to come will be crucial to the success of healthcare organizations.

How the Literature Relates to the Organizational Problem

In a CAS organization that is currently struggling to meet benchmarks for healthcare outcomes including patient quality and safety, and nurse retention and engagement, advancing TL in nurse managers is a logical solution based on the current evidence. Complex adaptive systems provide the framework for relationships and interactions with others which radically influences how teams work together and their ability to achieve outcomes. Nurse leaders play a pivotal role in developing and fostering the relationships and emerging conditions that are foundational for innovative outcomes (Porter-O'Grady, 2015). Transformational leaders are valued for their ability to see the whole system and facilitate second order change or change of the system itself. Transformational leaders emphasis on relationships is a good match for the CAS organization (Crowell, 2016). A project focused on understanding the self-perceived frequency of leadership behaviors and attributes of nurse managers associated with TL will provide a foundation for organizational strategies targeted at increasing the frequency of TL style in nurse managers and ultimately improving outcomes.

Project Purpose

The purpose of this Doctor of Nursing Practice (DNP) project is to improve the practice of nurse managers through an understanding of their self-perceived frequency of TL behaviors and attributes. The self-perceived frequency of TL behaviors and attributes will provide a foundation to identify evidence based organizational strategies to increase the frequency of TL practice in nurse managers.

Methodology

Setting

Project setting. The setting for this project included acute care hospitals within a regional healthcare organization (RHO). This RHO is part of a larger Catholic healthcare organization founded over 160 years ago. The larger Catholic healthcare organization is the third largest healthcare system in the United States which spans six states including Oregon, Alaska, Washington, Montana, California, and Texas. The RHO is the largest healthcare provider in the state, and is a not-for-profit network of hospitals, health plans, providers, clinics, home health services, and affiliated health services. This project specifically focused on the eight acute care hospitals within the RHO. The eight acute care hospitals are spread across urban and rural settings in a single state with a total of 1,452 beds, including two critical access hospitals. Four of the hospitals are located in and around a metropolitan city, with the four additional hospitals located in the surrounding rural areas ("Providence Health and Services Oregon and Southwest Wasington: About us," 2017).

Context. As a Catholic healthcare organization the RHO and its regional and ministry level leadership teams are very tied to the organizational mission, in particular service to the poor and vulnerable. The leadership team including nursing leaders make decisions with this mission in mind. Leaders within the organization often refer to the system as matrix, but the multiple layers including system, regional, and ministry level components definitely make this a complex adaptive system. There does not appear to be a defined leadership model within nursing at the RHO. The leadership model most frequently referenced is, servant leadership. Servant leadership is a common leadership model within Catholic healthcare organizations. This model was first described by Robert K. Greenleaf in 1970 and emphasizes attributes of listening,

empathy, healing, awareness, persuasion, commitment to human growth, and community building (Spears, 1998). While there are some similarities between servant leadership and TL, servant leadership does not incorporate a broad enough spectrum of leadership competencies for success in today's complex adaptive healthcare organization. Rudnick (2007) stresses that it is imperative that Catholic healthcare organizations consider future leadership needs and make plans to meet them through models such as TL.

  Readiness to change. The eight acute care hospitals within the RHO have been struggling to make sustained improvement to key outcomes related to patient quality, patient safety, nurse engagement, and nurse retention. The organization's readiness to change was apparent through the implementation of interventions to improve the environment in which the organization's nurse managers function. It was clear that the organization recognized the importance of the nurse manager role in improving these outcomes as they began work focused on improving the scope and span of the nurse manager role with the hopes that it would improve the nurse manager's ability to be actively involved in interventions to improve outcomes. As part of this effort, a new job description was written to better describe the expectations of the nurse manager role in relation to quality and safety with a goal of spending 70% of time in activities to improve quality, safety, and staff engagement outcomes. The organization also pursued removal of historical expectations for nurse managers to perform administrative duties that resulted in tasks that hindered the nurse manager from working at the top of their license. Lastly, the organization developed a large number of self-directed learning modules for nurse managers, and recently launched a didactic leadership course for new nurse managers to aid in their development.

The Chief Nursing Officers (CNOs) also expressed readiness for change. Collectively, the CNOs have expressed frustration that the nurse managers are not focused on the most pertinent issues or the issues that will lead to improved outcomes. In their view, the nurse managers are more concerned about the management aspects of their role versus the leadership aspects. This concern has lead the CNOs to express interest in an intervention that will facilitate effective nurse manager leadership in the complex adaptive environment.

The nurse managers within the RHO have also expressed the desire for change in the form of leadership development opportunities beyond didactic education. The results of a recent nurse manager survey regarding development needs supported their desire for more leadership development with some even specifically asking for development within the realm of TL.

Facilitators and Barriers

Facilitators. The hope was that the readiness to change expressed on the part of the organization through action, and the expressed desire for change on the part of the CNOs, and nurse managers would facilitate the project implementation and desired outcomes. It was also believed that gaining support from the CNOs and the nurse managers at the earliest stage of the project would be pivotal in ensuring the success of the project. One key method employed to gain support was a brief presentation of the project by the project lead at nurse leader meetings as part of recruitment. The presentation not only described the project and participant expectations and privacy, but also provided a brief overview of the evidence in relation to TL. The intent in describing the evidence and related improvement in outcomes was to garner interest and engagement of nurse managers in gaining a deeper understanding and eventually implementing practices of TL. As Margaret Wheatley (2007) discussed in Creating Healthy

Community Change, people support what they create, and participate in that which they are engaged.

Barriers and challenges. As with any group of professionals it was likely that there would be variability in personalities and beliefs regarding professional development and TL within the group of nurse managers working in the RHO. This nurse manager group was not homogenous and included nurse leaders from a variety of age and generational groups, years of experience as a nurse manager, education, professional certifications, and backgrounds. There was a high probability that at least some of the nurse managers did not view TL and their own professional development as beneficial either because of where they are in their own career or because of past experiences. It was probable that these individuals would not be willing to complete the MLQ survey.

An anticipated challenge to this project was that it spanned eight individual hospitals each with its own nursing leadership and culture. It was difficult to determine which hospital might pose more of a challenge or for that matter which hospital might facilitate the project, but the CNO support and culture that had been created in regards to professional development and learning could certainly play an important role in this. This is why emphasis was placed on CNO support early on in the project.

Participants

Inclusion and exclusion criteria. The target population was nurse leaders working in a nurse manager position within the acute care hospitals of the RHO. Inclusion criteria included employment as a nurse manager within the Clinical Operations – Nurse Manager job description in an acute care hospital, and direct oversight of one or more inpatient departments. Exclusion

criteria included not working in a nurse manager role under the Clinical Operations – Nurse Manager job description, not working in an acute care hospital, no direct oversight of one or more inpatient departments.

Recruitment of Participants. Potential participants were recruited through convenience sampling by means of a written invitation delivered in person at hospital leadership meetings. The invitation included a link to the Multifactor Leadership Questionnaire™ (MLQ) survey and explained the project purpose and methods to ensure anonymity and confidentiality for participants. A completed survey indicated consent to participate. Participation was voluntary, and all data results were anonymous and contained no identifying information.

Protection of participants. The project was approved by the institutional review boards (IRB) at both the project site as well as Oregon Health and Science University (OHSU). The project site IRB was the IRB of record and approved the project as minimal risk while OHSU's IRB deemed the project to not be human subjects research.

Project Implementation

Implementation Procedure

This project utilized quantitative data derived from completion of the MLQ questionnaire self-form by nurse managers. Nurse managers were invited to participate in the project through in-person delivery of an invitation letter at nurse leader meetings in the acute care hospitals of the RHO. Nurse managers who chose to participate utilized the link provided at the top of the invitation letter to access the MLQ questionnaire through the Mind Garden™ website. When a participant entered the Mind Garden™ website to complete the questionnaire they were asked to enter their name, email address, and to create a password. Once the information was entered the

participant was able to complete the questionnaire. The questionnaire included 45 questions, and completion was estimated to take from 10-20 minutes. The participant results as well as group results were made available to the project lead through a downloadable file from the Mind Garden™ website. The participant results were anonymous, with identifying information including participant names and email addresses suppressed.

Measurement

Data collection tool. The MLQ self-form contains 45 items that identify and measure key leadership and effectiveness behaviors shown to be strongly linked with both individual and organizational success (Avolio & Bass, 2004). The MLQ self-form is intended to provide feedback on the respondents perceived leadership behaviors across three leadership styles or scales and three outcomes of leadership. Participants completing the MLQ evaluate how frequently, or to what degree they have engaged in behaviors as well as rate their self-perceived attributions. A five-point rating scale is utilized to evaluate the self-perceived frequency at which each respondent exhibits the behavior. The rating scale includes; 0 = "not at all", 1 = "once in a while", 2 ="sometimes", 3 = "fairly often", and 4 = "frequently, if not always" (Avolio & Bass, 2004). The MLQ has been used extensively in research and has an acceptable reliability and validity (Avolio & Bass, 2004; Kanste, Miettunen, & Kyngäs, 2007). Mind Garden™ owns the license to use and reproduce the MLQ questionnaire. Permission to use the MLQ for this project was granted by Mind Garden™.

Leadership styles. The three leadership styles measured by the MLQ include transformational leadership, transactional leadership, and passive-avoidant behaviors or Laissez-Faire. Each leadership style has its own behaviors that contribute to the practice of the leadership style, and are measured through the MLQ. Fundamentally, nurse managers display

each style to some degree, but the aim is to exhibit less of the passive behaviors and exhibit more of the TL behaviors which are shown to be the most effective for leaders (Bass & Avolio, 2015).

Transformational leadership as measured in the MLQ. Transformational leadership consists of five behaviors that when practiced result in an influential leader that can change their associates awareness to see themselves and the opportunities and challenges of their work environment in a new way and strive for higher levels of potential, and moral and ethical standards. The five behaviors of TL were described in detail previously in this paper and include "building trust", "acting with integrity", "encouraging others", "encouraging innovative thinking", and "coaching and developing people" (Bass & Avolio, 2015).

Transactional leadership as measured in the MLQ. This leadership style defines expectations and promotes performance to achieve the expectations by providing rewards and monitoring deviations and mistakes. Leaders who function in this style display two behaviors, "constructive" and "corrective". The "constructive" behavior is focused on rewarding achievement while the "corrective" behavior is focused on monitoring deviations and mistakes (Bass & Avolio, 2015).

Passive/avoidant behavior as measure in the MLQ. The least desired leadership style is passive/avoidant. Leaders who display this style do not respond to situations or problems systematically, and avoid specifying agreements, clarifying expectations, and providing goals or standards. A passive/avoidant leader manages by exception and avoids involvement all together otherwise known as 'non-leadership' (Bass & Avolio, 2015).

Outcomes of leadership. Transformational and transactional leaders both effect the success of the group they lead, with the highest levels of outcomes achieved through TL. The

desired results of leadership assessed through the MLQ include "generates extra effort", "is productive", and "generates satisfaction". Leaders who are able to "generate extra effort" have followers who strive for superior performance by action beyond their job expectations. Leaders who are viewed as "productive" are efficient in achieving organizational objectives and effectively represent their group to higher organizational levels. Lastly, leaders who "generate satisfaction" in their followers are viewed as warm, nurturing, authentic, and honest with good interpersonal and social skills. These leaders ultimately facilitate feelings of job and organizational satisfaction in their followers (Bass & Avolio, 2015).

Data collection technology and analysis. The data was collected through Mind Garden's™ transform technology which produced a data file containing each participant's individual data in addition to a group report. The group report detailed group averages for the MLQ across the three leadership scales, as well as the three outcomes of leadership. Research validated benchmarks were also provided when available as were group standard deviations of the frequency of ratings for the leadership scales and outcomes. Lastly, the group report provided comparisons with norms that represents data from 3,375 self-ratings of leaders who previously completed the MLQ (Bass & Avolio, 2015).

Ethical considerations. The most profound ethical consideration for this project was the anonymity and privacy of participants in regards to their MLQ result. The project lead was the only individual with access to the results provided by Mind Garden™, and the names and email addresses that were entered by the participants were suppressed in the results accessible to the project lead thereby providing anonymity to participants.

Cost. The cost associated with this project included the licensing fee for use of the MLQ, and the fee for the group report from Mind Garden™, as well as the cost associated with the

nurse manager's time that was used to complete the MLQ. The cost of the MLQ was less than

two hundred dollars as the administrator of the questionnaire provides a student/researcher

discount. There was an additional two hundred dollars spent to obtain the group report. The

expense related to nurse manager time is comprised of the number of nurse managers who

participated, multiplied by the average nurse manager salary. In general, the cost to conduct the

project was nominal.

Evolution of Project and Modifications

Very few modifications were made to the project once IRB approval was received. An

update to the project was necessary due to presentation materials that were not included in the

original IRB approval in addition to changes in procedure related to the participant information

that Mind Garden™ required for completion of the survey tool. A modification was submitted to

the IRB that included the PowerPoint that was used in the nurse leader meetings as part of

recruitment as well as the invitation letter with updated details describing the Mind Garden™

request for full name, email address, and password of participants. Approval for the

modification was received and no further modifications were made.

Elements that Contributed to Success or Failure

Questionnaire return rate. The return rate for nurse managers completing the MLQ

survey was very low with only six nurse managers participating out of a total of 50 nurse

managers in the organizational region. Due to the poor return rate it is impossible to ascertain

the leadership style of nurse managers in this region as the results do not allow for

generalizability. It is yet to be determined whether this project will generate enough interest in

TL that the organization will invest the resources to further explore leadership style in the nurse managers and implement recommended interventions to advance TL.

Elements hindering success. There were two major elements that hindered the success of this project ultimately affecting the number of nurse managers completing the MLQ. These elements include the concurrent timing of the organization's employee review process with this project, and the organization's policy prohibiting recruitment of subjects through the organization's email.

Concurrent timing with employee reviews. The data collection period coincided with the yearly employee review process in the organization. All employee reviews at this RHO are conducted in the month of March and "quiet time" is established during this month. Quiet time results in cancellation of the majority of nursing leadership meetings to allow time for nurse managers as well as other leaders to complete the yearly evaluations for all direct reports. The cancellation of many if not all nursing leadership meetings forced recruit for this project to take place during the meetings that were not cancelled, but often did not include all nurse managers. In addition, nurse managers were even busier than usual during the period of time when recruitment was occurring as well as data collection through completion of the MLQ. It is likely that the unfortunate and unintended project timing resulted in very few nurse managers completing the MLQ.

Proscription of recruitment through organizational email. The RHO where this project was conducted has a policy that prohibits recruitment of research subjects through the organization's email. This policy made recruitment of nurse manager participants more difficult as it required face-to-face recruitment. This type of recruitment also required that a typed invitation letter including the link to the MLQ be provided to each nurse manager. To ease the

burden of face-to-face recruitment the project lead attended nursing leadership meetings that

included nurse managers so that multiple nurse managers could be reached at one time.

However, typed invitation letters are easier to misplace than an email that can be searched for. A

typed invitation letter also required the nurse managers to hand enter the link to the MLQ instead

of just clicking on an electronic link included in an email. Lastly, the requirement of face-to-face

recruitment made it very difficult and time consuming to re-recruit as attending all the nursing

leadership meetings a second time was required. Ultimately, the inability to recruit through

email in conjunction with the poor timing of this project lead to a low return rate on nurse

managers completing the MLQ.

Key Findings

The findings discussed in this paper represent the responses of six nurse managers who

completed the MLQ out of a total of 50 nurse managers in the RHO who met the inclusion

criteria and could have completed the MLQ. Due to the low response rate these findings cannot

be generalized beyond the six respondents to the entire group of nurse managers working at the

RHO or to nurse managers working in other organizations. The findings discussed were

provided in the group report produced by Mind Garden's™ transform technology (Bass &

Avolio, 2015).

The findings discussed represent group averages for the six nurse managers who

completed the MLQ, and describe how this group of nurse managers perceived the frequency of

their own leadership behaviors. The findings included three leadership styles each with their

own behavior outcome scales. There is a total of nine behavior outcome scales; five for TL, two

for transactional leadership, and two for passive/avoidant. Eight of the scales measured

behaviors that can be practiced while the ninth scale, "builds trust", measured important concepts

that are attributed to leaders by their raters. Each scale was measured by four questions in the MLQ (Bass & Avolio, 2015).

Aggregate Scores

Transformational leadership. The total average frequency score for all five behaviors of TL was 3.4 out of a possible frequency of 4. On average the respondents felt that they exhibited TL somewhere between 3 or "fairly often", and 4 or "frequently if not always". The score of 3.4 is comparable to the research validated benchmark score of 3 or greater (Bass & Avolio, 2015).

Within TL the respondents rated "coaches and develops people" as the behavior performed most frequently with a score of 3.6 while, "builds trust" was perceived to be performed the least frequently at a score of 3 or "fairly often". All perceived behavior frequencies had relatively low standard deviations (SD) among the group with "builds trust" having the highest SD at .9 out of a total of 3. According to the research validated benchmark, the ideal frequency of all five TL behaviors should be at least "fairly often" or a rating of 3 or greater. The average frequency of perceived TL behaviors by the respondents are a little bit higher than the group norms scoring on average .4 higher, with the exception of "builds trust" scoring exactly equivalent to the group norm (Bass & Avolio, 2015).

Figure 1. Transformational Leadership Group Data
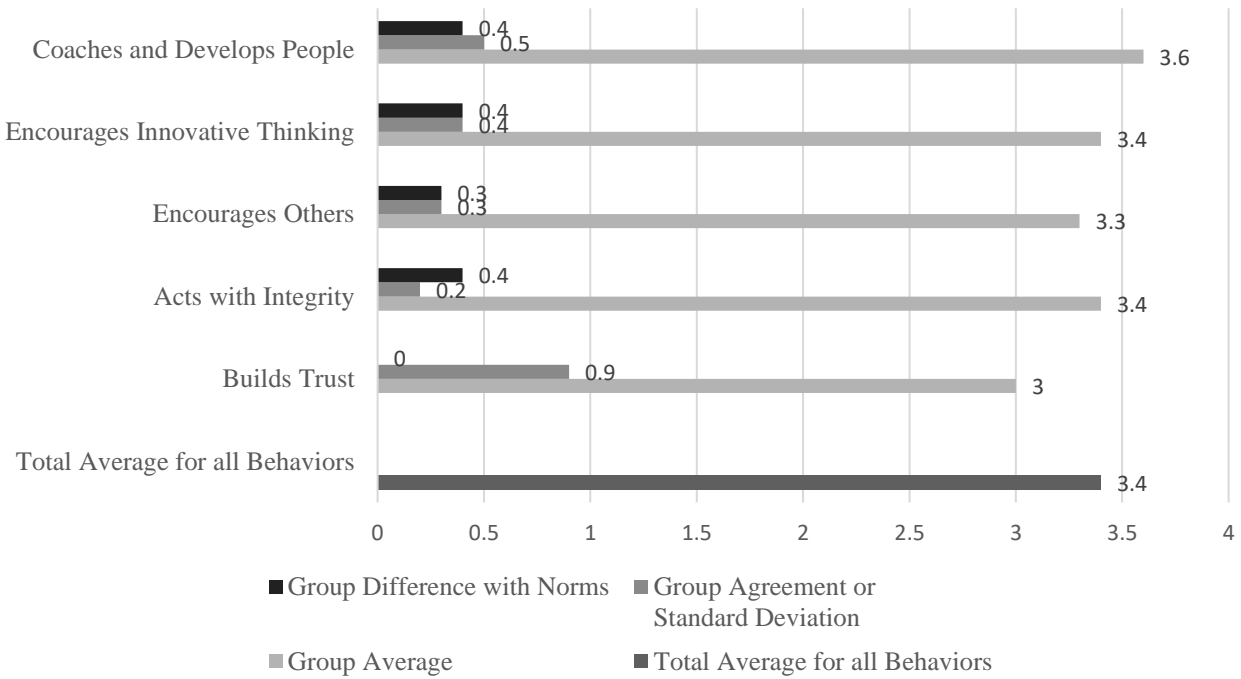
Transactional leadership. Transactional leadership is comprised of two behaviors including "rewards achievement" and "monitors deviations and mistakes". On average the group of respondents perceived the frequency of "rewards achievements" at a score of 3.1 or just above "fairly often". This is a little more frequent than the research validated benchmark indicating the ideal frequency for this behavior should be between "sometimes" or a score of 2, and "fairly often" or a score of 3. The group average for frequency of "monitors deviations and mistakes" was 1.3 which is on the lower range of the research validated benchmark for the ideal frequency between "once in a while" or a score of 1, and "sometimes" or a score of 2. Again the SDs for the behaviors within transactional leadership are quite low at .3 for "rewards achievement" and .9 for "monitors deviations and mistakes". The group scores for each behavior were also quite congruent with the group norms with "monitors deviations and mistakes" showing the largest difference at .3 (Bass & Avolio, 2015).

Figure 2. Transactional Leadership Group Data
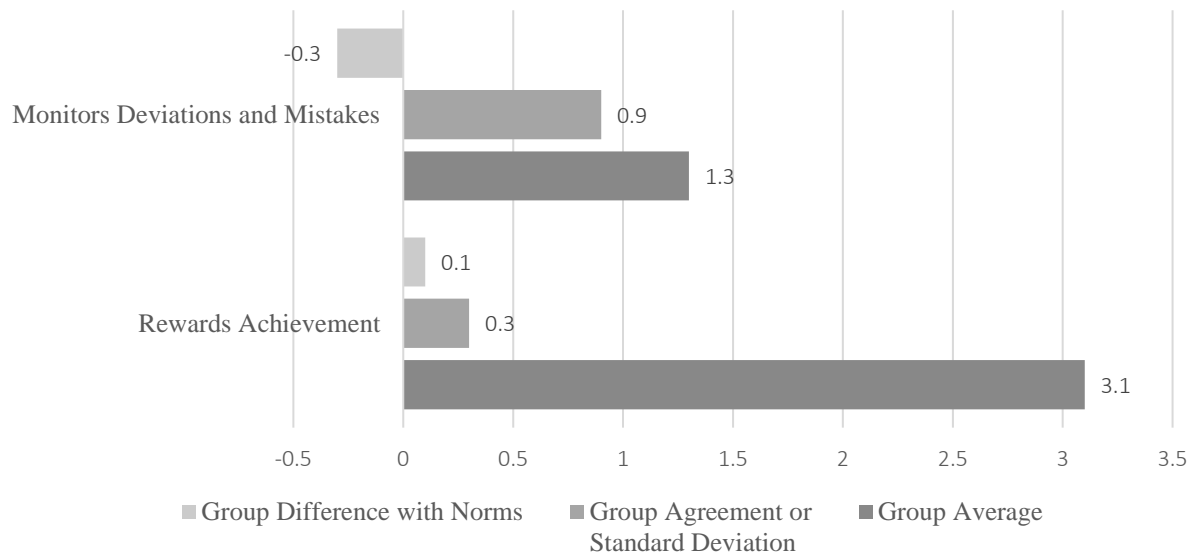
Passive/Avoidant behaviors. On average the group of respondents perceived the passive/avoidant behavior of "fights fires" at a very low frequency of .5 placing the frequency score between "not at all" or a score of 0, and "once in a while" or a score of 1. Likewise, the average frequency for the group related to "avoids involvement" is also .5. Both average frequencies for the passive/avoidant behaviors are in line with the research validated benchmark indicating the ideal frequency of passive/avoidant behaviors should be between "not at all" or a score of 0, and "once in a while" or a score of 1. The SDs for each component were quite low, at .4. The passive/avoidant behaviors were the only leadership style where the respondent group rated the frequency of behaviors lower than the group norms resulting in negative differences. The respondent group rated the frequency of "fights fires" at .5 with the comparison norms at 1.1 resulting in a -.6 difference, with "avoids involvement" scored at .5 by the respondent group as compared to norms of .6 resulting in a -.1 difference (Bass & Avolio, 2015).

Figure 3. Passive/Avoidant Group Data
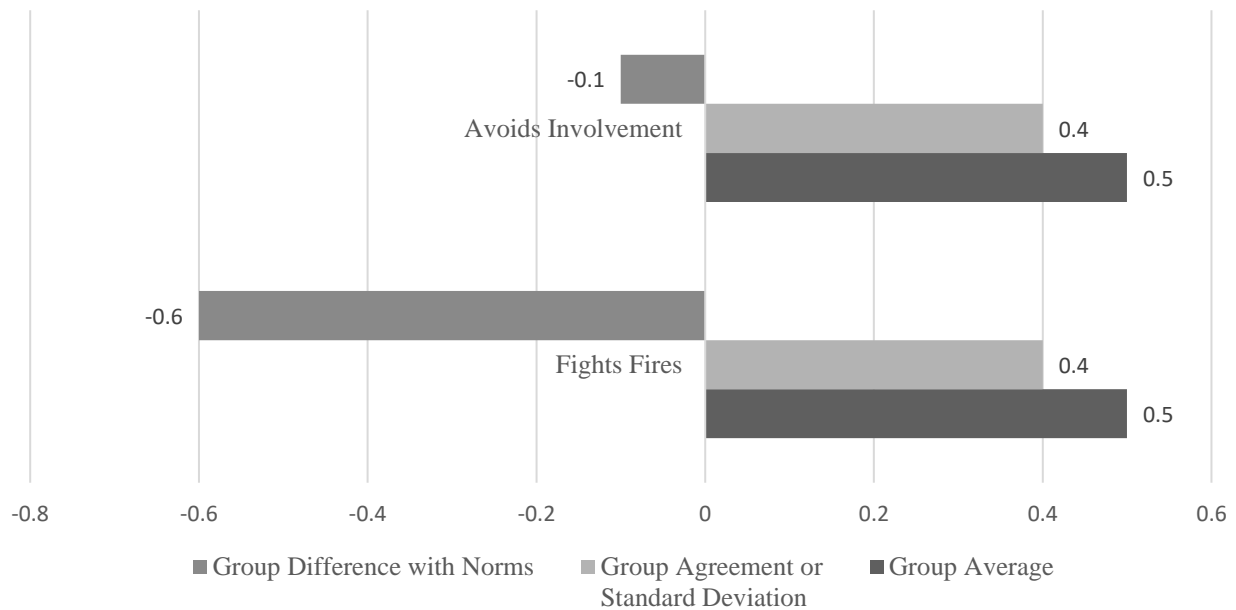
Outcomes of leadership. Interestingly, while the group averages for all components of

the three leadership styles matched the research validated benchmarks, the group averages for the

outcomes of leadership components were perceived to occur less frequently than the research

validated benchmark for these outcomes. The research validated benchmark occurred at a

frequency of 3.6, between a score of 3.5 and 4. "Generates satisfaction" was perceived to occur

the most frequently at a score of 3.5 while "generates extra effort" was perceived to occur least

frequently at 3.1 placing both frequencies of behavior in the "fairly often" category. The SDs for

the three outcomes showed little variation in responses with scores less than .5, and the

comparison with norms also showed congruency with the largest difference of .5 (Bass &

Avolio, 2015).

Figure 4. Outcomes of Leadership Group Data
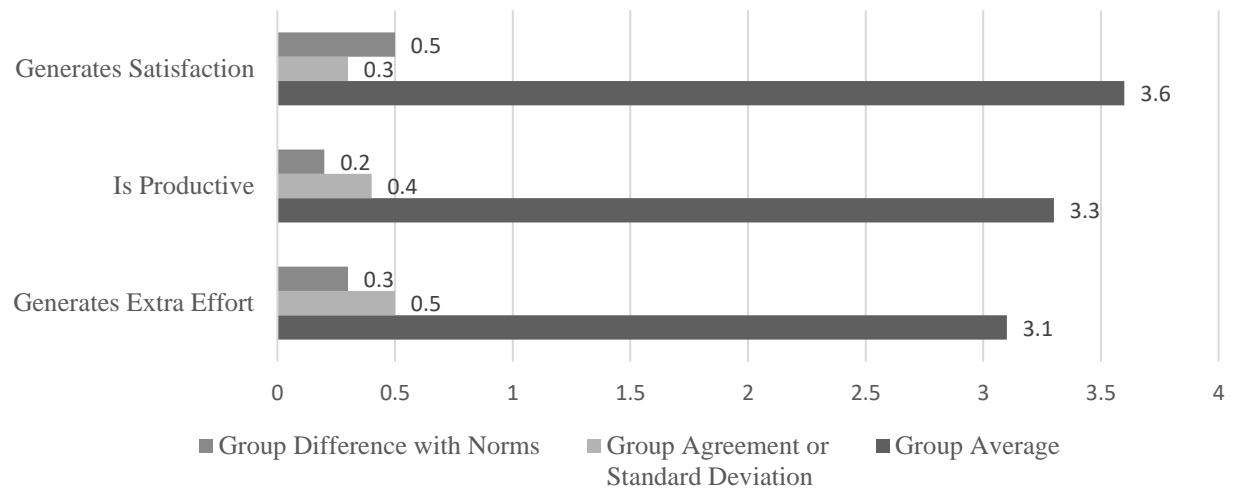
Transformational Leadership Style Strengths

The TL strengths for the group of respondents was determined by the ten highest average frequency ratings of TL leadership behaviors. Each strength was comprised of the score, associated scale, and item that the respondents rated for frequency. The highest rated strength was the item, "I consider the moral and ethical consequences of decisions" contained in the scale of "acts with integrity". This item received an average frequency score of 3.8 (Bass & Avolio, 2015).

The next five strengths were all rated at a frequency of 3.7. Three out of the five strengths were contained within the scale of, "coaches and develops people". The three items were; "I help others to develop their strengths", "I consider each individual as having different needs, abilities, and aspirations from others", and "I treat others as individuals rather than just as members of the group". The last two strengths within the group of five were contained within the scale of, "builds trust" and "encourages other" with the associated items of, "I go beyond

self-interest for the good of the group", and "I talk enthusiastically about what needs to be accomplished" (Bass & Avolio, 2015).

Table 1. Transformational Leadership Style Strengths

Score	Scale	Item
3.8	Acts with Integrity	I consider the moral and ethical consequences of decisions.
3.7	Coaches and Develops People	I help others to develop their strengths.
3.7	Coaches and Develops People	I consider each individual as having different needs, abilities, and aspirations from others.
3.7	Coaches and Develops People	I treat others as individuals rather than just as members of the group.
3.7	Builds Trust	I go beyond self-interest for the good of the group.
3.7	Encourages Others	I talk enthusiastically about what needs to be accomplished.

Transformational Leadership Areas for Development

As with the TL strengths, the areas for development within TL were determined by the eight lowest average frequency ratings of TL leadership behaviors. Each area of development is comprised of the score, associated scale, and item that the respondents rated for frequency (Bass & Avolio, 2015).

The lowest rated item at a frequency score of 2.2 was, "I instill pride in others for being associated with me" contained within the scale of, "builds trust". The second lowest rated item was "I display a sense of power and confidence" which is a component of "builds trust". This item was rated at a frequency of 2.5 (Bass & Avolio, 2015).

The third and fourth area for development were both scored at a frequency of 2.8. The third lowest rated item, "I talk about my most important values and beliefs" is part of the "acts with integrity" scale with the fourth lowest rated items, "I talk optimistically about the future" being part of the "encourages others" scale.

The last four items that are areas for development are; "I articulate a compelling vision of the future", "I get others to look at problems from many different angles", I re-examine critical assumptions to question whether they are appropriate", and "I act in ways that build others' respect for me". The items were scored from a frequency of 3 to 3.3 and were contained within the scales of; "encourages others", "encourages innovative thinking" for two of the items, and "builds trust" for the last item (Bass & Avolio, 2015).

Table 2. Transformational Leadership Areas for Development

Score	Scale	Item
2.2	Builds Trust	I instill pride in others for being associated with me.
2.5	Builds Trust	I display a sense of power and confidence.
2.8	Acts with Integrity	I talk about my most important values and beliefs.
2.8	Encourages Others	I talk optimistically about the future.
3	Encourages Others	I articulate a compelling vision of the future.
3.2	Encourages Innovative Thinking	I get others to look at problems from many angles.
3.3	Encourages Innovative Thinking	I re-examine critical assumptions to question whether they are appropriate.
3.3	Builds Trust	I act in ways that build others' respect for me.

Outcomes

In general, the small group of nurse managers who completed the MLQ perceived their behaviors to be aligned with TL and less so with transactional and passive/avoidant leadership styles. Each of the TL behavior scales were rated as occurring at least "fairly often" with some

behaviors rated as occurring closer to "frequently if not always". "Coaches and develops people" rated the highest at 3.6. While these scores show the respondents perceive their practice to be in alignment with TL, there is still room for improvement. Further review of the data indicates there are important aspects of nurse manager practice to consider both as strengths and areas for improvement. The practices and behaviors to consider include; leadership with followers, and the effect of leadership behaviors on peers and the broader organization.

Leadership with Followers

      Transformational Leadership Strengths. The group of nurse managers who responded to the MLQ had many strengths when it came to leading their followers. The highest scored strength within the "acts with integrity" scale is "I consider the moral and ethical consequences of decisions". Nurse managers, as professionals, have a duty to maintain and protect the public trust thereby creating a moral bond between the profession of nursing and society. Foundational to relationships with others is respect for the ethical principles of autonomy, beneficence, and justice. This perspective on moral relationships fits well with the concept of TL as facilitators and mentors (Cassidy & Koroll, 1994). As facilitators and mentors, nurse managers engender the trust and respect of their followers motivating them to also approach their professional work in a moral and ethical manner (Wong et al., 2013). This scale was also rated as occurring more frequently by the respondent group than the self-rated norms from 3,375 leaders who have previously taken the MLQ by a score difference of .4 (Bass & Avolio, 2015). This outcome is not surprising given that the regional healthcare organization is Catholic where ethical and moral decisions and actions are highly valued and frequently discussed.

      The three subsequent highest strengths perceived by the respondents are all contained in the behavior scale of "coaches and develops people". The items include; "I help others to

develop their strengths", I consider each individual as having different needs, abilities, and

aspirations from others", and "I treat others as individuals rather than just as members of the

group". These three items describe the commitment that the group of respondents have to

treating their staff as individuals and in facilitating growth and development based on these

individual aspects. This strength is based in relationships, and represents a self-perceived

attempt on the part of the respondents to not only recognize and satisfy their associates' current

needs, but also to expand and elevate those needs in an attempt to maximize and develop their

full potential (Avolio & Bass, 2004). Again, the scale of "coaches and develops people" was

scored higher by this group as compared to the 3,375 leaders who have previously taken the

MLQ. This outcome is not surprising given the focus on servant leadership within the

organization, and the relationship based similarities between transformational and servant leader

models (Rudnick, J. 2007).

        The last two strengths are items within "builds trust" and "encourages others". As with

the previous strengths the group scored a frequency of 3.7 for both items, "I go beyond self-

interest for the good of the group", and "I talk enthusiastically about what needs to be

accomplished" (Bass & Avolio, 2015). Transformational leaders who are willing to inhibit their

use of power gain greater levels of long term performance by developing a higher level of

autonomy, achievement, and performance helping staff reach a higher level of accomplishment.

Nurse managers must be able to inspire understanding of the healthcare system, and this begins

with a clear understanding of the value of relationships as a foundation to leadership (Porter-

O'Grady, 2015). Transformational leaders often risk the threat of replacement for the greater

gain obtained when staff are fully capable of modifying and contributing to the organization's

overall mission and goals (Avolio & Bass, 2004). Again, it is not surprising that this was perceived as a strength due to the emphasis on servant leadership within the organization.

 Transformational Leadership areas for development. The six respondents rated three out of the four items contained in the scale of "builds trust" within the group of the lowest scoring items. Interestingly, the items are related to the respondent's perceptions of how their followers perceive their leadership style. The items indicating the greatest room for improvement are "I instill pride in others for being associated with me" with the lowest score of 2.2, "I display a sense of power and confidence" with a score of 2.5, and "I act in ways that build others' respect for me" at a score of 3.3. The scale of "builds trust" is where the six respondents have the most room for growth (Bass & Avolio, 2015). Transformational leaders have followers who develop strong feelings about them and invest much trust and confidence and therefore identify with the leader and their mission. In order to accomplish the outcomes that are expected in healthcare organizations, nurse managers must be able to elicit a sense of pride from their followers through their actions and approach to the work, ultimately inspiring their followers with a vision of what can be accomplished through personal effort (Avolio & Bass, 2004). At this point, the respondents believe that their followers do not see these attributes in them very frequently and this is an area of growth for the nurse managers.

 The scale of "encourages others" was designated twice as an area for development. The two items were, "I talk optimistically about the future" with a score of 2.8, and "I articulate a compelling vision of the future" with a score of 3. It was not surprising that this scale and the associated items were indicated as areas for improvement as they are foundational to the previously discussed scale of "builds trust". Transformational leaders articulate in a comprehensible manner the shared goals and mutual understanding of what is right and

important. They provide visions of what is possible and how to attain them, all the while enhancing the meaning and promoting positive expectations about what needs to be done (Avolio & Bass, 2004).

The next two items that respondents perceived as occurring at a lower frequency were within the scale of "encourages innovation". The specific items were, "I get others to look at problems from many different angles", and "I re-examine critical assumptions to question whether they are appropriate". The RHO for which the respondents work is a CAS. Nurse managers in a CAS must be able to stimulate followers to think about old problems in new ways (Crowell, 2016). Encouraging followers to question their own beliefs, assumptions, and values as well as those of their leader is a very important component of TL and is foundational to successfully leading in a CAS (Avolio & Bass, 2004).

The last scale and item indicated as an area for development by the respondents was "acts with integrity" including the item, "I talk about my most important values and beliefs". This item's perceived frequency was 2.8. This scale focuses on a leader's behaviors in relation to influencing followers in a positive manner. In order for followers to trust and have confidence in a leader they must first understand the values and beliefs that are most important to the leader and how this ties into the work and the mission of the organization. It is difficult for a leader to arouse and inspire their followers if they never discuss what is most important to them (Avolio & Bass, 2004).

Effect of Leadership Behaviors on Peers and the Organization

The influence of leaders who display TL attributes not only affects their staff in a positive manner, but also their peer colleagues. Modeling and mentorship by leaders of TL helps to

foster these attributes in other leaders thereby creating a culture of TL. The perceived strengths of the respondents such as "I go beyond self-interest for the good of the group", I talk enthusiastically about what needs to be accomplished", and "I consider the moral and ethical consequences of decisions" all have a profound effect on the respondent's relationships with other leaders and the ability to work as a leadership team toward common goals. The modeling of TL and circulation of knowledge amongst leaders creates a flow that, through organizational learning generates essential behaviors for the organization. It is not the leaders' knowledge in itself that is strategically vital, but the presence of good leadership to enable the organization to integrate, share and use this knowledge innovatively (Montavlo & Veenema, 2015). In order for nurse managers to accomplish outcomes they must help create an innovative organization where leaders learn continuously, adapting to, and initiating changes in the organization and its environment. Transformational leadership encourages innovative behavior and strengthens motivation to improve the organization's results (Garcia-Morales, Llorens-Montes, & Verdu-Jover, 2008).

Practice Implications, Limitations, and Recommendations

Healthcare organizations operate in a constant state of flux and complexity requiring an effective leadership approach. Nursing leaders who can confront a reality based on knowledge and foster innovation to achieve improvements in outcomes is necessary for success (Garcia-Morales et al., 2008). Transformational leadership has been identified as a desirable leadership style that contributes to desirable outcomes in healthcare environments (Echevarria, Patterson, & Krouse, 2017).

Limitations

It was the intent of this project to assess the leadership styles of nurse managers who work in a RHO and understand how frequently they perceive functioning as transformational leaders. Unfortunately, the low response rate impeded the ability to produce valid results that could be generalized to all nurse managers who work within the RHO. Despite the poor return rate, TL is still a leadership style that should be explored and facilitated by this organization through strategy development. "The organizational culture creates the context that will either support the growth of nurse managers in their current and future roles or cause it to wither and die" (Galuska, 2012, p. 340)

Strategic Recommendations

Commitment to transformational leadership. The first strategy in advancing nurse manager practice of TL is to commit to this leadership model as the model of choice for the nurse managers in the organization. As discussed at multiple points throughout this paper, TL is the leadership style best suited for a CAS.

The next step would involve conducting a reassessment using the MLQ. The reassessment should include the MLQ self-form for the nurse managers as well as the MLQ rater form that should be completed by both identified followers to the nurse managers as well as the leaders to whom the nurse manager reports. This type of assessment provides a true 360 degree collection of ratings for nurse managers to utilize in their development plan towards transformational leadership (Avolio & Bass, 2004).

Once the reassessment has been conducted and the organization understands where the strengths and areas of growth are for nurse managers a number of evidence based strategies can

be implemented to begin the journey towards transformational leadership. These evidence based

strategies include hiring for TL, mentoring for TL, promotion into advanced roles, advanced

education, administrative certification, and reflection (American Organization of Nurse

Executives, 2015; Cathcart, Greenspan, & Quin, 2010; Echevarria et al., 2017; Galuska, 2012;

Kelly et al., 2014; Montavlo & Veenema, 2015; Spano-Szekely, Quinn Griffin, Clavelle, &

Fitzpatrick, 2016).

Hiring for transformational leadership through screening of emotional intelligence.

In a study examining the relationships among education, leadership experience, emotional

intelligence (EI), and TL, EI was found as the only predictor of TL. The study supports past

research indicating a statistically significant correlation between EI and TL (Echevarria et al.,

2017). Additionally, the findings further support the American Nurses Association (2009)

position statement on the importance of EI as a skill set for nurse managers (Echevarria et al.,

2017). Knowledge regarding the predictors of TL in nurse managers should impact hiring

practices. Nursing and hospital executives responsible for recruiting nurse managers and making

hiring decisions of qualified candidates should incorporate EI screening tools including

behavioral assessment during the interview process (Echevarria et al., 2017). This will ensure

that leaders hired for nurse manager positions have strong attributes of EI and are likely to

exhibit TL behaviors frequently.

Mentoring for transformational leadership. Mentors are discussed by Montavlo and

Veenema (2015) as a paradigm for developing TL in nurse managers. The authors discuss the

outcomes of a grant in which Northeast regional meetings of Executive Nurse Fellows (ENF)

identified mentoring as a key priority supporting development of TL skills and acknowledged

that leadership skills cannot be reduced to textbooks or formal classroom learning. Additionally,

the participants described TL attributes as best acquired through observation and imitation which are both roles that mentors play in supporting mentee's development (Montavlo & Veenema, 2015). In a metasynthesis on leadership development conducted by Galuska (2012), guidance of a mentor emerged as an important factor in the development for nurse leadership. "Mentoring emerging nurse leaders for TL requires commitment, dedication, and a willingness to rearrange one's own professional responsibilities in order to effectively promote the career aspirations of another" (Montavlo & Veenema, 2015, p. 68). Developing a mentorship program focused on TL for new and experienced nurse managers at the RHO will create a group of nurse managers capable of advancing the healthcare outcomes important to the RHO and the patients it serves.

Promotion to advanced role. Kelly et al. (2014) explored the relationship between three levels of nurse leaders including clinical mangers, nurse managers, and directors, with demographics and leadership behaviors of TL. One of the predictors of leadership behaviors that emerged was title. Title had the largest contribution in raising leadership behaviors, thus indicating that nurse leaders are demonstrating stronger TL attributes as they are promoted into higher leadership positions (Kelly et al., 2014). Additionally, as nurse managers grow as leaders and advance within the organization, they, in turn, support the development of other nurse leaders by providing them with growth-producing opportunities (Galuska, 2012). The organization should develop a strategy focused on understanding the desired career trajectory of nurse managers so that growth opportunities can be identified and offered to nurse managers in addition to realizing internal advancement of nurse managers into advanced roles. This strategy will not only facilitate advancement of TL attributes in nurse managers but in other nurse leaders who may eventually become nurse managers in the organization.

Degree advancement. In the study discussed above, Kelly et al. (2014) also found education to be a strong predictor of TL behaviors. An advanced degree was a significant predictor and is likely to help increase a nurses' ability to think innovatively and take risks. In 2010, the American Organization for Nurse Executives (AONE) adopted the position that the educational preparation for nurse managers is at the graduate level as it will provide the nurse manager with the foundation for creation of a supportive context for nursing leadership development (Galuska, 2012). Advanced education and the positive relationship with TL style in nurse managers is further supported by Spano-Szekely et al. (2016). Nurse managers with a master's degree had higher scores for TL compared to nurse managers with a bachelor's degree. In addition, nurse managers who were secure in their own knowledge from having achieved a higher level of education were able to be more encouraging and supportive of the development of leadership in others (Galuska, 2012). Developing strategies focused on assisting nurse managers to obtain higher level degrees in nursing will facilitate advancement of TL attributes in current nurse managers.

Administrative certification. Spano-Szekely et al. (2016), also found that nurse managers with an administrative certification scored higher in TL practices versus nurse managers with a clinical certification. These results support the recent trend for organizations to encourage nurse managers to obtain administrative certifications to support leadership competencies versus the historical need for clinical competencies (Spano-Szekely et al., 2016). Encouraging and facilitating administrative certifications in nurse managers is an additional strategy that the organization should implement.

Reflective practice. The American Organization of Nurse Executives recommends utilizing a set of guidelines and tenants to facilitate reflective practice as part of their nurse

manager competencies (American Organization of Nurse Executives, 2015). Practicing

reflection in relation to TL behaviors and practices makes it possible to understand what was at

stake for patients and staff, in what manner the nurse manager's intents and goals were lived out,

and how their judgement determined strategies and actions. Through reflection focused on TL,

nurse managers are able to recognize and extend their strengths and opportunities for growth

(Cathcart et al., 2010). Developing a strategy around the importance of reflection and the tools

that can be used to accomplish effective reflection will be an important strategy for the RHO to

implement.

Conclusion

This project sought to understand how frequently nurse managers function as

transformational leaders. Due to the low return rate the findings of this project cannot be

generalized to the group of nurse managers who work in the RHO and therefore provide a low

level of usefulness. However, this project does have the potential to influence nurse manager

development in the future.

To this date, TL has not been explored as a model for nurse manager leadership in the

organization. This is despite the two largest acute care hospitals within the RHO being Magnet®

certified for many years and the leadership domain within Magnet® is TL. Rudnick (2007)

when describing catholic healthcare organizations states that "culture and tradition can inhibit

unconventional thinking and problem resolution within the organization. People accustomed to

an overly structured organizational culture can create arbitrary boundaries and be slow to

change" (p. 39). While the RHO has put much emphasis on innovation in the past few years it is

not apparent whether they have discussed a need for a new leadership model for nurse managers.

Servant leadership is the leadership style that is most often discussed or brought up in discussion

likely due to the RHO being a Catholic organization. Servant leadership has many similarities with TL, but it does not have a broad enough application across the necessary competencies for effective nurse manager leadership in the complexity of today's healthcare organizations (Rudnick, 2007). Based on the similarities between servant leadership and TL it is my hope that the similarities in combination with this project can be utilized to leverage new thinking around a nurse manager leadership model particularly in light of the strong evidence connecting TL with positive outcomes and supporting TL as the most effective leadership style for CAS.

Summary

This project sought to understand the self-perceived frequency of transformational leadership attributes in nurse managers working within a CAS. Quantitative data through completion of the MLQ by nurse managers was utilized to explore leadership attributes across three leadership styles and three outcomes of leadership (Avolio & Bass, 2004). The six nurse managers who completed the questionnaire perceived their style of leadership to most closely match those of TL as opposed to passive-avoidant or transactional leadership. While the findings cannot be generalized to other nurse managers in the RHO due to the low return rate there are still organizational strategies that can be implemented to further the practice of nurse managers towards TL. Seven evidence based strategies were identified for the organization to implement.

Development strategies within the RHO have already been implemented including didactic leadership training as well as development through a yearly nursing leadership conference. The recommended strategies put forth as part of this project will provide additional opportunities for leadership development that will be mutually beneficial to the current interventions and serve to further advance the practice of nurse managers toward TL.

The initial step in this journey is for the organization to make the decision that TL is the leadership style that they should foster in their nurse managers. Subsequently the organization should reassess the nurse manager's self-perceived leadership behaviors in addition to staff and director's perceptions of nurse manager leadership behaviors with the intent of obtaining a higher return rate than this project could accomplish. This information will allow the organization to develop targeted development opportunities to implement in combination with the strategies recommended as part of this project.

Transformational leadership has emerged as the most effective leadership style for the complex adaptive healthcare environment in which nurse managers function, and has been recognized for its value in supporting leaders as change makers versus maintainers of a rigid organization (Crowell, 2016; Lievens & Vlerick, 2014). "Expert nurse managers in their best practice are able to engage in demanding relational work, to see what is at stake in particular open-ended situations and to intervene in ways that assure good outcomes while supporting the ongoing development of nursing, staff and other members of the healthcare team" (Cathcart et al., 2010, pp. 440-441). This best practice is TL. While leadership development is a personal journey for each nurse manager the organization must acknowledge that they have an important role in cultivating TL by offering purposeful and deliberate opportunities for nurse managers to learn and advance in their practice. Nurse managers who function as transformational leaders will be pivotal to achieving successful outcomes for the RHO.

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Appendix A

Sample Item Letter

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