Leadership Practices Among Undergraduate Nursing Instructors

Melissa Martin Bryant
University of Southern Mississippi

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LEADERSHIP PRACTICES AMONG UNDERGRADUATE NURSING INSTRUCTORS

by

Melissa Martin Bryant

Abstract of a Dissertation
Submitted to the Graduate School
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

May 2015
ABSTRACT

LEADERSHIP PRACTICES AMONG UNDERGRADUATE NURSING INSTRUCTORS

by Melissa Martin Bryant

May 2015

The purpose of this study is to identify leadership practices of nursing instructors in the southern U.S., and to determine if instructor leadership practices differ from the ‘norm’ leadership practices reported by the LPI instrument (Posner, 2008), or from the practices observed by their matched students (observer version). Further, the purpose is to determine the relationship between instructors’ self-reported leadership practices (self-version) and student observed practices based on institution type and instructor education level. The study consisted of a group of instructors and students that were primarily Caucasian and female. The demographics for the instructors and students were similar to the demographics of all nurses in the state. Statistical analysis by way of a t-test was performed to determine if any significant differences exist between observed nursing instructor leadership practices and the observed practices of leaders as reported by the LPI instrument. The results indicate that nursing instructors in this study display 4 of the 5 exemplary leadership practices, challenging the process $t(42) = 3.27, p = .002$, inspiring a shared vision $t(42) = 4.89, p < .001$, modeling the way $t(42) = 4.15, p < .001$, and encouraging the heart $t(42) = 4.23, p < .001$, at a statistically higher rate than the ‘norm’ for leaders as reported by the LPI instrument (Posner, 2008). No other statistical significance was noted. However, a trend was determined that may be academically significant. Those instructors holding doctorate degrees were rated by students and rated
themselves as practicing transformational leadership as measured by the LPI with the five practices of exemplary leadership at a higher rate than instructors holding a master’s degree. This study provides some baseline from which to delve into the reasons nursing instructors may score higher than leaders in general, the differences in leadership practices by education, and the benefits that may be gained by both students and instructors should all nursing instructors demonstrate very high levels of transformational leadership practices.
LEADERSHIP PRACTICES AMONG UNDERGRADUATE NURSING INSTRUCTORS

by

Melissa Martin Bryant

A Dissertation Submitted to the Graduate School of The University of Southern Mississippi in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy

Approved:

Dr. Janie Butts Committee Chair

Dr. Patsy Anderson

Dr. Bonnie Harbaugh

Dr. James T. Johnson

Dr. Lachel Story

Dr. Karen Coats

Dean of the College of Nursing

May 2015
DEDICATION

I would like to thank my dad, Daniel Martin, for the inspiration to complete this journey.
ACKNOWLEDGMENTS

I would like to give special thanks to my committee chair, Dr. Janie Butts for her patience and guidance throughout my dissertation. I would also like to give thanks to my committee members, Dr. Patsy Anderson, Dr. Bonnie Harbaugh, Dr. J.T. Johnson, and Dr. Lachel Story for their advice and support throughout this research. I would also like to thank Dr. Katherine Nugent who not only taught me about leadership but exemplified the leadership I was searching for in this study.
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<tr>
<td>ADN</td>
<td>Associate Degree Nurse</td>
</tr>
<tr>
<td>BSN</td>
<td>Bachelor of Science in Nursing</td>
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<td>CTP</td>
<td>Challenging the Process</td>
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<td>EOTA</td>
<td>Enabling Others to Act</td>
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<td>ETH</td>
<td>Encouraging the Heart</td>
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<td>ISV</td>
<td>Inspiring a Shared Vision</td>
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<td>MTW</td>
<td>Modeling the Way</td>
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<td>TFL</td>
<td>Transformational Leadership</td>
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CHAPTER I
INTRODUCTION

Leadership plays a significant role in clinical nursing, from client care and management to administration (Duxbury, Armstrong, & Drew, 1984; Kleinman, 2004). Researchers have historically looked at leadership styles, but recently, more emphasis has been placed on the importance of leadership practices in nursing (Tourangeau & McGilton, 2004). Researchers are interested in determining the relationship that might exist between nursing leadership practices and workplace choice or workplace satisfaction and quality indicators or outcomes (e.g., Duygulu & Kublay, 2011; Tourangeau & McGilton, 2004; Vogelsmeier, Farrah, & Ott, 2010). To date, nurses have not reviewed nursing education through the lens of instructor leadership practices or how these practices might relate to students. For this study, the researcher gathered information concerning the leadership practices of nursing instructors, compared the information to the standardized ‘norms’ available through the leadership practices inventory (LPI) (Posner, 2008), then, compared data on leadership practices of nurses to their students’ perception of their instructors’ leadership practices.

Problem Statement and Purpose

The American Association of Colleges of Nursing (AACN, 2012) continues to report shortages in current budgeted nurse faculty positions. These shortages do not include the positions that academic facilities want to add or have requested. According to the AACN’s report (2012), the vacancy rate of nurse faculty is 7.6% in the United States (U.S.), and in the southern U.S., the vacancy rate is above average (9%). These implications directly impact nursing by decreasing the number of seats available to
qualified nursing students, thus decreasing the number of highly prepared nurses who can enter the workforce, in turn, decreasing the number of nurses available to move to informal leadership roles (such as educator) and formal leadership positions.

Transformational leadership style is deemed appropriate for both nursing and education (Bass, 1996; Burns, 1978; Kouzes & Posner, 2001, 2002, 2012). Previous studies link transformational leadership style to high or improved levels of satisfaction, good or improved retention, and positive outcomes among employees in practice nurses and nurse educators (e.g., Afam, 2012; Downey, Parslow, & Smart, 2011; Kallas, 2011; Kirby, Paradise, & King, 1992; Klar, 2012; Saccomano & Pinto-Zipp, 2011; Sorensen, Delmar, & Pedersen, 2011).

In light of these studies, nurse educators who display transformational leadership practices also may find students with increased levels of satisfaction and enhanced positive outcomes. However, the literature reveals a gap of information concerning the leadership practices of nurse educators. Nursing instructors are in a unique position to educate and serve as role models in the development of the next generation of nurse leaders. The purpose of this study is to identify leadership practices of nursing instructors in the southern U.S., and to determine if instructor leadership practices differ from the ‘norm’ leadership practices reported by the LPI instrument (Posner, 2008), or from the practices observed by their matched students (observer-version). Further, the purpose is to determine the relationship between instructors’ self-reported leadership practices (self-version) and student observed practices based on institution type, and instructor education level.
Description of Variables

Nurses and those who depend on nursing recognize leadership is needed in almost every arena and discipline, but few nurses understand how critical the need for strong leadership is at every level of the profession. Kouzes and Posner (2012) have been researching and writing about leadership for over 30 years. In those years, they tried to find out what characteristics people displayed at their personal best when leading others. This research led to their development of the leadership practices inventory (LPI).

Kouzes and Posner (1983) developed the leadership practices inventory (LPI) in 1982 initially for workplace administrators. Their findings revealed validity across disciplines, languages, and continents (Kouzes & Posner, 2003). Currently the LPI is used world-wide in conjunction with the leadership challenge to improve leadership in individuals, organizations, companies, and other arenas (Kouzes & Posner, 2012). The LPI was developed for use on various leaders such as a formal leader with an official title or an informal leader who works in the community, an employee, or a role model.

The variables in this study to be measured with the LPI are the five practices of exemplary leadership: (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart. Scores will be compared between the five exemplary leadership practices and between instructor (LPI self-version) and the instructors’ matched students (LPI observer version). Further scores will be compared to determine if the instructor’s education preparation makes a difference in instructor leadership practices or if the program degree type affects leadership practices.
There are two demographic data questionnaires developed by the researcher. The instructor demographic questionnaire (Appendix C) and the student demographic questionnaire (Appendix D) will be attached to the LPI questionnaire for distribution and collection during all data collection periods. Full time faculty and nursing students will complete the demographic data questionnaire. Items on each of the questionnaires are as follows:

- Type of institution (a) university or (b) community college (faculty only).
- Years of experience as faculty (ratio data) (faculty only).
- Current level of education (a) MSN or (b) doctorate (faculty only).
- Degree you are seeking (a) ADN or (b) BSN (student only).
- Classification in the nursing program (a) first year, (b) second year, (c) third year, or (d) fourth year (student only).
- Age in years (ratio data) (student and faculty),
- Gender (for frequencies) (a) male or (b) female (student and faculty).
- Race (for frequencies) (a) African American, (b) Asian, (c) Caucasian, (d) Hispanic, (e) Native American, (f) Other or Multiracial (student and faculty).

Nature of the Study

Nursing

Registered nurses (RNs) comprise the largest group of healthcare professionals in the U.S. and are vital to the healthcare workforce. According to the U.S. Department of Labor Bureau of Labor Statistics BLS, 2012), 2,737,400 RNs are employed in the U.S. with a faster than average job growth outlook (26%). The National Council of State Boards of Nursing (2011) reported similar statistics for the southern U.S. with a faster
than average job growth expected; similar to the rest of the nation, a shortage is predicted by 2020 (BLS, 2012). Despite financial downturns in the U.S., RN shortages are still predicted in practice and academic areas due to a number of contributing factors, such as an aging population, improved healthcare allowing people to live longer, and the new healthcare law.

**Nursing Education**

Three educational entry points are available for obtaining a RN degree: associate degree, diploma, and baccalaureate (bachelor) degree. Students at all three of these entry points complete a program of study and are required to take and pass a nationally-standardized State Board exam (NCLEX-RN) to become licensed as a registered nurse. Although core nursing content is similar at all three levels, differences exist in the amount of coursework, clinical time, management, and leadership education associated with each track. The associate degree in nursing (ADN) education track is approximately 3 years in duration with 1 year of pre-requisite coursework and a 2-year core of nursing theory, laboratory, and clinical. The ADN program is based in a community college, college, or university setting. The bachelor of science in nursing (BSN) requires 2 years of pre-requisite coursework and a 2-year core of nursing theory, laboratory, and clinical. The BSN program is based in a college or university setting and includes more pre-requisite coursework, nursing management, and leadership courses than the ADN track.

Diploma programs are somewhat different from the ADN and BSN education tracks in that they are hospital-based programs with college or university affiliations. Diploma programs are 3 years in length and put a stronger emphasis on clinical experience. In 2011, the National Council of State Boards of Nursing (NCSBN) stated
that 58,246 of the nurses who passed the NCLEX-RN were BSN graduates, 82,764 were ADN graduates, and 3,476 were graduates of diploma programs. Currently in the U.S., Diploma programs represent approximately less than 3% of the total number of nursing programs available. Because there are no diploma programs in the state under investigation, none were chosen for the study (Mississippi Board of State Institutions of Higher Learning, 2012a, 2012b). Nurse educators may have a master of science in nursing, or a doctorate degree to teach in any of the ADN, BSN, or Diploma undergraduate programs. No other special training is required. Educators may acquire additional education, such as more education or certification in a specialty area of nursing.

Persons with any of the three entry levels (ADN, BSN, and Diploma) may obtain jobs in the U.S. The starting pay for practicing RNs is usually not different based on educational degree (BLS, 2013). The pay is differentiated by title, responsibility, certifications, and shift. Nursing job descriptions generally are not differentiated by degree through middle management (BLS, 2013). Most administrative positions in clinical settings require at least a BSN, but preferably a MSN, which is related to the additional management and leadership education provided in the masters of nursing track. Leadership

Transformational leadership, identified by Bass (1985, 1996), includes four major concepts: (a) idealized influence, (b) individualized consideration, (c) inspirational motivation, and (d) intellectual stimulation. Burns (1978) and Bass (1985, 1996) agreed that the influence of teachers on their students is quite strong, indicating that those in the teaching profession are or have the potential to be transformational leaders. Kouzes and
Posner (2012) developed the leadership practices inventory (LPI) to measure concepts related to transformational leadership. The LPI measures five concepts, which together are called the five practices of exemplary leadership: (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart. Transformational leadership (Bass, 1996) and the LPI (Kouzes & Posner, 2012) are paired appropriately for educational research studies.

Nursing, Nursing Education, and Leadership

Leadership styles and practices have long been studied in business and management (Bass, 1996; Bennis, 2009; Burns, 2009). More recently, the benefit of determining leadership styles and practices in nursing and education has become known. Sahin (2011) investigated leadership practices of institutional administrators and the relationship of those practices to institutional outcomes, including overall institutional culture. Some researchers studied nursing administrators’ leadership styles as related to staff satisfaction, retention, and patient outcomes (e.g., Downey et al., 2011; Sorensen et al., 2011). In research studies from nursing and education, participants of the studies reported transformational leadership as the preferred style of leadership (Kallas, 2011; Kirby et al., 1992). Tourangeau and McGilton (2004) progressed with studies that related to transformational leadership and began looking at leadership practices of staff nurses and the relationship those practices have with patient outcomes.

Other researchers studied nursing education administrators to determine leadership styles and leadership practices (Afam, 2012; Klar, 2012; Saccomano & Pinto-Zipp, 2011) and how these practices affect faculty outcomes, including job satisfaction and retention. In the areas of education and nursing, there has been a growing recognition
among researchers that educators are also leaders who not only spend a significant amount of time with the students but may also have a significant amount of influence with students (Goff, Mavrogordato, & Goldring, 2012). Some investigations have begun to link instructor leadership to student’s success and retention (Arthurs, 2009; DeLong, 2010).

This study determined which transformational leadership practices nursing instructors self-identify using in the classroom and which of these practices their students observe. The following is a list of research questions considered in this research study.

**Research Questions**

- Is there a significant difference between nursing instructor scores on the LPI observer version and the ‘norm’ score values as reported per the LPI data (Posner 2008)?
- Is there a significant difference between nursing instructor’s self-reported scores on the LPI self-version and scores reported by the instructors’ matched students on the LPI observer version?
- Is there a significant difference in self-reported instructor leadership practice(s) (LPI self-version) based on type of program?
- Is there a significant difference in student reported instructor leadership practice(s) (LPI observer version) based on type of program?
- Is there a significant difference in self-reported instructor leadership practice(s) (LPI self-version) based on instructor education level?
• Is there a significant difference in student reported instructor leadership practice(s)
• (LPI observer version) based on instructor education level?
• Is there a difference in student reported instructor leadership practices and years of experience?

Conceptual Framework

The structural holarchy of contemporary nursing knowledge is applicable to this study (Fawcett, 2005). The study is encompassed in the metaparadigm of human being, universe, health-processes, and nursing within the philosophical realm of reciprocal interaction world view (see Appendix A). The framework for this study is Johnson’s behavioral systems model (Johnson, 1980), in addition to an incorporation of some of the concepts offered by Bass (1985, 1996) from transformational leadership theory. Finally, leadership practices will be measured by empirical indicators identified in the Leadership Practices Inventory (LPI) (Kouzes & Posner, 2001, 2003).

This theoretical model (Appendix A) illustrates how the study was undergirded by nursing’s metaparadigm. The metaparadigm connects directly from all four concepts (human being, universe, health-processes, and nursing) to Johnson’s behavioral systems model, as is appropriate for conceptual models. In addition, Johnson (1990) defined the concept of professional obligation. The concept professional obligation is attached to nursing in the metaparadigm and directly links nursing to transformational leadership (Bass, 1996). Professional obligation goes beyond nurse educators accepting the current state of the profession of nursing to taking the responsibility of establishing high professional standards, such as inspiring a shared vision, challenging the process,
enabling others to act, and encouraging the heart. Johnson was a nursing instructor who held the belief that students are a representation of nursing’s future and instructors are leaders who assist in shaping that future (1990).

Burns (1978) identified a type of leadership called transforming, which appealed to followers’ moral values that would increase productivity and conscientiousness on the job. Building on Burns’ theory of transforming and transactional leadership, Bass (1985; 1996) developed the theory of transformational leadership. Four major practices of good leaders are characteristics in transformational leadership. For the purpose of this research, the major concepts under consideration were Bass’s (1996) practices: (a) idealized influence, (b) individualized consideration, (c) inspirational motivation, and (d) intellectual stimulation.

The instrument used to measure transformational leadership practices, for the purposes of this research, is the Leadership Practices Inventory (LPI) 2013 (self and observer versions). Fawcett (1999, 2005) recognized that conceptual-empirical linkages are important for theory development, research, and practice. According to Fawcett (1999), the structural holarchy consists of five key components of nursing knowledge, beginning with the most abstract components to the least abstract. The components of the structural holarchy from most abstract to least abstract include the (a) metaparadigm of nursing, (b) philosophies, (c) conceptual models, (d) theories and (e) empirical indicators. The holarchy is not arranged in a directly vertical, top to bottom fashion and is not restricted to one way (top to bottom) movement. Movement may occur within the holarchy from top down or bottom up and side to side. This movement may be demonstrated within the framework for nursing instructor leadership practices (see
Appendix A). Consistent with Fawcett’s insight for the conceptual-empirical linkages, Kouzes and Posner’s (2001, 2003, 2012) LPI has conceptual-empirical linkages that entail five major empirical indicators measuring the four major concepts of transformational leadership theory (Bass, 1996). Each of the five empirical indicators has a subset of six statements; the six statements fully measure the specified indicator (Kouzes & Posner, 2001, 2003, 2012). The researcher derived the model for this current study by comparing the substantive and operational definitions and the evaluation of conceptual-theoretical-empirical structures of Kouzes and Posner’s original works from both the LPI self and LPI observer forms with the four concepts of transformational leadership.

The concept of individualized consideration, which is from transformational leadership theory, indicates the leader’s ability to meet the follower’s needs (Bass, 1996). Individualized consideration demonstrates the leader’s ability to mentor, display empathy, motivate followers to act, celebrate, encourage, and respect others (Bass, 1996). Kouzes and Posner (2001, 2003) demonstrate conceptual-empirical links via the LPI from the concepts of encourage the heart (at each of the six empirical indicators) and enabling others to act (at each of the six empirical indicators) to Bass’s individualized consideration concept.

The concept of intellectual stimulation, also from transformational leadership theory, involves the degree to which the leader solicits the opinions of followers, takes risks, and challenges assumptions (Bass, 1996). Challenging the process is a major indicator of the LPI (Kouzes & Poser, 2001, 2003, 2012). All six indicators associated
with challenging the process demonstrate a conceptual-empirical link with the concept of intellectual stimulation (Bass, 1996).

The concept of inspirational motivation, from transformational leadership theory, refers to leaders who, through inspiration and motivation, give their followers purpose and energy to move ahead. Inspiration also involves having a vision and communicating that vision to the followers. The LPI measures the attribute of inspiring a shared vision. All six indicators associated with inspiring a shared vision (Kouzes & Posner, 2001; 2003, 2012) have a conceptual-empirical link to inspirational motivation (Bass, 1996).

The concept of idealized influence, according to transformational leadership theory, obliges that the leader be a role model who demonstrates integrity and high ethical standards (1996). Idealized influence behaviors lead to trust by followers and instill pride allowing the leader to gain respect. The LPI (Kouzes & Posner, 2001, 2003, 2012) indicates that modeling the way is a major aspect of exemplary leadership. All six empirical indicators associated with the LPI concept model the way demonstrate a conceptual-empirical link with idealized influence in transformational leadership theory (Bass, 1996).

Operational Framework

Definitions and instruments

Leadership. Leadership theoretically, is a relationship between those who aspire to lead and those who choose to follow (Kouzes & Posner, 2001). The LPI scores serve as the measurement for leadership in this research study (LPI) (Kouzes & Posner, 2001, 2003, 2012) (see Appendix E & F). Two versions of the LPI were used to collect data for this study, the LPI self-version and the LPI observer version. Nursing instructors
responded with the LPI self-version and corresponding nursing students responded with the LPI observer-version. Both versions contain 30 statements describing the major concepts of transformational leadership with the five practices of exemplary leadership. The wording is arranged for self-evaluation of frequency of demonstration of these concepts in the LPI self-version and for frequency of observed demonstration in the observer version. Questions are rated on a scale from 1 (almost never) to 10 (almost always). The LPI measures the five practices of exemplary leadership: (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart. The five practices of exemplary leadership are each measured with six matching statements as indicated in Table 1 for both the LPI 2013 self and observer versions.

Leadership practices were first investigated as leadership behaviors in the 1960s with the Ohio and Michigan studies (Yukl, 2010). The results of these studies indicated that distinctive leadership behaviors exist. These leadership taxonomies paved the way for development and understanding of leadership styles, such as transformational leadership. Leadership practices are defined as the demonstration of leadership skills or the application of the concepts of a specific leadership style (Yukl, 2010). Kouzes and Posner’s (2012) exemplary leadership practices as defined in the LPI were used for this study.

**LPI Self-Version.** This instrument contains 30 statements which are scored on a 1 (almost never) to 10 (almost always) scale. The 30 statements are broken down so that six statements measure one exemplary leadership practice. The exemplary leadership practices and their matching statements are shown in Table 3. Only full-time
undergraduate nursing instructors from the selected institutions completed the LPI self-form.

*LPI Observer-version.* This instrument contains 30 statements which are scored on a 1 (almost never) to 10 (almost always) scale. The 30 statements are broken down so that six statements measure one exemplary leadership practice. The exemplary leadership practices and their matching statements are shown in Table 3. Full-time undergraduate nursing students matched to their instructor will complete the LPI observer form.

Demographics

*Level of Education.* Nursing instructor is a full time faculty member in the nursing department of a selected facility holding a (a) master of science in nursing, or (b) doctorate degree. Level of education is defined as a rank or scale in a field of study (Merriam-Webster Online, 2013) such as achievement. Level of education was measured by a question on the demographic questionnaire developed by the researcher for nursing instructors called instructor demographics form (Appendix C).

*Full Time Nursing Instructor.* A nursing instructor is considered full time if working the mandated time or performs the mandated duties to be considered full time faculty by an institution. Dean, Director, or other official will provide a list of full time instructors for admittance into the study.

*Age.* Age is defined by how long a person or thing has been alive (Merriam-Webster Online, 2013). Age was measured as ratio data and collected as a question on the Student Demographic form and the Instructor Demographic form (Appendixes C & D).

*Race.* Race is defined as the class, kind, or shared culture of a people (Merriam-Webster Online, 2013). Race was measured as categorical (nominal) data and collected as
a question on the Student Demographic form and the Instructor Demographic form (Appendixes C & D). According to the National Institute of Health (2002) minimum standards include two ethnic categories (Hispanic or Latino, and Not Hispanic or Latino) and five racial categories (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White). The categories in this classification are social-political constructs and should not be interpreted as being anthropological in nature (Race, 2002).

**Gender.** Gender is defined as being male or female. May relate more closely to cultural differences rather than physical (Oxford Online, 2013). Gender was measured with nominal data. Data will be collected on the Student Demographic form and the Instructor Demographic form (Appendixes C & D).

**Type of Institution.** The type of institution may be either a university, which offers a Bachelor of Science degree in nursing or a community college, which offers an associate degree in nursing. Type of institution was measured with nominal data. Data will be collected on the Instructor Demographic form (Appendix D).

**Number of Years as a Nursing Instructor.** A year is 365 days (Merriam-Webster Online, 2013). Number of years as a nursing instructor includes all full years working as a licensed nurse in a faculty position. Years of experience is defined as a period of 365 days starting from any date of practical contact (Oxford Online, 2013). Years as a nursing instructor was measured as ratio data. Data collected on the Instructor Demographic form (Appendix D).

**Full Time Nursing Student.** A full time nursing student is a nursing student with an associate degree or a baccalaureate degree currently enrolled in at least 12 hours of
nursing related course work and considered by the college or university to be a full time nursing student. Full time student status is nominal data and was collected on the Student Demographic form (Appendix D).

Assumptions

- Participants of the study will provide honest reporting based on the assurance of anonymity and confidentiality.

- The study participants understand the content and instructions on the LPI instrument.

Limitations

- Representation of male nursing instructor participants may be inadequate.

- Representation of male nursing student participants may be inadequate.

- A sample of self-reporting volunteers could constitute a threat to construct validity.

- Participants may freely choose not to answer some items, obscuring findings.

Delimitations

The researcher sampled 45 nursing instructors and 511 nursing students across the northern, central, and southern portions of one state located in the south U.S. The support and participation extended by Institutions of Higher Learning in the state enabled the researcher to collect data using a convenience sample.

The study has several delimitations. First, one may appropriately study leadership practices of nursing instructors in other geographic locations besides the one state in the southern U.S. selected for the study. Because of time constraints, travel and financial restrictions the sample for this study is limited to one state in the southern U.S. Sampling
in only one state could decrease the representativeness of the population under study thereby decreasing generalizability of the findings. Therefore, the sample may not be representative of the entire population of nursing instructors across the U.S. or globally. The delimitations of this study include:

• Participants were at least 18 years old.

• Institutions were limited to universities and community colleges in one state in the southern U.S.

• Participants were enrolled full-time in an undergraduate nursing program or were a full-time undergraduate nursing instructor.

• Nursing programs were limited to associate degree (regular/generic entry) and Bachelor degree (regular/generic entry) only.

• No accelerated or special entry programs were considered for this study.

Significance of the Study

According to the American Association of Colleges of Nursing, shortages exist and are predicted to grow in both practice nursing and in academia among nursing faculty (AACN, 2012). Reasons for shortages continue to reflect the need for better leadership in formal and informal positions of nursing (Downey et al., 2011). Retention of nurses and faculty has been tied to leadership style and exemplary leadership practices (e.g., Volk & Lucus, 1991; Weberg, 2010; Wong & Cummings, 2007). Transformational leadership has been linked to positive outcomes, retention and increased satisfaction (e.g., Afam, 2012; Klar, 2012; Downey et al., 2011; Kallas, 2011; Kirby et al., 1992; McNeese-Smith, 1999; Ribelin, 2003; Saccomano & Pinto-Zipp, 2011; Sorensen et al., 2011). Simply retaining the nurses we currently have is not sufficient according to the AACN (2012); nursing
Schools are not admitting adequate students to meet the projected need for RNs in the coming years. Further, a shortage of nursing school faculty is restricting student enrollment (AACN, 2012). According to the BLS the average age of RNs in the U.S. is 44.5 (BLS, 2012), indicating an influx of retiring nurses near 2020. As the demographics of the U.S. change and the population grows older, more nurses are needed to replace retiring nurses and to care for aging baby boomers (AACN, 2012). Currently, the nurse faculty vacancy rate is 7.6% with a higher rate of 9% in the southern U.S. One way to retain nurses and nurse faculty may be to employ transformational leadership and exemplary leadership practices (Middleton, 2013). Further, if nurse faculty engage the next generation of nurse leaders with these exemplary leadership practices to model, inspire, encourage, challenge, and enable students to take action it could assist in moving the nursing profession forward.

The potential values of this study include knowledge generation with identification of which exemplary leadership practices nursing faculty currently utilize and which they may be underutilizing. Also, identifying differences in instructor self-reported leadership practices and student observed nursing instructor leadership practices will clarify what instructors look like through the ‘eyes’ of students. Further, the dissemination of these findings may assist undergraduate nursing instructors to become more mindful of exemplary leadership practices and assist them to apply these findings to teaching practice in support of providing increased positive experiences to students. Finally, differences identified in instructor leadership practices may promote education programs or faculty development to assist or enhance exemplary leadership practices for the benefit of nursing students and nursing instructors.
Transition

Nurses have identified the importance of implementing transformational leadership in the workplace to improve job satisfaction and potentially improve patient outcomes (Duygulu & Kublay, 2011; Tourangeau & McGilton, 2004; Vogelsmeier et al., 2010). Transformational leadership practices also are currently being linked to improved instructor satisfaction (Afam, 2012; Klar, 2012; Saccomano & Pinto-Zipp, 2011). Yet a gap still exist concerning the types of leadership practices demonstrated by nursing instructors to students and the positive effects transformational leadership may have on the next generation of nurses. The remaining chapters include a comprehensive literature review (Chapter II), methodology (Chapter III), the findings (Chapter IV), and discussion (Chapter V).
CHAPTER II
LITERATURE REVIEW

Introduction

This chapter is a literature review on the leadership practices of nursing faculty and student perceptions of faculty leadership practices. The review consists of reliable and valid search sources from primary research, notable organizations, library holdings, books, data bases and search engines. Databases and search engines accessed for this review include CINAHL, ProQuest, Medline, EBSCOhost, ERIC, Academic Search Premier, and Google Scholar. The findings presented in this review will assist in an understanding of the scope of previous and current research conducted on nurse faculty leadership practices and student perceptions of nurse faculty leadership practices. The findings from the literature review will assist the researcher to avoid errors committed by previous researchers conducting similar studies and to address issues that have been raised in similar research concerning the topic.

The literature review will include the following major and minor topics: (a) leadership, (b) leadership in nursing practice, (c) leadership in nursing education, (d) leadership and gender, (e) leadership and years of experience, and (f) leadership and education level. A summary will include justification for the proposed study and existing gaps in literature.

Leadership: A Contemporary Perspective

Leadership is not a new phenomenon although recently it seems society has placed a stronger emphasis on its importance. Bass (2008) pointed out that leadership has been around since the beginning of time. Parenting is a form of leadership, and in history,
hunter gatherers and tribal communities depended on strong leadership for their very survival (Bass, 2008). A leader can be a person with a formal title or an informal non-titled person (e.g., Bass, 1985; Burns, 1978; Grossman & Valiga, 2009; Kouzes & Posner, 2012). Leadership is an elusive concept with numerous definitions and theories encompassing the many ideas of what it means and how to achieve it (e.g., Bass, 1985; Burns, 1978; Grossman & Valiga, 2009; Huber, 2010, Kouzes & Posner, 2012; Northouse, 2010; Stogdill, 1974; Yukl, 2010).

Yukl (2010) used a broad definition of leadership “Leadership is the process of influencing others to understand and agree about what needs to be done and how to do it…” (p. 78). According to Bennis (2009), leadership is defined by four major concepts: (a) leaders create a shared vision, (b) leaders have a distinct voice, (c) leaders have good character, and (d) leaders respond quickly to change. Kouzes and Posner (2003, 2012) defined leadership as a relationship between those who aspire to lead and those who choose to follow. Kouzes and Posner (2012) measure leadership with the five practices of exemplary leadership: (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart. Bass defined leadership in the transformational context of how leaders relate to followers and clarified the definition with four attributes found in transformational leaders: (a) idealized influence, (b) individualized consideration, (c) inspirational motivation, and (d) intellectual stimulation (1985, 1996). Burns (2003) made clear that memorable leaders can have distinctly different leadership styles and leadership practices, as he reminded the reader that both Gandhi and Hitler are well remembered for their leadership. Burns (2003) also prospected that leadership is “an ever-growing field of study that may one
day join the traditional disciplines such as philosophy and psychology” (p. 2). Definitions may vary but the idea most leadership experts agree on concerning the phenomenon of leadership is that some relationship must exist between the leader (person guiding) and the followers (person(s) receiving the guidance).

Bass (2008) spoke of early human beings’ study of leadership evidenced in myths and legends. Modern studies of leadership include a few landmark studies, such as Terman’s (1904) investigation of the psychological development of leadership and Weber’s work on types of authority and charismatic leaders (as cited in Gerth & Mills, 2009), which laid the groundwork for contemporary leadership studies. Stogdill’s review of leadership in 1948 is considered significant because at that time he was able to locate 128 previous studies concerning leadership. Stogdill (1948) classified these studies according to common leadership traits and leadership achievements. In addition, Stogdill included the nature of the follower in his analysis of the studies.

Initially, many people thought strong leaders were born with all the natural characteristics required to be in charge of others (Grossman & Valiga, 2009). The theory that leaders are born and cannot be made is referred to as The Great Man Theory because most leaders at the time leadership began to be studied, and even until recent times, have been men (Grossman & Valiga, 2009). Although this theory has since been disregarded, most studies concerning leadership have perhaps unintentionally focused on men leading with what is often considered a masculine framework of leadership, such as transactional leadership (Grossman & Valiga, 2009). Since women primarily make up the nursing profession, numerous opportunities arise in nursing to explore gender perspectives in leadership (Grossman & Valiga, 2009).
According to Yukl (2010), leadership theories progressed and developed over time. In approximately 1930, researchers began studying trait theories after they failed to provide any proof of The Great Man Theory. Trait theories are dependent on persons possessing specific skills that enhance their leadership abilities (Yukl, 2010). Some of the important skills of trait theory include superior intelligence and high energy level; but by 1950 most researchers determined a lack of support for such a theory and began looking for other theories to explain exemplary leaders (Grossman & Valiga, 2009). Situational theories highlight the importance of the relationship between environments and change (Grossman & Valiga, 2009). Situational leadership theory affirmed that some skills are more appropriate for use in certain situations than others, which led to a more integrated approach of exemplary leadership practices and the ability to utilize those practices in the appropriate environmental setting (Yukl, 2010).

More recently developed theories of leadership address the relationship between the leader and the follower(s). These theories are sometimes referred to as relational leadership theories because they refer to how the leader and follower relate to each other. Burns (1978, 2003) identified a type of leadership called transforming, which appealed to followers’ moral values and therefore would increase productivity and moral conscientiousness on the job. Building on Burns’ theory of transforming and transactional leadership, Bass (1985, 1996, 2008) developed the theory of transformational leadership. Transformational leadership comprises four major practices of good leaders: (a) idealized influence, (b) individualized consideration, (c) inspirational motivation, and (d) intellectual stimulation.
Finally, a few burgeoning theories of leadership bear mentioning. Chaos theory involves a type of nonlinear and irregularly structured leadership system (Vicenzi, White, & Begun, 1997). Other leadership theories that have gained some acceptance in recent years include quantum theory, developmental theory, and complexity theory (Grossman & Valiga, 2009). These most recent theories are not significant for use in this study. Many researchers suggested that transformational leadership is the most appropriate leadership style for the education setting (e.g., Afam, 2012; Arthurs, 2009; Bass, 1985; 1996; Burns, 1978; DeLong, 2010; Goff et al., 2012; Klar, 2012; Kouzes & Posner, 2001; 2002, 2012; Saccomano & Pinto-Zipp, 2011).

Leadership experts (e.g., Bass, 2008; Bolman & Deal, 2003) pointed out the multiple ways of defining leadership. Bolman and Deal (2003) said there are as many definitions or characteristics to define leadership as there are leadership studies but that leadership should be viewed within the context of the leader and follower relationship. Bass (2008) made clear there is no single answer to leadership when he said, “there are almost as many definitions of leadership as there are persons who have attempted to define the concept” (p. 13).

Leadership is a phenomenon with multiple faucets; there are many lenses through which to view it (Grossman & Valiga, 2009). Leadership includes those with formal titles and positions of power and authority and those with no official titles but who function as informal leaders guiding, directing, moving, inspiring, creating vision, enabling others to act, encouraging, and modeling the direction of an organization, unit, or group. Although it is difficult to find commonality amongst leadership experts, most agree that an important aspect of leadership is the relationship that exists between the leader and the

Leadership Practices Inventory

Based on the works of Burns (1978) and Bass (1985; 1996), as well as their own studies in the area of transformational leadership, Kouzes and Posner (2001, 2003, 2012) developed an instrument, the leadership practices inventory (LPI). The LPI measures the five practices of exemplary leadership associated with transformational leadership: (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart. Each of the five empirical indicators has a subset of six statements; the six statements fully measure the specified indicator in both the LPI self and observer versions (Kouzes & Posner, 2001, 2003, 2012).

Subsets of Practices and Statements. The following section shows each leadership practice and its matching statement subsets for both the LPI self-version and observer version.

LPI Self-Version (Statements)

Challenging the Process (CTP) is measured on the LPI self-version with statements 3, 8, 13, 18, 23, and 28, respectively:

- I seek out challenging opportunities that test my own skills and abilities.
- I challenge people to try out new and innovative ways to do their work.
- I search outside the formal boundaries of my organization for innovative way to improve what we do.
- I ask “What can we learn?” when things don’t go as expected.
• I make certain we set achievable goals, make concrete plans, and set measurable milestones for the projects and programs we work on.

• I experiment and take risks, even when there is a chance of failure.

  Inspiring a Shared Vision (ISV) is measured on the LPI self-version with statements 2, 7, 12, 17, 22, and 27, respectively:

  • I talk about future trends that will influence how our work gets done.

  • I describe a compelling image of what our future could be like.

  • I appeal to others to share an exciting dream of the future.

  • I show others how their long-term interests can be realized by enlisting a common vision.

  • I paint the “big picture” of what we aspire to accomplish.

  • I speak with genuine conviction about the higher meaning and purpose of our work.

Enabling Others to Act (EOTA) is measured on the LPI self-version with statements 4, 9, 14, 19, 24, and 29, respectively:

• I develop cooperative relationships among the people I work with.

• I actively listen to diverse points of view.

• I treat others with dignity and respect.

• I support the decisions that people make on their own.

• I give people a great deal of freedom and choice in deciding how to do their work.

• I ensure that people grow in their jobs by learning new skills and developing themselves.
Modeling the Way (MTW) is measured on the LPI self-version with statements 1, 6, 11, 16, 21, and 26, respectively:

- I set a personal example of what I expect of others.
- I spend time and energy making certain that the people I work with adhere to the principles and standards we have agreed on.
- I follow through on promises and commitments that I make.
- I ask for feedback on how my actions affect other people’s performance.
- I build consensus around a common set of values for running our organization.
- I am clear about my philosophy of leadership.

Encouraging the Heart (ETH) is measured on the LPI self-version with statements 5, 10, 15, 20, 25, and 30, respectively:

- I praise people for a job well done.
- I make it a point to let people know about my confidence in their abilities.
- I make sure that people are creatively rewarded for their contributions to the success of our projects.
- I publicly recognize people who exemplify commitment to shared values.
- I find ways to celebrate accomplishments.
- I give the members of the team lots of appreciation and support for their contributions.

*LPI Observer Version (Statements)*

Challenging the Process (CTP) is measured on the LPI observer version with statements 3, 8, 13, 18, 23, and 28, respectively:
• Seeks out challenging opportunities that test his/her own skills and abilities.

• Challenges people to try out new and innovative ways to do their work.

• Searches outside the formal boundaries of his/her own organization for innovative ways to improve what we do.

• Asks “What can we learn?” when things don’t go as expected.

• Makes certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.

• Experiments and takes risks, even when there is a chance of failure.

Inspiring a Shared Vision (ISV) is measured on the LPI observer version with statements 2, 7, 12, 17, 22, and 27, respectively:

• Talks about future trends that will influence how our work gets done.

• Describes a compelling image of what our future could be like.

• Appeals to others to share an exciting dream of the future.

• Shows others how their long-term interests can be realized by enlisting a common vision.

• Paints the “big picture” of what we aspire to accomplish.

• Speaks with genuine conviction about the higher meaning and purpose of our work.

Enabling Others to Act (EOTA) is measured on the LPI observer version with statements 4, 9, 14, 19, 24, and 29, respectively:

• Develops cooperative relationships among the people he/she works with.

• Actively listens to diverse points of view.

• Treats others with dignity and respect.
• 19. Supports the decisions that people make on their own.
• Gives people a great deal of freedom and choice in deciding how to do their work.
• Ensures that people grow in their jobs by learning new skills and developing themselves.

Modeling the Way (MTW) is measured on the LPI observer version with statements 1, 6, 11, 16, 21, and 26, respectively:
• Sets a personal example of what he/she expects of others.
• Spends time and energy making certain that the people he/she works with adhere to the principles and standards that we have agreed on.
• Follows through on promises and commitments he/she makes.
• Asks for feedback on how his/her actions affect other people’s performance.
• Builds consensus around a common set of values for running our organization.
• Is clear about his/her philosophy of leadership.

Encouraging the Heart (ETH) is measured on the LPI observer version with statements 5, 10, 15, 20, 25, and 30, respectively:
• Praises people for a job well done.
• Makes it a point to let people know about his/her confidence in their abilities.
• Makes sure people are creatively rewarded for their contribution to the success of projects.
• Publicly recognizes people who exemplify commitment to shared values.
• Finds ways to celebrate accomplishments.
• Gives the members of the team lots of appreciation and support for their contributions.
Kouzes and Posner (2007) based these five practices a compilation of qualitative and quantitative data collected, which revealed the common practices of observed exemplary leadership.

Researchers have found few differences in the performance of the LPI based on ethnicity, gender, culture, hierarchal structure, or organizational factors (e.g., Huber, Maas, McCloskey, Scherb, Goode, & Watson, 2000; Jackson, 2009; Kouzes & Posner, 2003, 2008). Zagorsek, Stough, and Jaklic (2006) evaluated the instrument’s performance related to self-reporting leadership practices and concluded the instrument is reliable for the purposes of assessing and developing leadership across many disciplines. Jackson (2009) reviewed 3 transformational leadership frameworks: (a) Bass and Avolio (1993), (b) Kotter (1996), and (c) Kouzes and Posner (2007). Of those three, Kouzes and Posner’s (2007) framework was found to be the most complete and beneficial. Huber et al. (2000) conducted an evaluation of 18 leadership instruments and found the LPI as the most psychometrically sound and as receiving high ratings as a tool appropriate for nursing.

Leadership in Nursing Practice

Authors agree in the literature that strong, well-trained nursing leaders are critical to recruitment and retention of nursing staff and to a healthy functioning of the work environment (e.g., Doody & Doody, 2012; Sherman, 2005). According to Doody and Doody (2012), nursing often has been over managed and led inadequately over the years. Transformational leadership style fits nursing and also fits the fast changing, adaptive environment in which nursing exists (Doody & Doody, 2012). Many leadership experts consider that identifying and developing transformational leadership practices of
administrators and nurses in healthcare facilities is important for improved job satisfaction, improved retention, and potentially improved patient outcomes (e.g., Casida & Parker, 2011; Cowden, Cummings, & Profetto-McGrath, 2011; Cummings et al., 2009; Duffield, Roche, Blay, & Stasa, 2010; Kleinman, 2004; Krugman & Smith, 2003; McNeese-Smith, 1999; Thyer, 2003; Weberg, 2010; Wong & Cummings, 2007).

Table 1

**Literature Review of Leadership in Nursing Practice**

<table>
<thead>
<tr>
<th>Author</th>
<th>Study</th>
<th>Participants</th>
<th>Instrument</th>
<th>Summary Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowles &amp; Bowles (2000)</td>
<td>Comparative</td>
<td>N=70 Total</td>
<td>LPI</td>
<td>Leaders with training on the Leadership Development Unit (LDU) displayed higher levels of TFL than those leaders not exposed to the LDU.</td>
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<tr>
<td>Casida &amp; Parker (2008)</td>
<td>Correlational</td>
<td>N=315 Total</td>
<td>MLQ</td>
<td>Managers utilizing TFL achieved goals in a more satisfying manner than those who did not. TFL should be a basic competency for nurse managers.</td>
</tr>
<tr>
<td>Duffield, Roche, Blay, &amp; Stasa (2010)</td>
<td>Quantitative Analysis</td>
<td>N=2488</td>
<td>Nursing Work Index Revised (NWI-R)</td>
<td>Effective nurse managers consult with team members to obtain feedback. Good managers play a significant role in staff satisfaction, and staff retention. Managers who display TFL can offer an overall improvement in cost effectiveness.</td>
</tr>
<tr>
<td>Duygula &amp; Kublay (2010)</td>
<td>Quantitative</td>
<td>N=30 Charge Nurses</td>
<td>LPI</td>
<td>Findings reveal statistically significant increases</td>
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Table 1 (continued).

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<thead>
<tr>
<th>Author</th>
<th>Study</th>
<th>Participants</th>
<th>Instrument</th>
<th>Summary Result</th>
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<tbody>
<tr>
<td>Krugman &amp; Smith (2003)</td>
<td>Quantitative Descriptive</td>
<td>N=80</td>
<td>LPI, MMSS, McClisky, Mueller, Satisfaction Scale</td>
<td>Recommendation for leadership training program for all unit charge nurses. Nurses reported increased favorable perceptions of their charge nurses abilities. From pre-evaluation to post-evaluation. The results indicate that satisfaction was increased among nurses whose managers displayed TFL.</td>
</tr>
<tr>
<td>McNeese-Smith (1999)</td>
<td>Ex-post facto Correlation</td>
<td>N=19 Managers N=221 Nurses N=299 Patients</td>
<td>1. LPI, 2. JCE (Job Choice Exercise), 3. JIG (Job in General Scale), 4. Power Motivation Question, 5. Productivity Scale, 6. Organizational Commitment Scale, 7. Patient Satisfaction Scale</td>
<td>The results indicate that TFL may be most beneficial when promoting work relations with nurses because TFL is based on the relationship between the leader and the followers rather than on power.</td>
</tr>
<tr>
<td>Sherman (2005)</td>
<td>Correlational (Cross-section)</td>
<td>N=48 Staff Nurse's</td>
<td>Focus Group Questions 3-groups (ConCensus Program)</td>
<td>Staff nurses had little desire to move to leadership positions based on two primary concerns (a) did not feel they could actually make a difference and (b) negative reports from current leaders.</td>
</tr>
<tr>
<td>Upenieks (2002)</td>
<td>Qualitative Descriptive (5 years)</td>
<td>N=16 Total n=4 Executives n=12 Managers</td>
<td>Interview</td>
<td>Findings include five characteristics that correlate with increased job satisfaction; (a) empowering, (b) articulating a clear vision, (c) credibility, (d) encourage others (e) passion. results also</td>
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Table 1 (continued).

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<th>Author</th>
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<tr>
<td>Sellgren, Ekval, &amp; Tomson</td>
<td>Quantitative Exploratory</td>
<td>N=492</td>
<td>MLQ Preferred</td>
<td>Indicate that a leader must possess both formal and informal power to be</td>
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<td></td>
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<td></td>
<td>Questionnaire</td>
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<tr>
<td>Vogelsmeier, Farrah, &amp; Ott</td>
<td>Quantitative Descriptive</td>
<td>N=64</td>
<td>LPI</td>
<td>Statistically significant differences were found between a leader’s preferred</td>
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<td>(2010)</td>
<td>Correlational (3years)</td>
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<td>leadership style (more autocratic) and followers’ preferred leadership style TFL.</td>
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<tr>
<td>Weberg (2010)</td>
<td>Systematic Review</td>
<td>7 Studies</td>
<td>5 studies used</td>
<td>Formal leadership development may prove beneficial in the training of RNs for</td>
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<td>Included</td>
<td>MLQ and a</td>
<td>management roles.</td>
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<td>Satisfaction</td>
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<td>GTLS (Global work</td>
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<td>quality scale)</td>
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<td>burnout scale.</td>
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<tr>
<td>According to Kleinman (2004), turnover rates of staff nurses average 21%. These rates are not only monetarily costly to healthcare institutions, but they are also costly to staffing, patients, and outcomes (Kleinman, 2004; McNeese-Smith, 1999). Experts have thought for some time that leadership might play a key role in improvement of nurse satisfaction, retention, and patient outcomes but work had to be done to determine the most appropriate leadership style and practices to implement for improvement in the profession (e.g., Kleinman, 2004; Volk &amp; Lucus, 1991). Volk and Lucus (1991) were among the first to link management style with anticipated turnover in nursing. Kleinman</td>
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(2004) recommended increased development of leadership skills for those in leadership or those who aspire to lead as this will enhance and improve nurse retention.

Sherman (2005) conducted a study of N=48 nurses under age 40 to determine their interest in moving up to management positions. This qualitative study used focus groups to identify themes and factors concerning nursing leadership by way of nine guided questions. Participant nurses ranked factors regarding what may influence their decisions to take or decline a leadership position. ConCensus™ (a computer hardware/software package) was used during sessions allowing all possible combinations of factors to be automated into a matrix and voted on by participants. Participant responses included receiving negative reports or feedback from current leaders’ concerning leadership jobs; the amount of responsibility versus true decision making power was viewed as negative by participants, and problems with adequate compensation was deemed negative. Of these responses, feedback from current leaders was ranked highest as a deterrent to younger nurses pursuing a leadership role. Current leaders and future leaders will require some leadership intervention to ensure the continued and further promotion of nursing as a strong discipline.

Upenieks (2002) conducted a qualitative descriptive study to better understand organizational structures that create conditions for nurse executive’s job effectiveness and leadership. The study utilized Kanter’s theoretical framework and included a total of (N=16) participants: executive leaders (n=4) and managerial leaders (n=12). Characteristics of leaders identified as improving job satisfaction among staff nurses in the study included (a) empowering others, (b) articulating a clear vision, (c) credibility, (d) supportive/encouraging to others, and (d) passion. Upenieks (2002) expressed that
(n=13) 83% of the nurse leaders validated the leader must have both formal power (authority) and informal power (credibility based on a relationship with the followers) to achieve success.

Krugman and Smith (2003) conducted a 6-year study in which a permanent charge nurse role was created to improve continuity of care and to develop emerging nurse leaders. Kouzes and Posner’s leadership model served as the framework for Krugman and Smith’s study. The survey instrument used was the LPI (1988). The study began with (N=104) nurses and decreased to (N=80) a 23% loss due to moves, births, marriages, and other reasons over the 6-year study. Results revealed charge nurses (N=80) who received the training were more positive about leadership responsibility ($X^2 = 4.38, df = 1, p = .03$), satisfied with schedule rotation ($t = 2.6, p = .009$), and were more likely to give recognition, and responsibility (empower) others ($X^2 = 4.72, df = 1, p = .03$) than those nurses who did not receive the training (Krugman & Smith, 2003).

Recommendations from this study were for nurses to receive formal leadership training in transformational leadership. Further recommendations included further studies into the benefits of the use of transformational leadership in nursing.

Sellgren, Ekval, and Tomson (2006) explored nurse manager’s preferred leadership styles and compared those to their subordinate’s preferred leadership styles. Nurse managers and subordinates (N=840) were asked to answer a preferred leadership behavior questionnaire that measured three dimensions: (a) change, (b) production, and (c) employee relations. Participants (N=492), a response rate of 58% including nurse managers (n=66), and subordinates for each manager (n=426), answered the same questionnaire concerning which behaviors the subordinate would prefer the manager to
possess. Sellgren et al. (2006) reported statistically significant differences between manager preferred leadership style and subordinate preferred leadership style. Subordinates’ preferred leadership behavior was evidenced by lower mean values than the managers scores in all three categories; (a) change ($t=-1.01, p= <0.05$), (b) production ($t=-4.13, p= <0.001$), and (c) employee relations ($t=-3.96, p<0.001$), meaning subordinates preferred a leader who clearly expressed themselves and were not afraid to demonstrate or join in if necessary.

Casida and Parker (2011) used an exploratory correlational design to explore linkages between nurse manager leadership style and the nurse manager’s satisfaction with their position. The researchers used the multifactor leadership questionnaire 5x-short with participants (N=315) in two groups: staff nurses (n=278) and nurse managers (n=37). Results show correlations with transformational leadership at each of the three variables (a) extra effort ($r=0.83, p<0.0001$), (b) satisfaction ($r=0.82, p=<0.0001$), and (c) effectiveness ($r=0.89, p=<0.0001$). Casida and Parker’s (2011) recommendation for nurse managers were to receive transformational leadership training to assist in meeting the professional and moral obligations of the nursing profession.

Cowden et al. (2011) conducted a systematic review of current literature concerning leadership practices and staff nurses’ intent to stay in their current position. The aim of the study was to determine the relationship between nurse manager leadership practices and staff nurse intent to stay. Data extraction and quality assessments were performed on (N=23) articles. Of the total studies under review (N=23), transformational leadership, supervisor support, trust, praise, and recognition account for (n=15) (65%) of the reasons staff intended to stay. Findings revealed that of the studies that included
transformational leadership either directly or as descriptors there was a positive
correlation between transformational leadership practices and staff nurse positive
response of intent to stay in (n=11/15) (75%) of the articles. Cowden et al. (2011)
recommended that nurse managers receive training and education in relational and
transformational leadership.

Cummings et al. (2009) performed a systematic multidiscipline systematic review
of articles from 10 databases resulting in 34,664 potential articles. From this search 53
articles were identified as suitable to study various styles of leadership and how leader’s
actions affect quality outcomes. Sixty-four outcomes were grouped into five categories
including (a) staff satisfaction (role and pay), (b) staff relationship with work, (c) staff
health and wellbeing, (d) work environment factors, and (e) productivity and
effectiveness. The variable staff satisfaction included (N=24) articles. The articles (n=22)
(91%) identified transformational leadership style with high staff satisfaction. The
variable staff relationship with work measured staff member’s organizational
commitment based on leader’s style. Concerning organizational commitment articles
(N=18), staff reported increased commitment (n=14) (78%) when leaders demonstrated
transformational leadership behaviors. Staff health and wellbeing was reported as
positive (N=11), decreased job stress, decreased job tension, and decreased emotional
exhaustion, when leaders displayed transformational leadership behaviors (n=11) (100%).
The variable work environment factors (N=31) included feelings of empowerment,
organizational climate, team climate, and role clarity. Of the (N=31) articles included in
the variable work environment factors, all articles (100%) reported that transformational
leadership behaviors correlated positively with staff empowerment, positive
organizational climate, positive team climate, and increased role clarity. The final variable productivity and effectiveness (N=18), (n=13) (72%) reported significant increases in extra effort of staff and productivity of unit when the leader provided role clarity. Cummings et al. (2009) reported positive outcomes related to leaders using transformational leadership. Cummings et al. recommended that transformational leadership should continue to be a focus of further investigation.

The effort to create safer work environments has led to an effort to address nursing leadership and understand how leadership is tied to safety and patient outcomes. For example, Wong and Cummings (2007) performed a systematic review of the relationship between nursing leadership and patient outcomes. The researchers used peer reviewed English-only articles from computerized databases, then extracted data and conducted a methodological quality assessment. Seven qualitative articles were chosen for the systematic review, which included (N=274), leaders and managers (n=110) and directors of nurses (n=164). The strongest link (N=7) amongst the articles was found between nurse leaders using transformational leadership practices and reduced patient adverse outcomes (n=4) (57%).

McNeese-Smith (1999) conducted an ex-post facto correlation study to examine the relationships between nurse manager leadership behaviors, staff nurse outcomes, and patient satisfaction. The study takes place in a 500-bed Los Angeles hospital with participants (N=539) in three groups: nurse managers (n=19), staff nurses (n=221), and patients (n=299). The study uses the five practices of exemplary leadership identified by Kouzes and Posner (1995) as the framework. Seven instruments and a demographic questionnaire were used to determine nurse manager’s leadership practices, manager and
staff nurse motivation, and patient satisfaction level. Results indicated that patients rated nurses \((n=221)\) \((\bar{x}=4.15)\) on a 5-point scale for satisfaction, patients further reported knowledge of a charge nurse but rarely seeing the charge nurse \((\bar{x}=1.73)\) on a 5-point scale. A strong mean correlation was reported between patient satisfaction and knowing that one nurse was in charge \((r=0.46, p=0.0001)\). Hypothesis 1 stated that there will be a positive correlation between manager’s motivation for power and patient satisfaction and nurse job satisfaction. A positive correlation was noted between the manager’s motivation for power and patient satisfaction \((r=0.32, p=0.0001)\), and a negative correlation between manager’s motivation for power and staff nurse satisfaction \((r=-0.17, p=0.01)\). Hypothesis 2 stated that there will be a positive correlation between managers motivation for achievement and staff nurse job productivity \((r=0.15, p=0.03)\). Hypothesis 3 stated that there will be a negative correlation between manager’s motivation for affiliation based on nursing outcomes and patient satisfaction scores.

Although this hypothesis was not supported, a negative relationship was demonstrated between leaders motivation for affiliation \((r=-0.56, p=0.001)\) as measured by staff nurses motivation for power \((r=-0.53, p=0.001)\). The results illustrated that transformational leadership may be the most beneficial when promoting work relations with nurses because it is based on the relationship between the leader and followers rather than power.

Duffield et al. (2010) studied leadership practices of nurse managers as perceived by their staff \((N=2978)\) and further looked at staff satisfaction and intent to leave current position. Duffield et al. (2010) performed a secondary analysis of data collected in 21 public hospitals over 4 years in Australia. All nurses were asked to complete the Nurse
Work Index Revised (NWI-R) along with measures of job satisfaction and intent to leave scales. The response rate was 80.3% (N=2488). Six items (leadership practices) were found to be significantly related to staff nurse job satisfaction by between 15-47% with all other items held static (n=2141, $X^2 = 1.47$, $p<0.01$). Further, two items were determined to have a significant influence on nurse intent to leave their job (a) praise and recognition and (b) manager is a good leader. When either of these identified factors were added the intent to leave decreased by (a) 17% (n=2141, $r=0.80$, $p<0.01$) or (b) 20% (n=2141, $r=0.83$, $p<0.01$). Duffield et al. (2010) recommended that clinical practice include indications for transformational leadership training, education, and mentorships of nurses in leadership positions.

Bowles and Bowles (2000) conducted a comparative study of leadership in the United Kingdom to identify differences in the types of leadership practiced in nursing development units (NDUs) that were originally designed as centers of excellence, innovation, and leadership and non-nursing development units (non-NDUs). The researchers used Kouzes and Posner’s (1988) LPI instrument to determine the extent of exemplary leadership practices present in managers of both NDUs and non-NDUs as identified by managers self-report and staff observer report. Participants (N=70) were comprised of group A: nurse managers from NDUs (n=7) and staff nurse observers from NDUs (n=28) and group B: nurse managers from non-NDUs (n=7) and staff nurse observers from non-NDUs (n=28). There were no significant differences noted in the way nurse managers rated themselves on the LPI between group A and B. But there was a significant difference in observer ratings of NDU leaders total score ($\bar{x}=125.75$) and non-NDU leaders total score ($\bar{x}=115.57$) total leadership score. These differences can be
attributed to two specific practices of leadership; challenging the process NDU observed leadership ($\bar{x}=25.71$) compared to non-NDU observed leadership ($\bar{x}=22.92$) and inspire a shared vision NDU observed leadership ($\bar{x}=25.25$) compared to non-NDU observed leadership ($\bar{x}=21.29$). To determine if differences exist between group A and group B overall a Mann-Whitney $U$-test was performed ($z=-2.754, p=0.006$). Significant differences were confirmed at the leadership practices challenging the process ($z=-3.512, p<0.001$) and inspiring a shared vision ($z=-3.656, p<0.001$). Bowles and Bowles concluded that utilizing NDUs or some other formal leadership development program may promote the emergence of transformational leadership, which is positive for the nursing unit and staff and secondly the LPI is useful and suitable for assessing nurses in research, leadership development, and education.

Leadership development is crucial in acute and long-term nurse practice settings. Vogelsmeier et al. (2010) identified the need for leadership in the long-term care facility because few of its nurses have much formal leadership training ($N=64$) with most nurses holding an associate degree in nursing as their highest level of education (65% in year one and 69% in year two). A leadership development academy was initiated and consisted of 8 1-day lectures on leadership techniques over a 9-month period. Participants ($n=33$) began year one of the study and ($n=31$) participants completed year one with an attrition rate of 6%. The second year study started with ($n=42$) participants and ($n=32$) participants completed year two of the leadership development academy (LDA) with a 24% attrition rate. A total of ($N=63$) participants completed years one and two of the study. Approximately half of all participants functioned in the role of director of nurses, ($n=15, 48\%$) in year one and ($n=17, 53\%$) in year two. Vogelsmeier et al.
administered the leadership practices inventory (LPI) (Kouzes & Posner, 2002) prior to the participant’s involvement in the leadership development academy (LDA); then they administered the leadership development intervention; post scores were statistically significant in all five LPI domains. Vogelsmeier et al. (2010) administered the LPI self-version prior to implementation of the leadership development program in year one. Following the leadership development academy in year one, 28 of the 31 participants completed and returned the LPI following completion of the LDA program. The LPI score from year one (n=28) increased significantly in all five domains for mean score: total before LDA (\(\bar{x}=7.429, p<0.0001\)); after LDA (\(\bar{x}=8.232, p<0.0001\)), model the way before LDA (\(\bar{x}=8.196, p<0.05\)); after LDA (\(\bar{x}=8.485, p<0.0001\)), inspire a shared vision before LDA (\(\bar{x}=6.684, p<0.0001\)); after LDA (\(\bar{x}=7.901, p<0.0001\)), challenging the process before LDA (\(\bar{x}=6.854, p<0.0001\)); after LDA (\(\bar{x}=7.872, p<0.0001\)), enable others to act before LDA (\(\bar{x}=8.026, p<0.0001\)); after LDA (\(\bar{x}=8.687, p<0.0001\)), and encourage the heart before LDA (\(M=7.384, p<0.0001\)); after LDA (\(M=8.232, p<0.0001\)). In year two 32 completed the LDA but only 29 completed and returned the LPI self-version following completion of the LDA. Results from year two post LPI self-version scores were significantly higher than pre-scores in all five domains for mean score: total before LDA (\(\bar{x}=7.315, p<0.0001\)); total after LDA (\(\bar{x}=8.658, p<0.0001\)); model the way before LDA (\(\bar{x}=8.352, p<0.0001\)); after LDA (\(\bar{x}=8.955, p<0.0001\)), inspire a shared vision before LDA (\(\bar{x}=6.348, p<0.0001\)); after LDA (\(\bar{x}=8.466, p<0.0001\)), challenge the process before LDA (\(\bar{x}=7.628, p<0.0001\)); after LDA (\(\bar{x}=8.707, p<0.0001\)), enabling others to act before LDA (\(\bar{x}=6.538, p<0.0001\)); after LDA (\(\bar{x}=8.386, p<0.0001\)), encourage the heart before LDA (\(\bar{x}=7.315, p<0.0001\)); after LDA (\(\bar{x}=8.658, p<0.0001\)). Results reveal that
leadership interventions, particularly Kouzes and Posers’ (2002) leadership framework, may prove beneficial to the nursing profession.

Duygulu and Kublay (2011) studied implementation of a leadership program in Turkey for charge nurses using Kouzes and Posner’s LPI (2002), modified from a 10-point scale to a 5-point scale for this study, as it relates to the accreditation process of hospitals by the European Union. The LPI was first administered to participants (N= 181) charge nurses (n=30) with baccalaureate degrees at two university hospitals in Turkey and staff nurse observers (n=151) prior to administration of a leadership training program. The LPI was administered again at 3 months, 9 months and at the end of the 14-month training period, a total of 4 times. Internal consistency of the instrument was reported as leader ($\alpha=0.92$) and observer ($\alpha=0.97$). Scores were shared with the unit charge nurses during the study to establish goals for areas of improvement.

The researchers found statistically significant differences in mean scores before compared to mean scores after the program intervention for leaders: model the way ($F=1.722, p=0.191$), inspire a shared vision ($F=5.139, p=0.006$), challenge the process ($F=6.839, p=0.001$), enabling others to act ($F=4.294, p=0.018$), encourage the heart ($F=1.718, p=0.189$), overall LPI leadership score ($F=4.956, p=0.009$). In the first evaluation leaders identified was encourage the heart ($\bar{x}=26.37$), but in the fourth evaluation encourage the heart ($\bar{x}=27.80$) and enabling others to act ($\bar{x}=27.90$) were the most identified practices. Mean score differences were also reported before the leadership training program compared to after the leadership training program by observers: model the way time1 ($\bar{x}=22.76$) and time 4 ($\bar{x}=26.20$) ($p=0.001$); ($F=19.578, p=0.001$), inspire a shared vision time 1 ($\bar{x}=21.45$) and time 4 ($\bar{x}=25.31$) ($p\leq 0.001$); ($F=26.808, p=0.001$),
challenge the process time 1 ($\bar{x}=21.74$) and time 4 ($\bar{x}=25.66$) ($p=0.001$); ($F=18.849$, $p=0.001$), enabling others to act time 1 ($\bar{x}=23.59$) and time 4 ($\bar{x}=26.41$) ($p=0.001$); ($F=11.428$, $p=0.001$), encouraging the heart time 1 ($\bar{x}=22.30$) and time 4 ($\bar{x}=25.99$) ($p=0.001$); ($F=16.358$, $p=0.001$), and overall LPI leadership score time 1 ($\bar{x}=123.21$) and time 4 ($\bar{x}=129.56$) ($p=0.001$); ($F=22.100$, $p=0.001$). Unit charge nurses scores were higher than observer scores in all areas but there was no statistically significant difference between the two groups at each time (1 through 4). Researchers determined that leadership training may improve leadership practices of unit charge nurses.

**Leadership and Gender**

Nursing is a predominately female profession, (N=2,737,400) with 91% (n=2,491,034) female and 9% (n=246,366) male (BLS, 2012; Nursing Statistics, 2013; United States Census Bureau, 2013). Based on this fact, an exploration of gender differences in nursing leadership is appropriate and required. According to Grossman and Valiga (2009), male leadership qualities are often associated with independence, dominance, and rational thinking, whereas female concepts of leadership seem to put more focus on concepts such as relationships and people orientation. Some authors have attributed transactional leadership as the predominant style in male leaders (e.g., Davidhizar & Cramer, 2000; Grossman & Valiga, 2009; Rosener, 1990; Thyer, 2003). Transactional leadership is defined as a style of leadership that is based on setting clear goals for the followers and the use of either punishments or rewards to encourage compliance with these goals (Transactional Leadership, 2013). Yukl (2010) discusses transactional leadership as contingent reward behavior or passive management by exception. Transactional leadership is often associated with bureaucratic systems (e.g.,
Davidhizar & Cramer, 2000; Grossman & Valiga, 2009; Rosener, 1990; Rozier, 1996; Thyer, 2003). Male leaders are often viewed as using transactional exchanges; these exchanges are usually thought of as rewards for service but can also be considered punishment for poor performance (Rosener, 1990). Transformational leadership may be a better fit for women because many of the transformational practices fit with a predominately female perspective (Grossman & Valiga, 2009).

Thyer (2003) compared and contrasted transactional and transformational leadership using a case study encountered in her work experience. Thyer comments using a case study; this case study represents common situations she experienced on numerous occasions in nursing practice. The case study ward, Ward U, has a thirty bed capacity with a staff mix of 14 RNs (2 of which are new graduates), medical staff and other allied health staff. Ward U has received a number of complaints concerning patient care and nursing staff morale was low. Communication between staff and manager was often confusing. The leadership style present on Ward U is determined by Thyer as transactional based on descriptors presented by Bass and Avolio (1993) and Burns (1978). In the scenario presented by Thyer problems exist between enrolled nurses (students) and registered nurses (staff) based on the way labor is divided with registered nurses having power over enrolled nurses. Registered nurses in the case study expressed feelings of threat concerning placement of enrolled nurses on the ward. The essentialness of enrolled nurses to the wards delivery of care was not recognized by the registered nurses. Thyer commented that the predominant leadership style that exists in the healthcare field today as observed by the authors experience is transactional leadership in which exchanges reward the person for action. According to Thyer (2003), transactional
leadership style leads to a discordant environment, which may be the basis for nurses leaving the profession. Thyer compares and contrasts transactional and transformational leadership styles as two different approaches to clinical practice. Thyer determines by working through the case study that transformational leadership style is a good fit with nursing, a primarily female profession. Thyer found that transactional and transformational leadership are not necessarily exclusive of each other, but transformational leadership promoted clear communication and may ignite vision, creativity, autonomy, and empowerment.

Rozier (1996) studied nurse executive characteristics based on gender. Population included 1,500 American Organization of Nurse Executive (AONE) members with a 25% response rate (N=378), females (n=329) and males (n=49). The sex role leadership characteristic questionnaire identified 12 leadership characteristics were ranked by participants and identified as a male, female or gender neutral characteristic. Results identified the four highest ranked leadership attributes as gender neutral; (a) reliable ranked by females ($\bar{x}$=6.59, s=0.58, p=0.268), and reliable ranked by males ($\bar{x}$=6.45, s=0.84, p=0.268); (b) conscientious ranked by females ($\bar{x}$=6.41, s=0.71, p=0.115), and conscientious ranked by males ($\bar{x}$=6.24, s=0.84, p=0.115); (c) sincere ranked by females ($\bar{x}$=6.41, s=0.72, p=0.107) and sincere ranked by males ($\bar{x}$=6.24, s=0.63, p=0.107); (d) truthful ranked by females ($\bar{x}$=6.62, s=0.58, p=0.709) and truthful ranked by males ($\bar{x}$=6.65, s=0.60, p=0.709). According to the rankings there is no significant difference between what females or males identify as the most important characteristics of a leader and these characteristics are gender neutral. But when ranked by male (M), female (F) and gender neutral (N) the three lowest rankings were attributed to female leadership
characteristics by both women and men (a) mild ranked (F) by females ($\bar{x}=2.93$, $s=1.49$, $p=0.002$), and mild ranked (F) by males ($\bar{x}=1.49$, $s=1.49$, $p=0.002$); (b) dependent ranked (F) by females ($\bar{x}=1.91$, $s=1.13$, $p=0.260$) and dependent ranked (F) by males ($\bar{x}=2.08$, $s=0.98$, $p=0.260$); (c) submissive ranked (F) by females ($\bar{x}=1.83$, $s=1.07$, $p=0.240$) and submissive ranked (F) by males ($\bar{x}=2.08$, $s=1.41$, $p=0.240$). In this study, those leadership characteristics identified as solely female were also the least desirable leadership traits to possess.

Davidhizer and Cramer (2000) discussed the gender differences of male and female leaders in their article, “Gender Differences in Leadership in the Health Professions.” Davidhizer and Cramer (2000) cite several studies which found differences in male and female leadership behaviors (e.g., Rosener, 1989; Rozier & Hersh-Cochran, 1996). Davidhizar and Cramer (2000) observe traits of female leaders to be more closely matched to transformational leadership across professions (e.g., Jacobs, 1989, Rosener, 1989; Rozier & Hersh-Cochran, 1996).

Rudman (2003), a male nurse, performed an ethnographic study concerning gender differences in team building among nurse executives. Participants included the mixed gender management team from a facility with over 600 beds. Management teams varied in size and make up over the 3-month ethnographic study, but all teams consisted of mixed gender. Observations were made concerning characteristics in leadership style, socialization, and communication. Observations of male leadership style during the 3-month period on various unit management teams include (a) dominating, (b) no personal interest in members, (c) no rotation of leadership, (d) clearly defined role, (e) a lot of structure, (f) hierarchal roles, and (g) enhanced ability to separate executive skills from
patient-care skills. Observations of female leadership style during the 3-month study include (a) warm demeanor, (b) both a personal and professional interest in members, (c) facilitates rotation of leadership, (d) relies on structure to conduct meetings, (e) active participant, (f) forceful role perceived as aggressive. When comparing socialization as a factor Rudman found that men (a) displayed a superior financial and business aptitude, (b) typical attire was white, pale or blue dress shirt with navy, gray, or brown trousers and suit jacket carried not worn at all, (c) no identifying badges were worn, (d) sit across from leaders at the table, and (e) develop numerous ways for expressing competition and leadership. Female nurse executive socialization included (a) wearing mainly 2-piece suits in a variety of colors and blouses, (b) using accents of jewelry, (c) being well groomed, (d) wearing identification badges, (e) sitting closest to the leader at the table, and (f) being tactful, dependent and caring. When comparing socialization skills Rudman observed males (a) limit discussion to work, (b) hold pre-meetings to verify agenda, (c) communicate actively with questions, data, and recommendations, (d) conduct conversations that reflect negotiation to achieve and maintain hierarchal position, (e) get their point across by being assertive, dominant, competitive, and aggressive, and (f) make little eye contact. In the observation of female communication, Rudman reports they (a) discuss personal issues before meeting and occasionally during the meeting, (b) were not included or did not participate in the pre-meeting planning, (c) bring ideas to meeting expecting open discussion for determination of solutions, and (d) conduct conversations as a negotiation to closeness, confirmation, and support. Rudman concludes that both males and females exhibit some favorable styles of leadership, but males often present as paternalistic and aggressive while females are often open to the ideas of others and
acceptance of a rotation of leadership within the group of leaders. The positive female characteristics in this study are most aligned with transformational leadership attributes. The study further highlights areas of potential improvement by both sexes.

Leadership gender difference has been looked at in both the business arena and nursing. Similarities of findings seem to reveal different traits reported by and perceived in male versus female leaders (e.g., Davidhizar & Cramer, 2000; Grossman & Valiga, 2009; Rosener, 1990; Rozier, 1996; Thyer, 2003). Preferred leadership traits were reported as gender neutral by Rozier (1996) but in this same study those traits ranked lowest in upward mobility were attributed to female leadership style. In her book, Robinson-Walker (1999) stated that being male allows greater upward mobility as opposed to being female; perhaps this is based on gender differences in leadership. However, in several other studies, (e.g., Davidhizar & Cramer, 2000; Grossman & Valiga, 2009; Rosener, 1990; Thyer, 2003) female leadership traits (transformational leadership) are more desirable to promote positive outcomes in subordinates. Based on stereotypical ideas and potential for differences in outcomes based on gender differentiated leadership practices, validation exists to include gender as a concept of interest in the current study.

Education Level, Experience, and Leadership

Nursing instructors may hold a master’s degree in nursing or a doctorate degree to be a nursing educator (AACN, 2013). While there are many differences in leadership preparation between ADN and BSN nurses as identified by the number of leadership and management courses offered in the curriculum, differences between master prepared and doctorate prepared nurses may be less obvious in terms of study emphasis. The literature
search on education level, experience, and leadership uncovered a few articles specific to nurses’ potential differences in leadership styles or practices related to education level.

Gillespie, Chaboyer, Wallis, and Werder (2011) conducted a cross-sectional study to determine how education and experience affects critical thinking in perioperative nurses (N=134), women (n=116) and men (n=18) in Australia. Gillespie et al. (2011) administered the perceived competency scale revised (PCS-R) a 98-item questionnaire that was specifically developed by these researchers to address perioperative nurses’ knowledge, skills, and attitudes. The PCS-R uses a 5-point Likert scale which range from 1 never to 5 always; a possible point range of 98- 485. Gillespie et al. (2011) found that those nurses with more experience in perioperative care or with special training (education) in perioperative care scored higher ($\beta$=0.414, $p<0.0001$) than those with higher levels of education ($\beta$=0.176, $p=0.040$). They also found that while education is the primary method used to address knowledge and attitudinal deficits, these methods are not always effective alone ($R^2=0.246$, $F_{2,115}=18.750$, $p<0.0001$). Strategies that build on nurses with prior knowledge and emphasize leadership development could provide the best context for clinical nursing practice.

Blegen, Vaughn, and Goode (2001) examined nurse experience and education in relation to effects on quality of patient care. Blegen et al. (2001) conducted a secondary analysis of two previous studies to determine if there was a significant relationship between education levels or experience and quality of patient care; the data were collected at patient care unit level. Study 1 included 42 patient care units and study 2 included 39 patient care units. Data for study 1 (N=42) represented 1 fiscal year, study 2 (N=39) represented 2.5 years. The variable measured was quality of care in terms of
number of falls (fall rates) and number of medication errors. Results revealed that more experienced nurses had lower fall rates in study 2, study 1 ($R^2=0.014$), study 2 ($R^2=0.512$) ($\beta=-0.73$, $p<0.05$) and lower medication errors, study 1 ($R^2=0.304$) ($\beta=-0.259$, $p<0.10$) and study 2 ($R^2=0.512$) ($\beta=0.373$, $p<0.05$). Higher education preparation did not result in lower rates ($\beta=0.436$, $p<0.05$). Blegen et al. (2001) observed only associate degree and baccalaureate degree nurses in this study but suggested a more thorough investigation into educational differences should also include nurses with higher levels of education.

Lok and Crawford (1999) examined the relationship between organizational culture, commitment, and leadership styles. They tested two hypotheses: (a) job satisfaction is higher with increased age but lower with increased education, and (b) years of experience positively correlates with commitment. The sample consisted of (N=251) valid responses from nurses employed in various types of large hospitals in Sidney, Australia. Lok and Crawford (1999) found a positive relationship between age, job satisfaction, and commitment (N=251, $r=0.23$, $p<0.01$), job satisfaction and commitment increases with age. No significant relationship was found (either positive or negative) between education level or experience and job satisfaction or commitment.

Although some studies have considered experience or education as indicators that could be related to nursing or leadership, these variables have not been studied comprehensively in nursing, leadership, or education. Education level and experience is expected to differ amongst nursing instructors included in this study. Further information may be obtained to determine if level of education or years of experience makes a difference concerning leadership practices.
Leadership in Nursing Education

Nursing Students and Leadership

Valentine (2002), an undergraduate student, spoke of the need for nurses to have leadership skills at every level of nursing, including the new entry level nurse. Leadership education, role modeling, and experience must begin prior to students exiting nursing school for students to enter nursing with required skills. Valentine (2002) explained, “It is an injustice to train nurses in complex technology and on intricate equipment and omit them the opportunity to have a basic voice in leadership” (p.1).

According to Middleton (2013), Valentine’s thoughts as an undergraduate student reflect the realities of today’s new nurse as accurately as they did in 2002. Based on the Garling report (2008) and the necessity for nurses to develop stronger leadership skills as undergraduate students, a leadership program was developed for the University of Wollongong New South Wales, Australia. Active learning was chosen as the model to facilitate implementation of the transformational leadership framework based on Kouzes and Posner’s leadership challenge (2007). Instructors received preparation in transformational leadership and active learning in order to engage students more effectively. Students (N=203) in the program were administered a 6-point Likert scale questionnaire consisting of 10 questions on the last course session. Students were allowed to free text answers in addition to the 6-point Likert scale on the questionnaire. Response rate was rated high at 76.5% (n=155). Student evaluation responses reflected the student felt well supported with clear subject objectives/goals 90% (n=140) rated both support and clarity high (5) to highest (6) on a 6-point scale. Comments from students included “I felt it (leadership education) empowered me in a way I felt more confident about my
ability to make changes and influence others…” and “encourages critical thinking” (p. 86). Middleton concluded that transformational leadership could be learned and applied to the classroom to assist individuals in the development of effective leadership skills.

Table 2

**Literature Review of Leadership in Nursing Education**

<table>
<thead>
<tr>
<th>Author</th>
<th>Study</th>
<th>Participants</th>
<th>Instrument</th>
<th>Summary Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolkan &amp; Goodboy</td>
<td>Quantitative</td>
<td>N=165 Students</td>
<td>MLQ Revised Cognitive Learning Indicator Scale</td>
<td>The authors found positive correlations between TFL style in the instructor and student motivation and student satisfaction.</td>
</tr>
<tr>
<td>Jarvis, &amp; Knapcik</td>
<td>Correlational (2 studies)</td>
<td>N=139 Study 1 N=263 Study 2</td>
<td>Student-Instructor Relationship Scale (SIRS)</td>
<td>Students identified feeling connectedness or anxiety toward instructors. Further research is needed.</td>
</tr>
<tr>
<td>DeLong</td>
<td>Quantitative Descriptive</td>
<td>N=242 Nursing Deans or Directors</td>
<td>LPI</td>
<td>Results indicate that nursing deans and directors perceive themselves as engaging in the five practices of exemplary leadership much more frequently than the reported normal values for leaders overall. Further study on the use of TFL in nursing education is recommended.</td>
</tr>
<tr>
<td>Goldenberg</td>
<td>Quantitative Descriptive</td>
<td>N=141 n=35 Admin. n=106 Faculty</td>
<td>Leadership Style Analysis</td>
<td>Results indicate that nurse administrators display style 3 most frequently indicating relationship orientation a significant part of TFL.</td>
</tr>
<tr>
<td>Kirby, Paradise, &amp;</td>
<td>Study 1 Qualitative Study 1 Study 2 Quantitative (Reported Together)</td>
<td>N=103 N=58 Study 2</td>
<td>Study 1 MLQ Study 2 Narratives</td>
<td>The authors found that the themes of extraordinary leaders include modeling, good communicators, and challenging others.</td>
</tr>
</tbody>
</table>
Creasey, Jarvis, and Knapcik (2009) discussed the importance of the student and instructor relationship in the prediction of positive achievement, retention, and overall student success. These researchers developed and psychometrically tested the student-instructor relationship scale (SIRS) to determine student instructor relationships. Study 1 consisted of participants (N=139) attending a large Midwestern university, age range from 18-24 years old. The SIRS was administered to students twice over a four week findings resulted in two dimensions of instructor student relatedness; connectedness and anxiety. The findings ranged from a positively associated connectedness ($r=0.69$, $p<.01$) to a negatively associated anxiety ($r=0.66$, $p<.01$). Study 2 included participants (N=263) 18 to 22 year old full-time college students who were administered the SIRS and the motivated strategies for learning questionnaire (MSLQ). Connectedness and anxiety subscales of the SIRS were negatively correlated ($r=-0.32$, $p<.0001$). Test anxiety correlated negatively with the subscale connectedness ($r=-0.19$, $p<.0001$) and test anxiety correlated positively with anxiety as a subscale ($r=0.37$, $p<.0001$). Creasey et al. affirmed the need for continued research concerning student-instructor relationships in order to determine the dimensions that affect student outcomes.
Bolkan and Goodboy (2009) examined the relationship between the instructor’s use of transformational leadership in the classroom and student learning outcomes. Participants completed the multifactor leadership questionnaire, the revised cognitive learning indicators scale, the affective learning scale, the student motivation scale, the student communication scale, the class participation scale, and the source credibility scale. Participants consisted of 165 college students who rated their instructors’ leadership in addition to self-rating their own class behavior and learning. The framework was Bass’s (1985) characteristics of transformational leadership: (a) charisma, (b) individualized consideration, and (c) intellectual stimulation. Bolkan and Goodboy (2009) discovered positive associations between each of the three leadership characteristics and positive student outcomes. Positive correlations reported for charisma include student motivation (N=165, r=0.80, p>.01) and satisfaction (N=165, r=0.87, p>.01). Positive correlations reported for intellectual stimulation include student motivation (N=165, r=0.80, p>.01) and student satisfaction (N=165, r=0.78, p>.01). Positive correlations reported for individualized consideration include increased student motivation (N=165, r=0.69, p>.01), communication satisfaction (N=165, r=0.65, p>.01). Bolkan and Goodboy (2009) suggest that instructional scholars investigate in more detail about the specific behaviors students perceive as transformational when demonstrated by the instructor, such as instructor self-disclosure.

*Nurse Educators and Leadership*

Pounder (2008) discussed the challenge that education administrators face in the evaluation of instructors. Pounder (2008) pointed out that current instructor evaluations are poor indicators of actual teaching performance. There has been little correlation
between instructor ratings on commonly used student evaluations and actual student achievement (e.g., Cohen, 1983; Damron, 1996; McCallum, 1998). Pounder (2008) used this evidence as the basis to explore transformational leadership in the classroom as indicators for instructor evaluation. The participants were students (N=876) who rated instructors based on a modified Multifactor Leadership Questionnaire (MLQ form 5x short). Correlation analysis applied to the data showed transformational leadership scales were significantly and positively correlated with scores on each of the leadership outcome scales (extra effort and satisfaction). The results of this study indicate a relationship between transformational leadership and positive classroom outcomes; Spearman’s rho ($\rho=0.29-0.47$) ($p=0.01$). Pounder’s (2008) anecdotal findings revealed that the use of transformational leadership as the classroom leadership framework correlated strongly with each of the three outcome variables: extra effort ($r=0.89$, $p<0.01$), effectiveness ($r=0.94$, $p<0.01$) and satisfaction ($r=0.97$, $p<0.01$). Pounder (2008) concluded that transformational leadership is teachable and deserves continued investigation as a leadership framework for instructors in higher education.

Delong (2010) used Kouzes and Posner’s (2003) leadership practices inventory (LPI) self-version to examine leadership practices of academic administrators of nursing departments across the U.S. Participants included 242 academic deans or directors, primarily from 2-year institutions. Delong (2010) found that nursing education administrators perceive themselves as engaging in the five practices of exemplary leadership much more than the reported normal values nursing leaders scores (a) modeling the way ($\bar{x}=50.02$, $SD=5.14$), (b) inspiring a shared vision ($\bar{x}=47.37$, $SD=6.82$), (c) challenging the process ($\bar{x}=47.95$, $SD=6.71$), (d) enabling others to act ($\bar{x}=52.41$,
SD = 4.23), and (e) encouraging the heart (x̄ = 49.47, SD = 6.90). Participants (N = 242) who scored in the “high” score percentile (70th percentile or higher) were highest in enabling others to act (n = 128, 52.9%). The second highest category was modeling the way (n = 114, 47%), followed by encouraging the heart (n = 105, 43.4%), challenging the process (n = 107, 42.2%), and inspiring a shared vision (n = 99, 41%). The variable education preparation level of administrator indicated significance for the category challenging the process (t [240] = −2.113, p = .036). Participants with the highest academic preparation, greater than the master’s degree, rated themselves higher in the area of challenging the process (x̄ = 48.87, SD = 6.518) than those with the highest academic preparation of master’s degree (x̄ = 47.07, SD = 6.792). Further, nurse education administrators who indicated participating in four professional development activities scored statistically higher than those reporting participation in two professional development activities at the factors challenging the process (F = 3.773, p = .005) with a Tukey HSD (p = .014) and Bonferroni (p = .016) and inspiring a shared vision (F = 2.996, p = .005) with a Tukey HSD (p = .016) and Bonferroni (p = .019). Delong suggested further study on the use of transformational leadership in the nursing education setting.

Goldenberg (1990) conducted a descriptive study of (N = 141) nursing program administrators (N = 35) and senior faculty (n = 106) using the leadership style analysis instrument to determine the administrators self-perceived and faculty observed leadership style of administrators. Results indicated that nursing administrators possess style number three, low-task high relationship most frequently, (n = 33, 94.28%). Goldenberg (1990) then compared the results of administrators self-reported leadership style to faculty observed leadership style of administrator and found style three to be the highest
observed leadership style \((n=83, 78.30\%)\). No statistically significant differences identified in administrator self-reported style and faculty observed style administrators and faculty \((n=116, 82\%)\) agreed administrators displayed style three, which means administrators in the study have a participative and relationship-oriented leadership style.

Kirby et al. (1992) investigated, in two separate studies, leader characteristics associated with extraordinary leadership as defined by Burns in 1978 using Bass’s multifactor leadership questionnaire (MLQ, 1992). In the first study, participants \((N=103)\) included principals \((n=15)\) and teachers \((n=88)\) of six different school districts. Results were unexpected and indicated that charisma alone resulted in the majority of satisfaction and effectiveness, which led Kirby et al. to undertake study two in 1992 and test participants \((N=58)\) who were graduate students enrolled in an introductory leadership course. All graduate students were public school teachers \((n=35)\) or administrators \((n=23)\). Qualitative data were collected from participants concerning memory of a situation in which someone demonstrated extraordinary leadership by means of narrative of the experience with the leader. After Kirby et al. (1992) coded the narrative data; they found that themes of extraordinary leaders are modeling, good communicators, and challenging others. Similarly, Kouzes and Posner (2012) identified five exemplary leadership practices: (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart, which have been found appropriate for use in education.

Transformational leadership in nursing education has the potential to affect instructors, students, and student outcomes in positive ways. Nursing students have voiced a desire to learn, experience and have a voice in the leadership of their chosen
profession (e.g., Middleton, 2013; Valentine, 2002). According to the practices of exemplary leadership (Kouzes & Posner, 2012), modeling leadership behaviors is one way nursing instructors can assist nursing students to develop and experience leadership. Enabling others to act may assist students to become leaders and give them the opportunity to try their voice while still in the safe environment of school. Further, the benefits of nursing instructors practicing transformational leadership may promote the satisfaction and retention of students (e.g., Bolkan & Goodboy 2009; Pounder, 2008). These benefits go far beyond an individual class, the benefit of satisfied nursing instructors and satisfied and retained nursing students would benefit the entire profession of nursing.

Summary

The literature uncovered findings that nursing leaders are critical to recruitment and retention of nursing staff and a healthy work environment (Sherman, 2005). Outcome differences could exist based on type of leadership style, leadership practices, and possibly based on the leader’s gender, education level, and years of experience (Afam, 2012; Arthurs, 2009; Bass, 2008; Burns, 1978; Blegen et al., 2001; Davidhizer & Kramer, 2000; Downey et al., 2011; Gillespie et al., 2011; Grossman & Valiga, 2009; Klar, 2012; Kallas, 2011; Kirby et al., 1992; Kouzes & Posner, 2003; Lok & Crawford, 1999; Rosener, 1990; Saccomano & Pinto-Zipp, 2011; Sorensen et al., 2011; Thyer, 2003). Transformational leadership style and practices fit nursing as well as the fast changing and adaptive environment in which nursing exists (Doody & Doody, 2012). Kouzes and Posner’s LPI (2003), which is based on the transformational leadership theory, has been well tested in many disciplines including nursing. Transformational
leadership and the LPI are appropriate for men and women and for use in nursing practice.

Leadership in nursing is a critical component to maintaining and growing the profession. Students learning leadership by way of instructor modeling is one way to assure the next generation that nurses are prepared for the complex and diverse environment they will encounter. Literature indicated that instructors who utilized transformational leadership practices, including Kouzes and Posner’s (2013) five practices of exemplary leadership (challenging the process, inspiring a shared vision, enabling others to act, encouraging the heart, and modeling the way) could improve student satisfaction, increase student voluntary study time, improve student retention, and improve overall student outcomes and satisfaction (Afam, 2012; Arthurs, 2009; Bass, 2008; Bolkan & Goodboy, 2009; Burns, 1978; Downey et al., 2011; Goff et al., 2012; Klar, 2012; Kouzes & Posner, 2003; Middleton, 2013; Saccomano & Pinto-Zipp, 2011; Valentine, 2002).

A current and growing shortage of practice nurses and nurse faculty exists (AACN, 2012). Literature supported increased job satisfaction amongst nurses who use and whose administrators or managers practice transformational leadership behaviors (Casida & Parker, 2011; Cowden et al., 2011; Cummings et al., 2009; Duffield et al., 2010; Kleinman, 2004; Krugman & Smith, 2003; McNeese-Smith, 1999; Thyer, 2003; Weberg, 2010; Wong & Cummings, 2007). However, little is known in terms of leadership practices of nursing instructors. This study is an attempt to further nursing knowledge concerning leadership practices of nursing instructors and the perception of these practices by students.
CHAPTER III

METHOD

Introduction

This chapter includes a description of the research design, approach, study setting, sample under investigation, procedures for data collection, and data analysis technique. This study utilizes a quantitative, exploratory, descriptive, correlational design that collects data using the Leadership Practices Inventory (LPI) (2013) and a demographic questionnaire. The LPI measures the five exemplary leadership practices (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart. Permission was granted to use the LPI instrument for the purposes of this study (see Appendix H).

The purpose of this study was to identify leadership practices of nursing instructors in the southern U.S. and determine if instructor leadership practices differ from the ‘norm’ leadership practices reported by the LPI instrument (Posner, 2008) or if instructor leadership practices differ from those practices observed by their students. Further, to determine the relationship between instructors self-reported leadership practices (self-version) and student observed (observer-version) matched instructor leadership practices based on institution type or instructor education level.

Research Design

The design for this study was a quantitative exploratory descriptive correlational research design. A descriptive research design is appropriate to study comparisons, relationships, contrasts, or differences of samples and variables (Cormack, 2000; Dempsey & Dempsey, 1986; Johnson & Christensen, 2012). According to Brink and
Wood (1998), a descriptive design is most appropriate when little or no literature exists for the variable under research or review. Burns and Grove (2009) identified descriptive studies as appropriate for theory building. Correlational research is systematic in nature and uses correlational statistics to measure relationships between selected variables (Burns & Grove, 2009).

The study was conducted in only one state in the southern U.S., as opposed to a national study to decrease rival hypotheses such as policy differences and to ensure a large enough sample. Further, researcher resources make the measurement of leadership practices of nursing instructors in a single state more feasible as a thorough endeavor.

Limited information is available concerning leadership practices of nurses, nursing instructors and non-nursing instructors or teachers. The literature review reveals that the leadership practices of nursing instructors are rarely studied. Research is needed to determine what types of leadership practices nursing instructors utilize, how these compare to the norms of the five practices of exemplary leadership and if these instructor self-reported practices differ from the practices observed by their students. Once foundational data is gathered, further implications can be made on the potential positive effects that instructors displaying exemplary leadership practices may have on their nursing students.

Setting

One state in the southern U.S. was chosen for this study. According to the Institutions of Higher Learning (IHL) (2012) this state has 8 public universities, 1 private university, 1 private college and 15 public community colleges (IHL, 2012). Institutions selected for the study includes equal representation of the entire state and both of the
degree type programs available in the state (ADN & BSN). To ensure coverage of the entire state, the state was divided into three geographic regions with both an ADN and a BSN program selected from each region (a) northern, (b) central, and (c) southern.

Once selected to represent a particular geographic region, the administrators from each of the two programs (ADN and BSN) in a region were contacted to invite students and faculty members to participate. Thus, nonprobability quota sampling was utilized for the purposes of this study. One community college and one university from each region were selected for a total of six selected institutions. One institution declined participation and was not replaced with another institution due to cost and time constraints. Phone calls, emails, and personal visits were made prior to selection of institutions to assist the researcher in building a rapport and for research purposes.

Sample

Currently in the selected state, there are 486 full-time nursing faculty members. The demographics for nursing faculty in the state for 2011 are: 94% (n=459) female, 4% (n=18) male and 2% (n=9) unknown (Jones, 2012). Caucasian remains the highest racial/ethnic group with 82% (n=399) followed by African American at 15% (n=70) (Jones, 2012). Of those nursing faculty (N=486), 11% (n=54) of nursing instructors hold doctoral degrees in nursing, 9% (n=45) hold doctoral degrees in another field, 75% (n=366) hold master’s degrees in nursing, <1% (n=3) hold a master’s degree in non-nursing, 1% (n=5) hold a baccalaureate degree in nursing, and 2% (n=10) are unreported (Jones, 2012).

According to the state’s office of nursing workforce (ONW) the schools of nursing survey results (Jones, 2012), there were 3,094 full-time associate degree nursing
students admitted in the state in 2011. Demographics reveal that 85% (n=2630) are
female and 15% (n=464) are male. The majority (77%, n=2382) of students are
Caucasian followed by 20% (n=619) African American and Asian and Hispanic, each at
1% (n=61). The Southern Regional Education Board (SREB) (Jones, 2012) anticipates
that of the 3,094 associate degree nursing students who began the program(s),
approximately 41% (n=1268) will graduate.

Baccalaureate programs in the selected state admitted 1,519 full-time students in
2011 (Jones, 2012). Demographics reveal that BSN students are similar in demographics
to ADN students, with 85% (n=1291) female and 15% (n=228) male. Further, BSN
students are predominately Caucasian at 76% (n=1154), followed by African American at
24% (n=365), Asian 2% (n=30), and Hispanic 1% (n=15). Similarly, but slightly higher,
the expected graduation rate of BSN students is 45% (n=684) (Jones, 2012).

Target populations include full-time instructors employed at one of the selected
universities or community colleges teaching undergraduate regular entry nursing
programs. These faculty members were invited to participate in the study. Target
population also includes full-time undergraduate students of the nursing instructors. An
estimation of 60 full-time faculty members and 600 full-time students based on Cohen’s
table of statistical power estimations (Cohen, 1992) is considered reasonable for this
study. Alpha is set at .05 and beta at .20. Cohen (1992) suggested the maximum
acceptable probability of a type 2 error is 20% with a corresponding level of power of
80%. Therefore, the power value is .80; with the necessary sample size needed being 48
instructors and 480 students. The effect size strengthens the power of the research finding
and is linked to the probability at which an effect is accepted as being statistically
significant. The study design and method of data collection strengthens the power of the study with group administration; according to Fowler (2008), “when students in a classroom or workers in the job setting are asked (in person) to complete a questionnaire, the rate of response is near 100%” (p. 75). The authors of the LPI instrument recommend a minimum of five observers per leader to ensure accuracy (Kouzes & Posner, 2012).

**Eligibility Criteria**

To be eligible for participation in this study, subjects must meet the following criteria:

- Participants were either a full-time faculty member or a full-time student in the undergraduate nursing department.
- Participants were at least 18 years old.
- Participants were able to read, write and understand English.
- Participation was voluntary.

**Instrument**

*Leadership Practices Inventory (LPI)*

Kouzes and Posner (2012) began asking the fundamental questions of what concepts make up leadership in 1982 and discovered the five exemplary leadership practices. These five exemplary leadership practices became the basis for the Leadership Practices Inventory (LPI). Later the need for several versions of the LPI was determined leading to the development of the LPI self, observer, individual contributor, and student. The LPI self is intended for both formal leaders and informal leaders (those not in formal leadership positions). For this reason, the LPI self and observer is appropriate for use with instructors and students. Kouzes and Posner developed the LPI as a 360 degree
leadership tool for use in the traditional hierarchical manner or for use in a self and observer format. In this research study, the LPI (2013) self and observer(s) format was utilized.

The LPI contains 30 items that address 5 different factors associated with transformational leadership. Each factor contains 6 statements ranked on a 1 to 10 Likert scale, with 1 being almost never and 10 being almost always. The 5 factors are: (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart (see Appendixes E and F). Each factor is rated with a score via the six matching statements using the 1 to 10 Likert scale and a total score for each factor is determined for the self-version (6-60) and for the observer(s) version (6-60). A total score will be determined for each of the five practices of exemplary leadership and calculated for each leader, instructor, self-report (self-version) and an average score for each exemplary leadership practice will be derived from each instructors’ matched student’s observer version. Scoring of the LPI is accomplished by matching scores from the six empirical statements to the appropriate factor. The following table describes which statements are matched with each of the five factors (Table 3) (Appendix G).
Kouzes and Posner (2012) and others across the disciplines have established reliability and validity of the LPI. Researchers have established reliability (internal consistency) of the LPI, with an overall Cronbach’s alpha of >.80 for the LPI self-version and a Cronbach’s alpha of >.80 for the LPI observer version (Afam, 2012; Khoury, 2005; Kouzes & Posner, 2001; Matviuk, 2007); and have established validity in studies with nurses (e.g., Afam, 2012; Khoury, 2005; Lummus, 2010; Tourangeau & McGilton, 2004). Each of the five practices of exemplary leadership has established reliability (Table 2 & Table 3). Posner (2008) conducted a psychometric update on the LPI using data collected online from 2005 to 2007. Findings reveal the following alpha coefficients for individual factors remain consistent with previous psychometric testing conducted in 2000 (Kouzes & Posner, 2000) (Table 4 & Table 5). The five factors are generally statistically orthogonal (measure different phenomenon’s of leadership) (Kouzes &
Posner, 2001). However, to date, this instrument has not been used with nursing faculty and students.

Table 4

*Summary of LPI Self-Version Cronbach’s Alpha*

<table>
<thead>
<tr>
<th></th>
<th>Cronbach’s alpha</th>
<th>2000</th>
<th>2008</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging the process (CTP)</td>
<td>.80</td>
<td>.79</td>
<td>.87</td>
<td></td>
</tr>
<tr>
<td>Inspiring a shared vision (ISV)</td>
<td>.87</td>
<td>.88</td>
<td>.89</td>
<td></td>
</tr>
<tr>
<td>Enabling others to act (EOTA)</td>
<td>.75</td>
<td>.73</td>
<td>.89</td>
<td></td>
</tr>
<tr>
<td>Modeling the way (MTW)</td>
<td>.77</td>
<td>.74</td>
<td>.91</td>
<td></td>
</tr>
<tr>
<td>Encouraging the heart (ETH)</td>
<td>.86</td>
<td>.87</td>
<td>.92</td>
<td></td>
</tr>
</tbody>
</table>

Table 5

*Summary of LPI Observer Version Cronbach’s Alpha*

<table>
<thead>
<tr>
<th></th>
<th>Cronbach’s Alpha</th>
<th>2000</th>
<th>2008</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging the process (CTP)</td>
<td>.89</td>
<td>.86</td>
<td>.77</td>
<td></td>
</tr>
<tr>
<td>Inspiring a shared vision (ISV)</td>
<td>.92</td>
<td>.92</td>
<td>.82</td>
<td></td>
</tr>
<tr>
<td>Enabling others to act (EOTA)</td>
<td>.88</td>
<td>.86</td>
<td>.87</td>
<td></td>
</tr>
<tr>
<td>Modeling the way (MTW)</td>
<td>.88</td>
<td>.84</td>
<td>.75</td>
<td></td>
</tr>
<tr>
<td>Encouraging the heart (ETH)</td>
<td>.92</td>
<td>.92</td>
<td>.83</td>
<td></td>
</tr>
</tbody>
</table>
Instructor Demographics

Instructor demographics were collected by way of the Instructor Demographics questionnaire (Appendix C). Variables on the Instructor Demographics questionnaire include (a) type of program instructing, (b) age in years, (c) gender, (d) race, (e) years of experience as a nursing instructor, and (f) education level. Some demographics were chosen because of potential links to literature, others were related to the researcher’s observation. Both race and gender were included because nursing is primarily a female and Caucasian profession; the researcher is optimistic about diverse representation in the study.

Student Demographics

Student demographics were collected by way of the Student Demographics questionnaire (Appendix D). Variables on the Student Demographics questionnaire include: (a) degree sought, (b), age in years, (c) gender, (d) race, (e) classification in the nursing program (1\textsuperscript{st} year, 2\textsuperscript{nd} year, 3\textsuperscript{rd} year, 4\textsuperscript{th} year), and (f) instructor’s level of education. Again, race and gender are included because nursing is primarily a female and Caucasian profession; the researcher is hopeful for a diverse representation in the study.

Data Collection

Upon approval of the appropriate institutional review board(s) (IRB), the researcher traveled to each of the six institutions during the semester to invite participation in the study. Prior to administration of the LPI, coding was implemented; each qualifying faculty member was assigned a code for the purpose of matching instructor to students. The researcher then provided pre-coded questionnaires to nursing students that match the appropriate nursing instructor. These pre-coded questionnaires
were distributed at specified dates and times. All copies are anonymous with the exception of the instructor code and this information is kept confidential. The researcher invited nursing instructors to participate in the study by distributing questionnaires according to the instructor code list. The coded questionnaires were distributed to instructors on specified dates and times. The researcher is the only person with access to the instructor code list and it is kept secure at all times.

The researcher collected all data by paper/pencil method on site. The researcher read a short instruction page (Appendix B) including the information that the study is voluntary and may be returned unfilled without fear of penalty, and that the study is anonymous and confidential. Completed questionnaires were placed in a manila envelope and handled only by the researcher. The manila envelope was sealed for transport to a locked filing cabinet in a locked office until the time of analysis. After analysis questionnaires will be kept in the same locked filing cabinet for 5 years, to which only the researcher has a key. All data stored on a computer are password protected and only accessible by the researcher.

Human Subjects Consideration

This study was submitted and approved by The University of Southern Mississippi Institutional Review Board for Human Subjects Protection. The researcher also submitted the study for approval to the IRB of each institution considered for the study. Approval from each institution’s IRB or appointed official was obtained prior to the start of data collection. Once approval was received participants were contacted. The researcher anticipates no untoward effects associated with participation in this survey. Participation was voluntary and participants may have withdrawn consent without
concern of penalty or other negative consequence at any point. Data are anonymous and no identification information was requested. In addition, participants were instructed not to write their name or other identifiable information on the surveys. All information was secured by the researcher until data analysis entry and this entry was performed by the researcher. Once analysis was complete surveys were returned to and kept locked in a cabinet by the researcher for a period no less than 5 years. Only the researcher has entry to this cabinet. Any information inadvertently obtained during the course of this study will remain confidential.

Analysis

All data were entered into SPSS statistical package, Version 20, for analysis. SPSS Version 20 supports data analysis for this research study with both descriptive and inferential statistics. The LPI is a Likert scale from 1-10 with 1 being almost never and 10 being almost always. The LPI instrument yields both an overall score with a minimum raw score of 30 and a maximum raw score of 180 for each participant. The LPI also has subscale scores with a minimum subscale raw score of 6 and a maximum subscale raw score of 60 for each of the five exemplary leadership practices (a) challenging the process, (b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, and (e) encouraging the heart. Means of the raw scores are used to compare the observer version to the self-version. The score or mean of the scores indicate how much the leader displays exemplary leadership practices. Scoring procedures for each factor of the LPI self-version and observer version are described in appendix G. Nominal data were collected to determine type of institution, gender, race, classification in the program (of student), and level of education (of instructor). Ratio data were collected to determine age
and years of experience as a nursing instructor. Demographics age, race and gender has been analyzed for frequencies. Gender has been analyzed in two nominal groups (male and female). Gender was coded as 1 for male and 2 for female. Race was analyzed in six nominal groups listed alphabetically (a) African American (b) Asian (c) Caucasian (d) Hispanic (e) Native American and (f) Other or Multiracial. Race was coded as 1 for African American, 2 for Asian, 3 for Caucasian, 4 for Hispanic, 5 for Native American, and 6 for Other or Multiracial. Student classification in the nursing program has been analyzed in four nominal groups for frequency purposes (a) 1<sup>st</sup> year (b) 2<sup>nd</sup> year (c) 3<sup>rd</sup> year (d) 4<sup>th</sup> year. Student classification was coded as 1 for 1<sup>st</sup> year student, 2 for 2<sup>nd</sup> year student, 3 for 3<sup>rd</sup> year student, and 4 for 4<sup>th</sup> year student. The number of years as a nursing instructor was collected as ratio data and entered coded as 1 is less than 5 years or 2 is 5 years or more. Education level (Instructor) is listed on the demographic as (a) MSN or (b) Doctorate; these will be coded in SPSS as 1 for MSN, and 2 for doctorate. A t-test was used to determine differences between nursing instructor exemplary leadership practices and LPI norm score values (Posner, 2012), research question one. A t-test was used to determine if there are any significant differences between nursing instructors exemplary leadership practices (LPI self-version scores) and the student’s observations of their matched instructor’s leadership practices (LPI observer scores), research question two. To determine if there is any difference between nursing instructor leadership practices on either the LPI self-version or the LPI observer-version and program type a MANOVA was performed (research questions three and four). To determine if there is any difference between nursing instructor leadership practices on either the LPI self-version or observer-version based on instructor level of education a MANOVA was be
performed, research questions five and six. In addition a Pearson’s Correlation was conducted to answer research question seven, “Is there any relationship between leadership practices and years of experience?”

Research Hypotheses

Based on the research questions, the seven null hypotheses are:

H1: There is no significant difference between nursing instructor LPI scores (LPI observer version) and the norm score values reported by the LPI Instrument (Posner, 2012).

H2: There is no significant difference between nursing instructors scores on the LPI self-version and their matched students’ scores on the LPI observer version.

H3: There is no significant difference between nursing instructors’ leadership practices (LPI self-version) based on program type (associate degree or baccalaureate degree).

H4: There is no significant difference between students reported nursing instructor leadership practices (LPI observer version) based on degree type (associate degree or baccalaureate degree).

H5: There is no significant difference between nursing instructor leadership practices (LPI self-version) based on instructor level of education.

H6: There is no significant difference between matched students reported nursing instructor leadership practices (LPI observer version) based on instructor level of education.

H7: There is no difference in student reported instructor leadership practices and years of experience.
Summary

Leadership is an important concept in the practice and education of nurses. Therefore, identifying leadership practices among nursing instructors is foundational to the improvement of nursing education and nursing as a career. This exploratory, descriptive, correlational design study keeps in mind that nurses start learning nurse leadership in nursing school and transformational nurse faculty are good role models for future nurse leaders. Developing a starting point of analysis of nursing instructor’s leadership practices and moving forward with the five practices of exemplary leadership in nursing education will create positive changes for both nursing faculty and students.
CHAPTER IV

RESULTS

Introduction

Researchers have identified the importance of implementing transformational leadership in the workplaces of nurses to improve job satisfaction and potentially improve patient outcomes (e.g., Duygulu & Kublay, 2011; Tourangeau & McGilton, 2004; Vogelsmeier et al., 2010). Transformational leadership practices are also currently being linked to increasing instructor satisfaction in both regular academia and nursing education specifically (e.g., Afam, 2012; DeLong; Klar, 2012, 2010; Saccomano & Pinto-Zipp, 2011). Yet a gap still exists concerning the types of leadership practices demonstrated by nursing instructors to students and the positive effects transformational leadership may have on the next generation of nurses.

The purpose of this study was to identify leadership practices of nursing instructors in the southern U.S. and determine if instructor leadership practices differ from the ‘norm’ leadership practices reported by the LPI instrument (Posner, 2012). Also, to determine if instructor leadership practices differ from those practices observed by their matched students. Further, to determine the relationship between instructor leadership practices differ based on institution type, instructor education level or years of experience.

Findings

Nursing instructor leadership practices were measured using the Leadership Practices Inventory (LPI) self and observer versions (Kouzes & Posner, 2012). The LPI measured the five exemplary leadership practices (a) challenging the process (CTP), (b)
inspiring a shared vision (ISV), (c) enabling others to act (EOTA), (d) modeling the way (MTW), and (e) encouraging the heart (ETH). Permission was granted to use the LPI instrument for the purposes of this study (see Appendix G).

Instructor demographics were collected by the Instructor Demographics questionnaire (Appendix C). Variables on the Instructor Demographics questionnaire include (a) type of program instructing, (b) age in years, (c) gender, (d) race, (e) years of experience as a nursing instructor, and (f) education level. Student demographics were collected by way of the Student Demographics questionnaire (Appendix D). Variables on the Student Demographics questionnaire include: (a) degree sought, (b) age in years, (c) gender, (d) race, (e) classification in the nursing program (1st year, 2nd year, 3rd year, 4th year). Both the Instructor and Student Demographic questionnaires were developed by the researcher.

The LPI (Kouzes & Posner, 2012) is a thirty statement Likert style questionnaire that measures perceptions of exemplary leadership. The LPI (2013) self-version was administered to instructors. The LPI (2013) observer version was administered to students for student to rate instructor leadership practices. Each instructor received a random number assignment. Students were matched to their instructor by this random number for analysis. Only the researcher has access to the random number assignment list and this list remains secure in a locked cabinet.

Response and Response Rate

One state in the southern U.S. was selected for the study. The study was designed to sample both associate degree and baccalaureate degree nursing programs from the northern, central and southern districts of the state to assure good representation. Six
institutions were invited to participate in the study, 3 universities and 3 community colleges. One university declined participation and due to time constraints no other university replaced this institution. In total five universities and community colleges from all three districts, per Mississippi Department of Transportation (MSDOT, 2014) districting map, of the state was represented. The state has a total of 486 full time undergraduate nursing instructors and 4613 full time undergraduate nursing students (Jones, 2012).

A total of 68 instructors were invited to participate in the study with 45 instructors (66%) completing the LPI questionnaire and 43 of the 45 instructors receiving student observer responses (9% of instructors in the state). 45 instructor forms were used for instructor only (self-reported) information and the 43 instructors with student responses were used when both instructor and student responses were required.

A total of 564 students were invited to participate in the study with 511 students (91%) completing the LPI observer questionnaires (11% of students in the state). There was an average of 11 observer forms per instructor, with none of the 43 viable instructors receiving less than 5 observer response forms. The authors of the LPI instrument recommend at least five observer forms per leader for reliability (Kouzes & Posner, 2012).

All 45 instructors answered 100% of the demographic and LPI questionnaires, leaving no blank, illegible or otherwise unusable responses. There were 511 students who completed the LPI questionnaire for the 43 viable instructors. Student respondents completed all of the information on the demographic questionnaire. Any information not reported on the demographic questionnaire was treated as missing and omitted from
analysis. Students completed the LPI observer version with few missed or omitted responses, less than 10 statements total left incomplete. Any data not completed by students on the LPI observer version were completed by means substitution.

**Demographics**

Demographic data were obtained to provide a profile of nursing instructors and students identified as the sample population for this study. Demographics for instructors may be found in Table 6 and student demographic data may be found in Table 7.

**Table 6**

**Demographics of Instructor Participants**

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-39 years</td>
<td>9</td>
<td>19.9</td>
</tr>
<tr>
<td>40-49 years</td>
<td>15</td>
<td>33.4</td>
</tr>
<tr>
<td>50-59 years</td>
<td>13</td>
<td>28.8</td>
</tr>
<tr>
<td>60-69 years</td>
<td>7</td>
<td>15.6</td>
</tr>
<tr>
<td>&gt;69 years (71 years-old)</td>
<td>1</td>
<td>2.2</td>
</tr>
</tbody>
</table>

**Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2</td>
<td>4.4</td>
</tr>
<tr>
<td>Female</td>
<td>43</td>
<td>95.6</td>
</tr>
</tbody>
</table>

**Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>6</td>
<td>13.3</td>
</tr>
<tr>
<td>Caucasian</td>
<td>38</td>
<td>84.6</td>
</tr>
</tbody>
</table>
The first category of the instructor demographic (Table 6) indicates instructors’ age range from 30 to 71 years. The majority of instructor participants were 40-49 years (33.4%), followed closely by 50-59 years (28.8%), and next the 30-39 year age group (19.9%). These three age groups include 30-59 years and represent 82.1% of all instructor participants. The next category of the instructor demographics table identifies gender. The majority of instructor participants were female (95.6%), with males representing only (4.4%) of the instructor participant population. Instructor race was reported as primarily Caucasian (84.6%), followed by African American (13.3%), and Native American.
American (2.2%). No other races were reported. The next category indicates years of experience participants reported as a nursing instructor. The range of years of experience is from 1-5 years to greater than 30 years with the highest percentage of instructors reporting 6-10 years of experience (33.4%). The second highest percentage was those instructor participants who reported 1-5 years of experience (26.7%) followed by 11-15 years of experience (19.9%). The three highest percentage ranges for years of experience as an instructor represent 1-15 years and total 80.0% of instructor participants. The final category of the instructor participant demographic table indicates that 77.8% of instructors in this study hold a master’s of science degree in nursing as their highest level of education with 22.2% holding a doctorate degree. The highest percentage of instructor participants in this study were Caucasian females between 30-59 years old with a master’s of science in nursing as their highest level of education.

Table 7

Demographics of Student Participants

<table>
<thead>
<tr>
<th>Descriptive Students</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25 years</td>
<td>351</td>
<td>68.7</td>
</tr>
<tr>
<td>26-35 years</td>
<td>120</td>
<td>23.4</td>
</tr>
<tr>
<td>36-45 years</td>
<td>30</td>
<td>6.0</td>
</tr>
<tr>
<td>46-55 years</td>
<td>8</td>
<td>1.6</td>
</tr>
<tr>
<td>&gt;56 years (58 years-old)</td>
<td>2</td>
<td>0.4</td>
</tr>
</tbody>
</table>
Table 7 (continued).

<table>
<thead>
<tr>
<th>Descriptive Students</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>91</td>
<td>17.8</td>
</tr>
<tr>
<td>Female</td>
<td>420</td>
<td>82.2</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>93</td>
<td>18.2</td>
</tr>
<tr>
<td>Asian</td>
<td>5</td>
<td>1.0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>399</td>
<td>78.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6</td>
<td>1.2</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>.2</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>1.4</td>
</tr>
<tr>
<td><strong>Classification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Year</td>
<td>204</td>
<td>39.9</td>
</tr>
<tr>
<td>Second Year</td>
<td>87</td>
<td>17.0</td>
</tr>
<tr>
<td>Third Year</td>
<td>168</td>
<td>32.9</td>
</tr>
<tr>
<td>Fourth Year</td>
<td>52</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Student participant demographics are reported in table 7. The first category reported is student participant age. The age range for student participants is 18-58 years with the majority of students represented in two age groups; 18-25 years, n=351 (68.7%), followed by 26-35 years, n=120 (23.4%). These two groups represent 92.1% of student
participants. The next category of student demographics is gender with females representing the largest group, n=420 (82%) and males representing only, n=91 (18%). Race is more diverse among students participants than instructor participants, but Caucasian still represents the largest group of student participants, n=399 (78.1%), followed by African Americans n=93 (18.2%), Hispanics n=6 (1.2%), Asians n=5 (1.0%), and Native Americans n=1 (.2%). The category of other for race was chosen by n=6 (1.4%) of participants. Finally, classification as a student indicated the highest percent of student participants were first year students, n=204 (39.9%), followed by third year students, n=168 (32.9%). These two groups, first and third year nursing students, represent (72.8%) of student participants. The highest percentage of student participants in this study was Caucasian females between 18-25 years old in their first or third year of nursing education.

*Research Question Results*

*Research Question One.* To answer research question one, “Is there a significant difference between nursing instructor scores on the LPI observer version and the ‘norm’ score values as reported per the LPI data (Posner, 2008)?” A t-test was conducted on instructor observed scores and LPI reported ‘norm’ scores (Posner 2012). Table 8 displays results of instructor observed scores for this study with significance compared to leaders as reported by the LPI instrument (Posner, 2008). Table 9 indicates $M$, $SD$, and difference between means for instructors reported in this study and the ‘norm’ scores reported by the LPI instrument (Posner, 2008). Results for challenging the process were; $t (42) = 3.27, p = .002$, indicating nursing instructors demonstrate this leadership practice (CTP) at a higher rate than leaders overall, per ‘norm’ values of the LPI instrument.
(Posner, 2008). Results for inspiring a shared vision; $t(42) = 4.89, p < .001$, indicate that nursing instructors demonstrate this leadership practice (ISV) at a higher rate than leaders overall, per ‘norm’ values of the LPI instrument (Posner, 2008). Results for enabling others to act; $t(42) = .91, p = .37$, indicate no significant difference in the leadership practice of nursing instructors and leaders overall practices regarding EOTA, per ‘norm’ score values of the LPI instrument (Posner, 2008). Results for modeling the way; $t(42) = 4.15, p < .001$, indicate that nursing instructors demonstrate this leadership practice (MTW) at a higher rate than leaders overall, per ‘norm’ leadership values reported by the LPI instrument (Posner, 2008). Results for encouraging the heart $t(42) = 4.23, p < .001$, indicate that nursing instructors demonstrate this leadership practice (ETH) at a higher rate than leaders overall, per ‘norm’ values of the LPI instrument (Posner, 2008). Results indicate that nursing instructors display 4 of the 5 exemplary leadership practices, challenging the process, inspiring a shared vision, modeling the way, and encouraging the heart, at a higher rate than the ‘norm’ for leaders as reported by the LPI instrument (Posner, 2008). See figure 1 for a column graph comparison of nursing instructor leadership practice mean scores and LPI reported ‘norm’ mean scores.

Table 8

*Nursing Instructor Observed LPI Scores*

<table>
<thead>
<tr>
<th></th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTP</td>
<td>47.70</td>
<td>5.61</td>
</tr>
<tr>
<td>ISV</td>
<td>48.40</td>
<td>6.12</td>
</tr>
<tr>
<td>EOTA</td>
<td>50.23</td>
<td>6.10</td>
</tr>
</tbody>
</table>

Table 8 (continued).
<table>
<thead>
<tr>
<th>Nursing Instructor</th>
<th>LPI Data Base</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
<tr>
<td>CTP</td>
<td>47.70</td>
</tr>
<tr>
<td>ISV</td>
<td>48.40</td>
</tr>
<tr>
<td>EOTA</td>
<td>50.23</td>
</tr>
<tr>
<td>MTW</td>
<td>50.30</td>
</tr>
<tr>
<td>ETH</td>
<td>49.84</td>
</tr>
</tbody>
</table>

N= 511
Figure 1. Represents differences between instructor leadership practices and norm leadership practices reported by participants in the LPI instrument.

Research Question Two. To answer research question two, “Is there a significant difference between nursing instructor’s self-reported scores on the LPI self-version and scores reported by the instructors’ matched students on the LPI observer version?” a t-test was conducted. Results are reported in table 10 below. There was no significant difference in instructor score and matched student observed score for the leadership practice challenging the process; \( t (42) = -.23, p = .82 \). There was no significant difference in instructor score and matched student observed score for the leadership practice inspiring a shared vision; \( t (42) = -.178, p = .08 \). There was no significant difference in instructor score and matched student observed score for the leadership practice encouraging others to act; \( t (42) = -.25, p = .80 \). There was no significant difference in instructor score and matched student observed score for the leadership
practice modeling the way; \( t \(42\) = -1.67, p = .10 \). There was no significant difference in instructor score and matched student observed score for the leadership practice encouraging the heart; \( t \(42\) = .08, p = .94 \). Results indicate there is no statistically significant difference between instructors self-reported scores on the LPI (self) and their matched students observed scores on the LPI (observer version) (Table 10) identifying that students perception of instructor leadership practices matches the practices instructors identify themselves as using.

Table 10

*Nursing Instructor and Matched Student LPI Scores*

<table>
<thead>
<tr>
<th>Instructor and Student Scores</th>
<th>( M )</th>
<th>( SD )</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTP Instructor (self-score)</td>
<td>47.41</td>
<td>8.64</td>
</tr>
<tr>
<td>CTP Student (observer score)</td>
<td>47.70</td>
<td>5.61</td>
</tr>
<tr>
<td>ISV Instructor (self-score)</td>
<td>46.02</td>
<td>8.45</td>
</tr>
<tr>
<td>Student (observer score)</td>
<td>48.40</td>
<td>6.12</td>
</tr>
<tr>
<td>EOTA Instructor (self-score)</td>
<td>49.95</td>
<td>5.11</td>
</tr>
<tr>
<td>EOTA Student (observer score)</td>
<td>50.23</td>
<td>6.10</td>
</tr>
<tr>
<td>MTW Instructor (self-score)</td>
<td>48.49</td>
<td>6.75</td>
</tr>
<tr>
<td>MTW Student (observer score)</td>
<td>50.30</td>
<td>5.40</td>
</tr>
<tr>
<td>ETH Instructor (self-score)</td>
<td>49.93</td>
<td>6.92</td>
</tr>
<tr>
<td>ETH Student (observer score)</td>
<td>49.84</td>
<td>5.93</td>
</tr>
</tbody>
</table>

\( N=43 \) Instructors
\( N= 511 \) Students
Research Question Three. A MANOVA was conducted to answer research question three, “Is there a significant difference in self-reported instructor leadership practice(s) (LPI self-version) based on type of program?” Results indicate there is no statistically significant difference in instructor scores (self-version) based on type of program the instructor teaches, $F (5, 39) = .481, p = .788$ (Table 11). Although the mean scores for all five exemplary leadership practices were slightly higher for instructors teaching in universities than those teaching in community colleges no statistical significance could be found.

Table 11

Nursing Instructor Self LPI Scores by Type of Program

<table>
<thead>
<tr>
<th>Instructor Score and Program Type</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTP University</td>
<td>49.13</td>
<td>6.41</td>
</tr>
<tr>
<td>CTP Community College</td>
<td>46.62</td>
<td>9.46</td>
</tr>
<tr>
<td>CTP Total</td>
<td>47.51</td>
<td>8.51</td>
</tr>
<tr>
<td>ISV University</td>
<td>48.38</td>
<td>7.81</td>
</tr>
<tr>
<td>ISV Community College</td>
<td>44.71</td>
<td>8.76</td>
</tr>
<tr>
<td>ISV Total</td>
<td>46.07</td>
<td>8.52</td>
</tr>
<tr>
<td>EOTA University</td>
<td>50.56</td>
<td>5.33</td>
</tr>
<tr>
<td>EOTA Community College</td>
<td>49.90</td>
<td>5.16</td>
</tr>
<tr>
<td>EOTA Total</td>
<td>50.13</td>
<td>5.17</td>
</tr>
<tr>
<td>MTW University</td>
<td>50.13</td>
<td>5.81</td>
</tr>
<tr>
<td>MTW Total</td>
<td>48.64</td>
<td>6.67</td>
</tr>
</tbody>
</table>

Table 11 (continued).
Research Question Four. A MANOVA was performed to answer research question four “Is there a significant difference in student reported instructor leadership practice(s) (LPI observer version) based on type of program?” Results indicate there is no statistically significant difference in instructor observed scores (student completed observer version) based on type of program, $F (5, 37) = .334, p = .889$ (Table 12).

Students observed similar leadership practices by instructors at both universities and community colleges for all five exemplary leadership practices.

Table 12

Nursing Student Observed Scores on LPI by Type of Program

<table>
<thead>
<tr>
<th>Student (observed) Score and Program Type</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTP University</td>
<td>47.52</td>
<td>6.21</td>
</tr>
<tr>
<td>CTP Community College</td>
<td>47.78</td>
<td>5.41</td>
</tr>
<tr>
<td>CTP Total</td>
<td>47.70</td>
<td>5.61</td>
</tr>
</tbody>
</table>
Table 12 (continued).

<table>
<thead>
<tr>
<th>Student (observed) Score and Program Type</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISV University</td>
<td>47.99</td>
<td>7.19</td>
</tr>
<tr>
<td>ISV Community College</td>
<td>48.59</td>
<td>5.66</td>
</tr>
<tr>
<td>ISV Total</td>
<td>48.40</td>
<td>6.12</td>
</tr>
<tr>
<td>EOTA University</td>
<td>50.79</td>
<td>6.37</td>
</tr>
<tr>
<td>EOTA Community College</td>
<td>49.97</td>
<td>6.07</td>
</tr>
<tr>
<td>EOTA Total</td>
<td>50.23</td>
<td>6.10</td>
</tr>
<tr>
<td>MTW University</td>
<td>50.02</td>
<td>6.43</td>
</tr>
<tr>
<td>MTW Community College</td>
<td>50.44</td>
<td>4.94</td>
</tr>
<tr>
<td>MTW Total</td>
<td>50.30</td>
<td>5.40</td>
</tr>
<tr>
<td>ETH University</td>
<td>49.99</td>
<td>7.10</td>
</tr>
<tr>
<td>ETH Community College</td>
<td>49.77</td>
<td>5.42</td>
</tr>
<tr>
<td>ETH Total</td>
<td>49.84</td>
<td>5.93</td>
</tr>
</tbody>
</table>

N= 511 Students

Research Question Five. A MANOVA was performed to answer research question five, “Is there a significant difference in self-reported instructor leadership practice(s) (LPI self-version) based on instructor education level?” Results indicate there is no statistically significant difference in instructor observed scores based on instructor education level, $F(5, 39) = 2.310, p = .062$ (Table 13). Interestingly, there was no statistical significance but the results indicate instructors holding doctorate degrees
display all five exemplary leadership practices at higher rates than those of their master’s prepared counterparts. This study identifies the highest leadership practice demonstrated by doctorate prepared instructor is modeling the way ($p=.002), p < .001$ required for statistical significance. The second highest rated leadership practice by doctorate prepared instructors is inspiring a shared vision ($p=.003), p < .001$ required for statistical significance. The third highest leadership practice as indicated by doctoral prepared instructors is enabling others to act ($p=.007), p<.001$ for statistical significance. The final two leadership practices identified by doctorate prepared instructors as potentially used at a higher rate than masters prepared instructors are encouraging the heart ($p=.008$) and challenging the process ($p=.009), p<.001$ for statistical significance. See figure 2 to compare the mean scores of instructors with doctorate degrees to the mean scores of instructors with master’s degrees.

Table 13

*Nursing Instructor LPI Self Scores by Instructor Education Level*

<table>
<thead>
<tr>
<th>Instructor Scores and Instructor Education Level</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTP MSN</td>
<td>45.77</td>
<td>8.69</td>
</tr>
<tr>
<td>CTP Doctorate</td>
<td>53.60</td>
<td>3.98</td>
</tr>
<tr>
<td>CTP Total</td>
<td>47.51</td>
<td>8.51</td>
</tr>
<tr>
<td>ISV MSN</td>
<td>44.09</td>
<td>7.99</td>
</tr>
<tr>
<td>ISV Doctorate</td>
<td>53.00</td>
<td>6.73</td>
</tr>
<tr>
<td>ISV Total</td>
<td>46.07</td>
<td>8.52</td>
</tr>
<tr>
<td>EOTA MSN</td>
<td>49.06</td>
<td>5.16</td>
</tr>
</tbody>
</table>
Table 13 (continued).

<table>
<thead>
<tr>
<th>Instructor Scores and Instructor Education Level</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOTA Doctorate</td>
<td>53.90</td>
<td>3.18</td>
</tr>
<tr>
<td>EOTA Total</td>
<td>50.13</td>
<td>5.17</td>
</tr>
<tr>
<td>MTW MSN</td>
<td>47.09</td>
<td>6.52</td>
</tr>
<tr>
<td>MTW Doctorate</td>
<td>54.10</td>
<td>3.78</td>
</tr>
<tr>
<td>MTW Total</td>
<td>48.64</td>
<td>6.67</td>
</tr>
<tr>
<td>ETH MSN</td>
<td>48.57</td>
<td>6.79</td>
</tr>
<tr>
<td>ETH Doctorate</td>
<td>54.90</td>
<td>4.51</td>
</tr>
<tr>
<td>ETH Total</td>
<td>49.98</td>
<td>6.85</td>
</tr>
</tbody>
</table>

N=45 Instructors
Research Question Six. A MANOVA was performed to answer research question six, “Is there a significant difference in student reported instructor leadership practice(s) (LPI observer version) based on instructor education level?” Results indicate there is no statistically significant difference in instructor observed scores (student completed observer version) based on type of program, $F(5, 39) = .591, p = .707$ (Table 13). However, it may be noted as exemplified in figure 3 that students rated instructors with doctorate degrees as demonstrating all five of the exemplary leadership practices at a higher rate than their master’s prepared instructors. Although not statistically significant, this trend is noted with MTW perceived as the leadership practice demonstrated at the highest level by doctorate prepared instructors ($M=52.56$), followed by EOTA ($M=51.55$), next ETH ($M=51.40$), then ISV ($M=49.94$), and lastly CTP ($M=49.55$).
Table 14

*Nursing Instructor LPI Observed Scores by Education Level*

<table>
<thead>
<tr>
<th>Student Observer Scores and Instructor Education Level</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTP MSN</td>
<td>47.27</td>
<td>5.47</td>
</tr>
<tr>
<td>CTP Doctorate</td>
<td>49.55</td>
<td>6.19</td>
</tr>
<tr>
<td>CTP Total</td>
<td>47.70</td>
<td>5.61</td>
</tr>
<tr>
<td>ISV MSN</td>
<td>48.04</td>
<td>5.79</td>
</tr>
<tr>
<td>ISV Doctorate</td>
<td>49.94</td>
<td>7.65</td>
</tr>
<tr>
<td>ISV Total</td>
<td>48.40</td>
<td>6.12</td>
</tr>
<tr>
<td>EOTA MSN</td>
<td>49.93</td>
<td>5.77</td>
</tr>
<tr>
<td>EOTA Doctorate</td>
<td>51.55</td>
<td>7.70</td>
</tr>
<tr>
<td>EOTA Total</td>
<td>50.23</td>
<td>6.10</td>
</tr>
<tr>
<td>MTW MSN</td>
<td>49.79</td>
<td>5.63</td>
</tr>
<tr>
<td>MTW Doctorate</td>
<td>52.56</td>
<td>3.68</td>
</tr>
<tr>
<td>MTW Total</td>
<td>50.30</td>
<td>5.40</td>
</tr>
<tr>
<td>ETH MSN</td>
<td>49.49</td>
<td>5.93</td>
</tr>
<tr>
<td>ETH Doctorate</td>
<td>51.40</td>
<td>6.11</td>
</tr>
<tr>
<td>ETH Total</td>
<td>49.84</td>
<td>5.93</td>
</tr>
</tbody>
</table>

N=511 Students
Figure 3. Illustrates the differences in nursing instructor leadership practices (observer-version) based on education level.

Research Question Seven. A Pearson’s Correlation was conducted to determine the answer to research question seven, “Is there a correlation between the instructor’s years of experience and score on the LPI?” Results indicate there is no correlation between instructor’s years of experience and score on the LPI (Table 15).
Table 15

*Nursing Instructor LPI Self Scores by Years of Experience*

<table>
<thead>
<tr>
<th>Instructor (self-report) Scores and Years of Experience</th>
<th>Pearson</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTP</td>
<td>.000</td>
<td>.999</td>
</tr>
<tr>
<td>ISV</td>
<td>.021</td>
<td>.889</td>
</tr>
<tr>
<td>EOTA</td>
<td>.024</td>
<td>.878</td>
</tr>
<tr>
<td>MTW</td>
<td>-.028</td>
<td>.854</td>
</tr>
<tr>
<td>ETH</td>
<td>-.082</td>
<td>.591</td>
</tr>
</tbody>
</table>

Summary

Significant differences were found between the students’ scores (observer version) and the normed observed scores for leaders reported by the LPI instrument (Posner, 2012). Based on these findings nursing instructors may demonstrate exemplary leadership practices at a higher rate than leaders in the general population. One finding of interest, although not of statistical value, was the higher rate at which doctorate prepared instructors displayed the five practices of exemplary leadership as opposed to master prepared instructors. Another finding of interest is the determination that there are no significant differences between the instructors self-reported leadership practices and the leadership practices observed by their matched students. Further, there were no statistically significant differences in instructor leadership practices based on type of program and no correlation between instructor leadership practices and instructor years of experience.
CHAPTER V

DISCUSSION

Introduction

This chapter consists of the major research findings that address current undergraduate nursing leadership practices. In addition, conclusions and limitations are presented and discussed related to the implications for nursing education. Also presented are recommendations for future research that may provide further insight into the leadership practices of nursing instructors and any impact these practices may have on students.

This chapter reviews and discusses the results of the study based on the following research questions:

• Is there a significant difference between nursing instructor scores on the LPI observer version and the ‘norm’ score values as reported per the LPI data (Posner, 2012)?

• Is there a significant difference between nursing instructor’s self-reported scores on the LPI self-version and scores reported by the instructors’ matched students on the LPI observer version?

• Is there a significant difference in self-reported instructor leadership practice(s) (LPI self-version) based on type of program?

• Is there a significant difference in student reported instructor leadership practice(s) (LPI observer version) based on type of program?

• Is there a significant difference in self-reported instructor leadership practice(s) (LPI self-version) based on instructor education level?
• Is there a significant difference in student reported instructor leadership practice(s) (LPI observer version) based on instructor education level?

• Is there a correlation between the instructor’s years of experience and score on the LPI?

Summary of the Study

The LPI (Kouzes & Posner, 2012) self and observer versions were used in this study for the purpose of examining leadership practices among nursing instructors in one state in the southern U.S. Universities and community colleges were selected from three geographical locations in the state (north, central, and south) (MSDOT, 2014); of the six institutions invited 5 participated. Instructor participants completed the LPI self-version and student participants completed the LPI observer-version. The LPI (2014) consists of 30 statements on a 10-point Likert scale. The 30 LPI statements represent the 5 practices of exemplary leadership; (a) challenging the process (CTP), (b) inspiring a shared vision (ISV), (c) enabling others to act (EOTA), (d) modeling the way (MTW), and (e) encouraging the heart (ETH). In addition, participants were asked to complete a demographic questionnaire.

Discussion

Demographics

Instructor participants in this study consisted of primarily Caucasian (84.6%) females (95.6%) between 40-59 years old (40-49 =33.4%) (50-59 =28.8%) with a master’s of science in nursing (77.8%) as their highest level of education. Student participants in this study were Caucasian (78.1%) females (82%) between 18-25 years old (68.7%) in their first (39.9%) or third year (32.9%) of nursing education. It is noted
that in this study both instructors and students were primarily Caucasian females. These findings are very similar to the national demographics of nursing instructors and nursing students in the U.S. (Nursing Statistics, 2013). To determine if differences exists in perceptions of leadership practices based on underrepresented groups in the study future researchers may employ a different sampling method, such as purposive sampling of male gendered nursing instructors or male gendered students.

Discussion of Findings

The overall findings of this study indicate that undergraduate nursing instructors are practicing transformational leadership in the classroom as described by Kouzes and Posner (2012) and measured by the LPI instrument (2014). More so, nursing instructors in this study are demonstrating the five practices of exemplary leadership at a much higher rate than average as measured by the LPI instrument for all types of leaders worldwide. There are several areas of interest that require further investigation and will be addressed by examining each of the research questions. This study addressed seven research questions regarding the leadership practices of undergraduate nursing instructors, the findings and data have been reviewed.

Research Question 1. Is there a significant difference between nursing instructor scores on the LPI observer version and the ‘norm’ score values as reported per the LPI data (Posner, 2012)? Student participants completed the LPI (2014) observer-version on their matched instructor to identify which transformational leadership practices the instructor demonstrates. Student participant observer-reported responses were calculated based on the LPI instrument measuring the five practices of exemplary leadership (Kouzes & Posner, 2012). Scores for the LPI instrument could range from 6-60. Mean
scores were determined for instructor participants (based on their students observations) in each of the five categories of exemplary leadership practices. Nursing instructor mean scores for each of the five categories were then compared to the ‘norm’ mean observed scores reported by the LPI instrument (Posner, 2012). Statistical analysis by way of a t-test was performed to determine if any significant differences exist between observed nursing instructor leadership practices and the observed practices of leaders as reported by the LPI instrument. The results indicate that nursing instructors in this study display 4 of the 5 exemplary leadership practices, challenging the process, inspiring a shared vision, modeling the way, and encouraging the heart, at a statistically higher rate than the ‘norm’ for leaders as reported by the LPI instrument (Posner, 2012).

Implications of research question one includes awareness that nursing instructors possess and practice transformational leadership at a high level as measured by the LPI. Another implication of research question one and this study is to raise the question of how to implement the practice of these high levels of transformational leadership to improve student retention and outcomes. Finally, further studies may wish to determine the nature of nursing instructor’s demonstration of higher levels of transformational leadership practices.

**Research Question 2.** Is there a significant difference between nursing instructor’s self-reported scores on the LPI self-version and scores reported by the instructors’ matched students on the LPI observer version? Instructor participants completed the LPI (2014) self-version and student participants completed the LPI (2014) observer-version on their matched instructor. Instructor participant self-reported scores and student participant observer-reported scores were calculated based on the LPI instrument
measuring the five practices of exemplary leadership (Kouzes & Posner, 2012). Scores for the LPI instrument could range from 6-60. Mean scores were determined for instructor participants based on self-reported scores and matched student scores in each of the five categories of exemplary leadership practices. A t-test was conducted to determine if any significant differences exist between instructor self-reported leadership practices and their matched student observed leadership practices. There was no significant difference in instructor score and matched student observed score for any of the five leadership practices: challenging the process, inspiring a shared vision, encouraging others to act, modeling the way, encouraging the heart. Results indicate there is no statistically significant difference between instructors’ self-reported scores on the LPI (self) and their matched students’ observed scores on the LPI (observer version), identifying that students’ perceptions of instructor leadership practices match the practices instructors identify themselves as using. This result adds validity to the results found in research question one. Both students and instructors in this study agree that nursing instructors demonstrate the five practices of exemplary leadership at a higher level than the ‘norm’ for leaders overall (Posner, 2012). Similar findings were reported for nurse managers and staff nurses by Duffield et al. (2010). In addition, nursing instructors were reported to observe their nursing administrators as displaying a higher level of transformational leadership than the mean score norm per LPI data (Bowles & Bowles, 2000; DeLong, 2010).

Limitations of research question two include the fact that participants were from five institutions in one state in the southern U.S. Recommendations for future studies include a national study with instructors and matched students or at the least inclusion of
additional states in the U.S. Follow-up studies may include validation of nursing instructors demonstrating a higher than normal level of leadership practices as reported by the LPI instrument data (Posner, 2012). Further, questions may be considered concerning the reasons nursing instructors demonstrate a higher than normal level of exemplary leadership (e.g., education or on the job experience). Implications of research question two include awareness that nursing instructors possess and demonstrate high leadership abilities, which may impact student retention and outcomes (Middleton, 2013).

Research Question 3. “Is there a significant difference in self-reported instructor leadership practice(s) (LPI self-version) based on type of program?” A MANOVA was conducted to determine if there were any statistically significant differences in leadership practices between instructors at the community college level and instructors at the university level. Results indicate there is no statistically significant difference in instructor scores (self-version) based on type of program the instructor teaches. Although the mean scores for all five exemplary leadership practices were slightly higher for instructors teaching in universities than those teaching in community colleges, no statistical significance was found. One consideration concerning the reason for slightly higher mean scores at the university level versus community college is that 8 of the 10 instructors with doctorate degrees in this study were employed with a university.

These results indicate that overall nursing instructors demonstrate these high levels of exemplary leadership without any statistically significant relationship to their place of employment. However, it may be academically significant that that mean scores were higher for those instructors of universities. This question should be considered in future studies to determine any extraneous variables or if further samples or a larger
sample trends toward any significant difference between university and community college instructors.

*Research Question 4.* “Is there a significant difference in student reported instructor leadership practice(s) (LPI observer version) based on type of program?” A MANOVA was conducted to determine if there were any significant differences in student observed instructor leadership practices based on the type of program they attended. Results indicate there is no statistically significant difference in instructor observed scores (student completed observer version) based on type of program. Students observed similar leadership practices by instructors at both universities and community colleges for all five exemplary leadership practices.

Consideration was given to why instructors at universities self-reported higher mean scores but students did not report a difference in mean scores between institution types. In this study courses were not identified as part of the demographic data. In retrospect, some students may have perceived leadership skills more distinctly than others. Also, it is not certain if the course being taught has any relationship to the student’s perception of leadership. It is recommended that course taught by instructor be identified to determine if any relationships exist and to rule out extraneous variables. Future studies may also include additional states or conduct a national study to make better generalizations.

*Research Question 5.* “Is there a significant difference in self-reported instructor leadership practice(s) (LPI self-version) based on instructor education level?” To answer this research question, a MANOVA was conducted for statistical analysis. There was no statistically significant difference in leadership practices based on level of education, but
the results indicate instructors holding doctorate degrees display all five exemplary leadership practices at higher rates than those of their master’s prepared counterparts. This study identifies the highest leadership practice demonstrated by doctorate prepared instructor is modeling the way followed by inspiring a shared vision, enabling others to act, encouraging the heart, and lastly challenging the process. Although results indicate there is no statistically significant difference in instructor reported scores based on instructor education level it is noted that there were 35 instructors with MSNs and only 10 with doctorate degrees. In consideration of the trend found in research question 3 (trending toward university instructors displaying exemplary leadership practices at higher levels) and this research question (number 5) a simple count was done to determine how many instructors with doctorate degrees (of the 10 doctorate prepared participants) taught at universities, 8 of 10 instructors who participated with a doctorate degree taught at a university. Limitations of research question five and of this study include underrepresentation of doctorate prepared nursing instructors versus master’s prepared nursing instructors. Future studies should include sampling measures to assure an equal representation of doctorate prepared instructors versus master’s prepared instructors. Further research is needed in this area.

Research Question 6. “Is there a significant difference in student reported instructor leadership practice(s) (LPI observer version) based on instructor education level?” Results indicate there is no statistically significant difference in instructor observed scores (student completed observer version) based on type of program. However, it may be noted as exemplified in Figure 3 that students rated instructors with doctorate degrees as demonstrating all five of the exemplary leadership practices at a
higher rate than their master’s prepared instructors. Although not statistically significant, this trend is noted with MTW perceived as the leadership practice demonstrated at the highest level by doctorate prepared instructors, followed by enabling others to act, encouraging the heart, inspiring a shared vision, and lastly challenging the process.

In consideration of the trends found in research questions 3, 5 and 6 and due to the limitation of only 10 doctorate prepared instructors participating in this study, it is recommended that further research be conducted to determine trending toward doctorate prepared instructors displaying higher levels of exemplary transformational leadership practices and any causes or outcomes that may affect nursing education related to this information.

Research Question 7. “Is there a correlation between the instructor’s years of experience and score on the LPI?” A Pearson’s Correlation was conducted to determine the answer to research question seven. Results indicate there is no correlation between instructor’s years of experience and score on the LPI. In this study, no positive or negative correlations could be found indicating years of experience teaching nursing had any correlation or trend towards leadership practices.

Limitations of the Study

This study was limited to five participating institutions in one state in the southern U.S. Recommendations include repeating the study to include other states or undertake a national study to determine support for this study’s findings. Although the power analysis was almost met by instructor participants 45 participated versus 48 required, a smaller than expected overall sample size could be one limitation in this study. Data collection for this study was conducted in person at each site with an expected response rate near
100% (Fowler, 2008). A total of 68 instructors were invited to participate in the study with 45 instructors (66%) completing the LPI questionnaire and 43 receiving observer responses from students (9% of instructors in the state). A total of 564 students were invited to participate in the study with 511 students (91%) completing the LPI observer questionnaires (11% of students in the state). Student participants met the power analysis requirement. There was an average of 11 observer forms per instructor, with none of the 43 viable instructors receiving less than 5 observer response forms. The authors of the LPI instrument recommend at least five observer forms per leader for reliability (Kouzes & Posner, 2012). Another study limitation related to sample size was the small sample number of doctorate prepared instructor participants that may have impacted findings.

The study was limited to voluntary participants from selected institutions, the views and responses of instructors and participants who chose not to participate may have impacted findings. The study was limited to one geographical location, one stated in the southern U.S. The views expressed by these participants may not be reflective of nursing instructors and students across the U.S.

Recommendations for Education, Policies, and Practices

Previous research identified that when leaders demonstrate transformational leadership followers or employees report increased satisfaction and increased productivity in education (Afam, 2012; Klar, 2012; Saccomano & Pinto-Zipp, 2011). Further transformational leadership is directly linked to nurses’ job performance and possibly patient outcomes (Duygulu & Kublay, 2011; Tourangeau & McGilton, 2004; Vogelsmeier et al., 2010). Transformational leadership is noted in this study to be displayed at higher level than average for all leaders. The exploration of instructors
practices of transformational leadership and its effects it may have on students is worthwhile based on other study results to determine if student satisfaction and outcomes are affected by the instructor’s leadership practices.

Results of this study indicate that there may be some positive correlation trending toward instructors having higher levels of education demonstrating higher levels of transformational leadership practices. Further investigation should be done to determine if instructors with higher levels of education do practice higher levels of transformational leadership at all five of the exemplary leadership indicators to determine if higher levels of education should be recommended for nursing instructors. Based on the results of this study, it seems appropriate to recommend increasing the number of doctoral prepared nursing instructors to improve nursing student retention and outcomes. At this time supporting literature does not exist that clearly supports a positive relationship between higher education levels and higher levels of transformational leadership in nursing instructors. But, previous studies do support a positive relationship between transformational leadership style and increased nurse employee and nurse educator retention and satisfaction (Bowles & Bowles, 2000; DeLong, 2010; Goldenberg, 1990; Middleton, 2013; Upenieks, 2002). Further, in a recent study (Middleton, 2013) transformational leadership demonstrated by instructors may have led to increased student satisfaction and student outcomes.

The overall goal of this study was to evaluate leadership practices of undergraduate nursing instructors using the LPI instrument (Kouzes & Posner, 2014). Overall, nursing instructors scored a higher mean average than all leaders reported by the LPI instrument in all five exemplary leadership categories; (a) challenging the process,
(b) inspiring a shared vision, (c) enabling others to act, (d) modeling the way, (e) encouraging the heart. This study provides some baseline from which to delve into the reasons nursing instructors may score higher than leaders in general, the differences in leadership practices by education, and the benefits that may be gained by both students and instructors should all nursing instructors demonstrate very high levels of transformational leadership practices. The results of this study will be disseminated by means of presentations and journal articles to benefit nursing education.
APPENDIX A
THE FRAMEWORK FOR NURSING INSTRUCTOR LEADERSHIP PRACTICES
APPENDIX B

ORAL STATEMENT

Thank you for considering participation in this study. The purpose of the study is to gain a better understanding of the leadership practices of nursing instructors. Participation is voluntary; if you do not wish to participate you may return this form to the collection envelope blank.

1. All data collected will be anonymous and no personally identifying information is requested.

2. Participation is strictly voluntary and may be stopped at any time without concern of penalty or other negative consequence.

3. Any information inadvertently obtained during the course of the study will remain confidential.

4. Participants must be at least 18 years old.

5. Upon completion of data analysis all completed questionnaires will be destroyed.

Again, thank you for your consideration.
APPENDIX C

INSTRUCTOR DEMOGRAPHICS

Instructor Demographics

Please check the box that applies and fill in blanks as indicated. No personally identifying information will be used. Please **DO NOT** write your name on this questionnaire.

1. Type of institution currently instructing: □ University
   □ Community College

2. Degree you are teaching (at this time): □ ADN □ BSN

3. Age: _____ (in years)

4. Gender: □ Male □ Female

5. Race: □ African American □ Asian □ Caucasian
   □ Hispanic □ Native American □ Other/Multiracial

6. Number of years as a Nursing Instructor: ______

7. What is your level of education? □ MSN □ Doctorate
APPENDIX D

STUDENT DEMOGRAPHICS

Student Demographics

Please check the box that applies and fill in blanks as indicated. No personally identifying information will be used. Please **DO NOT** write your name on this questionnaire.

1. Type of degree you are seeking: □ Associate □ Baccalaureate
2. Age: _____ (in years)
3. Gender: □ Male □ Female
4. Race: □ African American □ Asian □ Caucasian □ Hispanic □ Native American □ Other/Multiracial
5. Classification in Nursing Program: □ First Year □ Second Year □ Third Year □ Fourth Year
6. What is your instructor’s level of education? □ Master’s Degree □ Doctorate □ Unsure
APPENDIX E

LPI SELF-VERSION

Leadership Practices Inventory Self-Version

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On the next page you will find thirty statements describing various leadership behaviors. Please read each statement carefully, and using the rating scale below, ask yourself:

“How frequently do I engage in the behavior described?”

- Be realistic about the extent to which you actually engage in the behavior.
- Be as honest and accurate as you can be.
- Do not answer in terms of how you would like to behave or how you think you should behave.
- DO answer in terms of how you typically behave on most days, on most projects, and with most people.
- Be thoughtful about your responses.
- If you feel that a statement does not apply to you, it’s probably because you don’t frequently engage in the behavior. In that case, assign a rating of 3 or lower.

Every statement must have a rating.

**Rating Scale:** Choose the number that best applies to each statement.

1. Almost never
2. Rarely
3. Seldom
4. Once in a while
5. Occasionally
6. Sometimes
7. Fairly often
8. Usually
9. Very frequently
10. Almost always
To what extent do you typically engage in the following behaviors? Choose the response number (1-almost never to 10- almost always) that best applies to each statement and record it in the box to the right of that statement. Think of how you conduct your class.

<table>
<thead>
<tr>
<th>LPI Self Version</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I set a personal example of what I expect of others.</td>
<td></td>
</tr>
<tr>
<td>2. I talk about future trends that will influence how our work gets done.</td>
<td></td>
</tr>
<tr>
<td>3. I seek out challenging opportunities that test my own skills and abilities.</td>
<td></td>
</tr>
<tr>
<td>4. I develop cooperative relationships among the people I work with.</td>
<td></td>
</tr>
<tr>
<td>5. I praise people for a job well done.</td>
<td></td>
</tr>
<tr>
<td>6. I spend time and energy making certain that the people I work with adhere to the principles and standards we have agreed upon.</td>
<td></td>
</tr>
<tr>
<td>7. I describe a compelling image of what our future could be like.</td>
<td></td>
</tr>
<tr>
<td>8. I challenge people to try out new and innovative ways to do their work.</td>
<td></td>
</tr>
<tr>
<td>9. I actively listen to diverse points of view.</td>
<td></td>
</tr>
<tr>
<td>10. I make it a point to let people know about my confidence in their abilities.</td>
<td></td>
</tr>
<tr>
<td>11. I follow through on the promises and commitments that I make.</td>
<td></td>
</tr>
<tr>
<td>12. I appeal to others to share an exciting dream of the future.</td>
<td></td>
</tr>
<tr>
<td>13. I search outside the formal boundaries of my organization for innovative ways to improve what we do.</td>
<td></td>
</tr>
<tr>
<td>14. I treat others with dignity and respect.</td>
<td></td>
</tr>
<tr>
<td>15. I make sure that people are creatively rewarded for their contributions to the success of our projects.</td>
<td></td>
</tr>
<tr>
<td>16. I ask for feedback on how my actions affect other people’s performance.</td>
<td></td>
</tr>
<tr>
<td>17. I show others how their long-term interests can be realized by enlisting in a common vision.</td>
<td></td>
</tr>
<tr>
<td>18. I ask “What can we learn?” when things don’t go as expected.</td>
<td></td>
</tr>
<tr>
<td>19. I support the decisions that people make on their own.</td>
<td></td>
</tr>
<tr>
<td>20. I publicly recognize people who exemplify commitment to shared values.</td>
<td></td>
</tr>
<tr>
<td>21. I build consensus around a common set of values for running our organization.</td>
<td></td>
</tr>
<tr>
<td>22. I paint the “big picture” of what we aspire to accomplish.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>23.</td>
<td>I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.</td>
</tr>
<tr>
<td>24.</td>
<td>I give people a great deal of freedom and choice in deciding how to do their work.</td>
</tr>
<tr>
<td>25.</td>
<td>I find ways to celebrate accomplishments.</td>
</tr>
<tr>
<td>26.</td>
<td>I am clear about my philosophy of leadership.</td>
</tr>
<tr>
<td>27.</td>
<td>I speak with genuine conviction about the higher meaning and purpose of our work.</td>
</tr>
<tr>
<td>28.</td>
<td>I experiment and take risks, even when there is a chance of failure.</td>
</tr>
<tr>
<td>29.</td>
<td>I ensure that people grow in their jobs by learning new skills and developing themselves.</td>
</tr>
<tr>
<td>30.</td>
<td>I give the members of the team lots of appreciation and support for their contributions.</td>
</tr>
</tbody>
</table>
Please rate your instructor as they relate to you and your class.

On the next page you will find thirty statements describing various leadership behaviors. Please read each statement carefully, and using the rating scale below, ask yourself:

“How frequently do I engage in the behavior described?”

- Be realistic about the extent to which this person actually engages in the behavior.
- Be as honest and accurate as you can be.
- Do not answer in terms of how you would like to see this person behave or how you think he or she should behave.
- DO answer in terms of how this person typically behaves on most days, on most projects, and with most people.
- Be thoughtful about your responses. (Giving all 10’s or all 5’s may not be accurate)
- If you feel that a statement does not apply, it’s probably because you don’t see or experience the behavior. That means this person does not frequently engage in the behavior. In that case, assign a rating of 3 or lower.

Every statement must have a rating.

Rating Scale: Choose the number that best applies to each statement.

1. Almost never
2. Rarely
3. Seldom
4. Once in a while
5. Occasionally
6. Sometimes
7. Fairly often
8. Usually
9. Very frequently
10. Almost always
Leadership Practices Inventory – Observer
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Please rate your instructor as they relate to you and your class.
To what extent does this person typically engage in the following behaviors? Choose the response number (1-almost never to 10- almost always) that best applies to each statement and record it in the box to the right of that statement. Think of what your instructor does in class.

<table>
<thead>
<tr>
<th>LPI Observer Version</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sets a personal example of what he/she expect of others.</td>
<td></td>
</tr>
<tr>
<td>2. Talks about future trends that will influence how our work gets done.</td>
<td></td>
</tr>
<tr>
<td>3. Seeks out challenging opportunities that test his/her own skills and abilities.</td>
<td></td>
</tr>
<tr>
<td>4. Develops cooperative relationships among the people he/she works with.</td>
<td></td>
</tr>
<tr>
<td>5. Praises people for a job well done.</td>
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<tr>
<td>6. Spends time and energy making certain that the people he/she work with adhere to</td>
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<tr>
<td>7. Describes a compelling image of what our future could be like.</td>
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<td>8. Challenges people to try out new and innovative ways to do their work.</td>
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<td>9. Actively listens to diverse points of view.</td>
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<td>10. Makes it a point to let people know about his/her confidence in their abilities.</td>
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<tr>
<td>11. Follows through on the promises and commitments that he/she makes.</td>
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<td>12. Appeals to others to share an exciting dream of the future.</td>
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<td>13. Searches outside the formal boundaries of his/her organization for innovative</td>
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<td>14. Treats others with dignity and respect.</td>
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<td>15. Makes sure that people are creatively rewarded for their contributions to the</td>
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<td>16. Asks for feedback on how his/her actions affect other people’s performance.</td>
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<td>17. Shows others how their long-term interests can be realized by enlisting in a</td>
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<td>18. Asks “What can we learn?” when things don’t go as expected.</td>
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<td>19. Supports the decisions that people make on their own.</td>
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<tr>
<td>20. Publicly recognize people who exemplify commitment to shared values.</td>
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<tr>
<td>21. Builds consensus around a common set of values for running our organization.</td>
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<td>LPI Observer Version (continued)</td>
<td>Score</td>
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<td>22. Paints the “big picture” of what we aspire to accomplish.</td>
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<td>23. Makes certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.</td>
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<tr>
<td>24. Gives people a great deal of freedom and choice in deciding how to do their work.</td>
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<td>25. Finds ways to celebrate accomplishments.</td>
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<tr>
<td>26. Is clear about his/her philosophy of leadership.</td>
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<tr>
<td>27. Speaks with genuine conviction about the higher meaning and purpose of our work.</td>
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<tr>
<td>28. Experiments and take risks, even when there is a chance of failure.</td>
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<td>29. Ensures that people grow in their jobs by learning new skills and developing themselves.</td>
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<tr>
<td>30. Gives the members of the team lots of appreciation and support for their contributions.</td>
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APPENDIX G

LPI SCORE SHEET

Leadership Practices Inventory (LPI) Scoring

Score Sheet

1. Utilize for both self and observer versions. Transfer your scores from the inventory to this sheet. Note that scores are recorded across the page, not down it.

2. Next, add your five scores in each column to arrive at your score for each of the five leadership practices. Enter the totals in the bottom row.

LPI Questions 1-30

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Modeling the Way  Inspiring the Way  Challenging the Process  Enabling Others to Act  Encouraging the Heart
A.   B.   C.   D.   E.   

Maximum raw score on each practice is 60.

Overall score for the LPI is achieved by adding A-E and dividing by five.
APPENDIX H

LEADERSHIP PRACTICES INVENTORY PERMISSION FORM

March 22, 2013

Melissa Bryant
25 B&O Thompson Rd
Lumberton, MS 39455

Dear Ms. Bryant:

Thank you for your request to use the Leadership Practices Inventory (LPI) in your dissertation. We are willing to allow you to reproduce the instrument in written form, as outlined in your request, at no charge. If you prefer to use our electronic distribution of the LPI (vs. making copies of the print material) you will need to separately contact Lisa Shannon (lshannon@wiley.com) directly for instructions and payment. Permission to use either the written or electronic versions requires the following agreement:

(1) That the LPI is used only for research purposes and is not sold or used in conjunction with any compensated management development activities;
(2) That copyright of the LPI, or any derivation of the instrument, is retained by Kouzes Posner International, and that the following copyright statement is included on all copies of the instrument;
"Copyright © 2003 James M. Kouzes and Barry Z. Posner. All rights reserved. Used with permission."
(3) That one (1) electronic copy of your dissertation and one (1) copy of all papers, reports, articles, and the like which make use of the LPI data be sent promptly to our attention; and,
(4) That you agree to allow us to include an abstract of your study and any other published papers utilizing the LPI on our various websites.

If the terms outlined above are acceptable, would you indicate so by signing one (1) copy of this letter and returning it to me either via email or by post to: 1548 Camino Morde San Jose, CA 95125. Best wishes for every success with your research project.

Cordially,

Ellen Peterson
Permissions Editor
Epetersen4@gmail.com

I understand and agree to abide by these conditions:

(Signed) Melissa Bryant Date: 3/24/13
Expected Date of Completion is: December 2014
APPENDIX I

INSTITUTIONAL REVIEW BOARD NOTICE OF COMMITTEE ACTION

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 36406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional-review-board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board
in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health
and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following
criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data
  collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to
  maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must
  be reported immediately, but not later than 10 days following the event. This should be reported
to the IRB Office via the “Adverse Effect Report Form”.
- If approved, the maximum period of approval is limited to twelve months.

Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 14021301
PROJECT TITLE: Leadership Practices Among Nursing Instructors
PROJECT TYPE: New Project
RESEARCHER(S): Melissa Bryant
COLLEGE/DIVISION: College of Nursing
DEPARTMENT: Systems Leadership and Health Outcomes
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 02/25/2014 to 02/24/2015

Lawrence A. Hosman, Ph.D.
Institutional Review Board
APPENDIX J

PERMISSION TO CONDUCT RESEARCH

Monday, November 25, 2013

To The University of Southern Mississippi Institutional Review Board:

Melissa Bryant, PhD candidate, is granted permission to collect data from the Robert E. Smith School of Nursing at Delta State University for her doctoral dissertation study 'Leadership Practices Among Undergraduate Nursing Instructors' pending approval from The University of Southern Mississippi Institutional Review Board and the Delta State University’s Institutional Review Board (IRB).

Sincerely,

Vicki Bingham, PhD, RN
Chair and Associate Professor of Nursing
Robert E. Smith School of Nursing
Delta State University
APPENDIX K

PERMISSION TO CONDUCT RESEARCH

COAHOMA COMMUNITY COLLEGE
AND AGRICULTURAL HIGH SCHOOL
3240 FRIARS POINT ROAD
CLARKSDALE, MISSISSIPPI 38614-9799
662-627-2571

November 8, 2013

To The University of Southern Mississippi Institutional Review Board:

Melissa Bryant, PhD candidate, is granted permission to collect data from the Associate Degree Nursing Program at Coahoma Community College for her doctoral dissertation study ‘Leadership Practices Among Undergraduate Nursing Instructors’ pending approval from The University of Southern Mississippi Institutional Review Board, and if applicable, from this institution’s Human Subjects Review Committee.

Sincerely,

Lorene Willingham, MSN, RN
Director, Associate Degree Nursing Program

[Signature]

[Signature]

Martha Catlette, DSN, RN
VP for Health Sciences
APPENDIX L

PERMISSION TO CONDUCT RESEARCH

Pearl River Community College
Institutional Review Board Decision Letter

The Institutional Review Board (IRB) has completed its review of the following project:

Principal Investigator:  Melissa Bryant

Project Title:  Leadership Practices Among Undergraduate Nursing Instructors

Funding Agency:  N/A

Proposal Number (if applicable):  N/A

The determination of the board is that:

This project complies with the institution's policy and procedures regarding use of human subjects in a grant-funded research project (Common Rule Section 101, subsection b). The project may be conducted as planned subject to continuing review as outlined in the Board's procedures.

You are authorized to implement this study as of the date of the final approval. This approval is valid for one year. If the project continues beyond this time frame, the IRB will request continuing review and update of the project. After receiving initial approval of your project, any proposed changes that may affect the format, implementation, or exempt status of your project and/or any unanticipated or serious adverse events involving risk to the participants requires that notification must be received, and approval must be granted, by the PRCC IRB before the implementation of the project.

As stated and agreed upon in your petition to the Pearl River Community College Institutional Review Board, study findings must be shared with the PRCC IRB. Copies of the report may be shared with both internal and external personnel associated with the College who have an interest in the topic and results. In addition, permission of the PRCC IRB is required prior to publication of your study. Approval is at the sole discretion of the Board.

This project does not comply with the institution's policy and procedures regarding use of human subjects in a grant-funded research project. Concerns of the Institutional Review Board are outlined in an attached document. The Principal Investigator has the right to modify and re-submit the proposal for another review.

   [Signature]
Chair, Institutional Review Board

3-3-14
Date
APPENDIX M

PERMISSION TO CONDUCT RESEARCH

Date: November 22, 2013

To The University of Southern Mississippi Institutional Review Board:

Melissa Bryant, PhD candidate, is granted permission to collect data from this nursing school/department for her doctoral dissertation study ‘Leadership Practices Among Undergraduate Nursing Instructors’ pending approval from The University of Southern Mississippi Institutional Review Board, and if applicable, from this institution’s Human Subjects Review Committee.

Sincerely,

[Signature]
Debra Spring, MS, RN
Assistant Dean for Nursing
Hinds Community College
REFERENCES


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