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AN ANALYSIS OF ED NURSE OPINION OF THEIR ED NURSE MANAGER LEADERSHIP CHARACTERISTICS AND OUTCOMES

by

Charlotte Ann Gore

A Dissertation
Submitted to the Graduate School,
the College of Nursing,
and the Department of Systems Leadership and Health Outcomes
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

May 2017

AN ANALYSIS OF ED NURSE OPINION OF THEIR ED NURSE MANAGER

LEADERSHIP CHARACTERISTICS AND OUTCOMES

by Charlotte Ann Gore

May 2017

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ABSTRACT

AN ANALYSIS OF ED NURSE OPINION OF THEIR ED NURSE MANAGER LEADERSHIP CHARACTERISTICS AND OUTCOMES

by Charlotte Ann Gore

May 2017

The purpose of this cross-sectional, descriptive, correlational study was to examine ED staff nurses' opinions of their ED nurse managers' full range of leadership characteristics , the degree to which the characteristics correlate with specific outcomes of leadership behavior, and how the results of the measure and subscale compare to other nursing groups in literature. The Multifactor Leadership Questionnaire 5X Rater Form (MLQ 5X Rater Form) was used to measure ED staff nurses' opinions of their ED nurse managers, along with an ED Staff Nurse Demographics Questionnaire to gather information about the characteristics of the population. The population for this study was ED staff nurses who work within hospitals and academic health centers across the United States. The findings indicated that the predominant leadership style was the transformational leadership style followed by transactional, and the least effective was passive/avoidant. The primary findings also revealed that transformational and transactional leadership styles positively related to employee willingness to exert extra effort, their satisfaction with their leader, and perceived effectiveness of the leader. Transactional leadership, however, had a weak positive correlation. Passive avoidant leadership styles indicated a negative correlation to the outcomes of leadership.

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DEDICATION

I would like to dedicate my dissertation to the two people who have always supported and encouraged me. You pushed me to believe in myself and my abilities no matter what life threw at my feet. You raised me to be strong and steadfast and to see obstacles as lessons. Thank you, Dad, Lee Abram, and Mom, Eula Abram for years of inspiration, guidance, and understanding. You are not here physically to see this day, but I know you are here spiritually, as you have been every step of the way. I love you both.

And to my family and friends who stood by me and never let accept anything less than the achievement of my goals, thank you

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LIST OF ABBREVIATIONS

ANOVA	Analysis of Variance
AONE	American Organization of Nurse Executives
CEO	Chief Executive Officer
CR	Contingent Reward
DON	Director of Nursing
ED	Emergency Department
ENA	Emergency Nurse Association
IA	Idealized Influence (Attributed)
IB	Idealized Influence (Behavior)
IC	Individual Consideration
IM	Inspirational Motivation
IRB	Institutional Review Board
IS	Individualized Consideration
LF	Laissez-Faire
MONOVA	Multivariate Analysis of Variance
MBE(A)	Management-by-Exception (Active)
MBE(B)	Management-by-Exception (Passive)

CHAPTER I – INTRODUCTION

Overview

Some people characterize the world as "chaotic, uncertain, unpredictable and constantly changing" (Grossman & Valiga, 2009, p. 4). These circumstances call for Emergency Department (ED) nurse managers to guide these changes because these conditions seem to remain as time progresses. To save countless lives and successfully manage unpredictable emergency situations, health care facilities must sustain a high level of preparedness for multiples types of crises, whether facilities operate at an already full or near full capacity (Gebbie & Qureshi, 2002; IOM, 2007). The same could be said of "in extremis" ED nurse managers in accomplishing goals and keeping their departments operating at high levels of efficiency. Through doing so, ED nurse managers experience stress, pressures, and various levels of unpredictability that require different leadership styles, including transformational and transactional leadership styles, and less of the passive/avoidant style. In fact, past research supports that ED nurse managers use different leadership styles as situations vary (Canyon & Morrison, 2010; Kolditz, 2007). The purpose of the study is to examine ED staff nurses' opinions of their ED nurse managers' full range of leadership characteristics, the degree to which the characteristics correlate with specific outcomes of leadership behavior and how the results of the measure and subscale compare to other nursing groups in literature.

Leadership under predictable circumstances is categorized into transformational, transactional, or passive/avoidant styles. When any new situation occurs, emergency department (ED) staff nurses may find they use different leadership styles when having to transition from a busy, overextended day to one that requires additional responsibilities.

In the ED, “leadership is uniquely contextualized in such extreme contexts where severe risks exist because extreme contexts create a unique set of contingencies, constraints, and causations” (Hannah, Uhl-Bien, Avolio, & Cavarretta, 2009, p. 897). ED staff nurses must be prepared for the unpredictability of the work. For example, navigating additional surges and keeping the facility operating requires ED nurse managers to function “in extremis,” which means functioning under conditions of extreme stress, risks and often motivated by fear of death (Kolditz, 2007). ED nurse managers must continually work to facilitate the effort of ED staff nurses, the other members of the ED team, and the facility (Azaare & Gross, 2011).

The ED has a distinctive part to play in the everyday operation of a healthcare organization and a unique set of stressors that can affect the nurses and staff. The job of an ED staff nurse is demanding physically and emotionally. ED staff nurses must be prepared for the unpredictability of the work day. The ED has a quick turnaround for patient care, high acuity patients, and delays in admitting patients to inpatient status (Hooper 2010). ED nurses sometimes experience burnout and are less satisfied with their work environment, leading to a problem of attrition of experienced nurses.

Nurses are valuable members of the healthcare system. Every staff nurse has a part to play in the everyday operation of a healthcare facility. The ED staff nurses of a facility are integral for the execution of most hospitals’ strategic plans, which means that their opinions of their managers matter significantly regarding leadership style, characteristics that describe the style, and the degree to which the characteristics correlate to specific outcomes of leadership behaviors. The managers leadership styles also affect patient outcomes.

Purpose

The general aim of this quantitative descriptive, correlational study is to examine ED staff nurses' opinions of their ED nurse managers' leadership style. Specifically, the purpose is to examine ED staff nurses' opinions of their ED nurse managers' full range of leadership characteristics, the degree to which the characteristics correlate with specific outcomes of leadership behavior and how the results of the measure and subscale compare to other nursing groups in literature. The researcher used the Multifactor Leadership Questionnaire 5X Rater Form (MLQ 5X Rater Form) to measure ED staff nurses' opinions of their ED nurse managers. The MLQ measures nine characteristics of transformational, transactional, or passive/avoidant leadership styles and three outcomes of leadership behaviors, which are extra effort, effectiveness, and satisfaction.

Transformational leadership includes the characteristics of idealized influence (attributes) (IA), idealized influence (behaviors) (IB), inspirational motivation (IM), intellectual stimulation (IS), and individual consideration (IC) (Avolio & Bass, 2004). Transactional leadership includes characteristics of contingent reward (CR) and management-by-exception (active) (MBE [A]). Passive/avoidant characteristics include management-by-exception (passive) (MBE [P]) and laissez-faire leadership (LF) style.

Effective leadership skills are essential for ED nurse managers to create and sustain the work environment in a healthcare facility. This study will contribute to the understanding of ED staff nurses' opinions of their ED nurse managers' leadership styles. This researcher examined the ED staff nurses' perceived leadership outcomes of satisfaction, extra effort, and leader effectiveness, which will lead to a better understanding of organizational culture and organizational effectiveness. The findings

from this research will assist present and future nurse managers and could inform nursing educators on better ways to prepare nurses to assume a leadership position and role in emergency settings and to be prepared for whatever this chaotic, and changing world may bring.

Problem Statement

Numerous and complex issues challenge ED nurses in the present healthcare system. The number of uninsured, high acuity patients using the ED as a primary treatment source of healthcare is increasing. These patients have higher acuities and delays in transfers which cause overcrowding of the ED (Hooper et al., 2010). One of the most challenging endeavors in health care is in the management of the ED (Almeida, 2004). Unpredictability and high stress cause a plethora of issues that affect the everyday operation of the ED (Adriaenssens, De Gucht, & Maes, 2015; Almeida, 2004; Hunsaker, Chen, Maughan, & Heaston, 2015; Robinson, Jagim, & Ray, 2004). In the last decade, ED nurse managers' roles and responsibilities have become more multifaceted and complex than in the past. ED nurse managers have more demands placed on them by their ED staff nurses, other members of the ED team, and the organization. These demand include patient satisfaction, staff safety, retention of experienced nurses, and recruitment of qualified nurses during a nursing shortage (Berezuik, 2010; Jarman & Newcombe, 2010; Kelly, Runge, & Spencer, 2015; Spivak, Smith, & Logsdon, 2011). The ED nurse manager must have the ability to organize and communicate effectively to ensure smooth operation of the ED (Almeida, 2004).

Under non-extreme conditions, the effective leader exhibits the ideal characteristics of a transformational leader, in which the leader encourages the followers

toward a higher level of thinking by appealing to their values (Burns, 1978). Bass (1990) described transformational leadership as one that elevates and expands the interest of followers. These leaders have the capability to look beyond themselves and accept the mission and objectives of the larger group (Bass, 1990, 1998).

Past research has vigorously and consistently supported transformational leadership theory as an exemplary style of leadership that sets the stage for an ideal relationship between leaders and followers (Antonakis, Avolio, & Sivasubramaniam, 2003; Bass, 1990, 1998). Some researchers have suggested that ED nurse managers and other field emergency personnel exhibit more of a transactional style of leadership, which is based on rewards for achieving goals and tasks, maintaining standards of compliance, and communicating to their staff what is effective versus ineffective performance. Those activities often describe the characteristics of contingent rewards and management-by-exception (active) (Canyon & Morrison, 2010; Kolditz, 2007). However, in agreement with past limited research, the current research proposes that ED nurse managers will use different styles of leadership as changing situations and varying levels of emergencies arise.

Research Question

During the last decade, research on transformation and transactional leadership significantly increased, but only a few researchers have studied the leadership characteristics of ED nurse managers. The most significant study by Avolio and Bass (2004) did not create the full range of leadership within the context of an ED environment. More research in this area may confirm the current scant amount of

research that exists or how the characteristics of the leadership of ED nurse managers affect the ED or the organization.

The research questions for this study are:

RQ1: What are ED staff nurses' assessment of ED nurse managers' predominant leadership style: Transformational, Transactional, or Laissez-Faire?

RQ2: Is there a significant relationship among the nine characteristics of leadership styles (Transformational, Transactional, or Laissez-Faire) and three outcomes of leadership behavior (Extra effort, effectiveness, and satisfaction)?

RQ3: How do the ratings of the ED nurse managers on of the leadership scale and subscale compare to other nursing groups in the literature?

Full Range Leadership Model

This study was based on the "Full Range Leadership Model" (Avolio & Bass, 1991). The Full Range Leadership Model is a widely used comprehensive model with an extensive range of leadership characteristics (Kanste, Kääriäinen, & Kyngäs, 2009). The full range of leadership combined transformational, transactional, and laissez-faire leadership styles into a unique leadership model that focused on the development of the individual, group, and organization (Avolio & Bass, 2004). The full range of leadership behaviors include transformational: idealized influence (attributed), idealized influence (behaviors), inspirational motivation, intellectual stimulation, and individualized consideration; transactional: contingent reward and management-by-exception (active); and passive/avoidant: management-by-exception (passive), and laissez-faire. See Table 1 for the full range of leadership styles and leadership behaviors related to those styles.

Table 1

Full Range of Leadership Styles and Behaviors

Leadership Styles	Leadership Behaviors
Transformational Leadership	Idealized influence (attributed)
	Idealized influence (behavior)
	Inspirational motivation
	Intellectual stimulation
	Individualized consideration
Transactional Leadership	Contingent reward leadership
	Management-by-exception (active)
Passive/Avoidant Behavior	Management-by-exception (passive)
	Laissez-Faire

Note: From Avolio, B. & Bass, B (2004). *Multifactor leadership questionnaire. Manual and sample set*. Redwood City, CA: Mind Garden. .

Transformational Leadership

The characteristics of transformational leadership ideally will encourage and inspire followers (Avolio & Bass, 2004). The characteristics include idealized influence (attributed), idealized influence (behaviors), inspirational motivation, intellectual stimulation, and individualized consideration (Bass, 1999).

Idealized Influence. Idealized influence included idealized attributes and idealized behavior as an aspect of transformational leadership. Idealized attributes are the attributes in which the followers are proud to be associated with the leader. The leader is confident, respected and put the groups need over self. Idealized behaviors exhibited by the leader

emphasizes the follower's beliefs. The overarching mission is making good ethical decisions (Avolio & Bass, 2004).

Inspirational Motivation. Inspirational motivation is a characteristic of transformational leadership which describes the leaders who can articulate visions of shared goals in a way that causes the followers to believe (Avolio & Bass, 2004).

Intellectual Stimulation. Intellectual stimulation is a transformational leadership characteristic which describes a leader who encourages the followers to find new ways to solve old problems (Avolio & Bass, 2004).

Individualized Consideration. Individualized consideration is a transformational leadership characteristic which describes a leader who maximizes the follower's full potential by treating each follower as an individual (Avolio & Bass, 2004).

Transactional Leadership

Transactional leadership is based on an exchange process in which the followers receive rewards based on the completion of requirements (Bass, 1990). Transactional leadership characteristics include contingent rewards, management-by-exception (active) and management-by-exception (passive) (Bass, 1999).

Contingent Reward. Contingent reward is a transactional leadership characteristic that focuses on the achievement of a goal and recognition when the goal is achieved (Avolio & Bass, 2004).

Management-by-Exception (Active). Management-by-exception (active) is a transactional leadership characteristic which describes the leader who specifies standards of compliance and clearly articulates what constitutes effective and ineffective performance (Avolio & Bass, 2004).

Passive/Avoidant Behavior

Passive/avoidant leadership is another type of management by exception. This style of leadership is more passive and does not respond to situations. The leader does not clarify, is not specific and does not provide goals for the follower to achieve. Passive/avoidant leadership encompasses two components to include management-by-exception (passive) and laissez-faire leadership (Avolio & Bass, 2004).

Management-by-Exception (Passive). Management-by-exception (passive) is a passive/avoidant leadership characteristic in which the leaders exhibit a more passive style of leadership. This type of leadership is considered ineffective; however, it is considered more effective than the laissez-faire type of leadership (Avolio & Bass, 2004).

Laissez-Faire. Laissez-faire leadership is regarded as an ineffective leadership style in which there is no leadership. The leaders avoid leading, and the duties of leadership are relinquished to the subordinates. These leaders are not viewed as being an effective leader (Bass & Avolio, 1997).

The Full Range Leadership Model was purposed by J. Burns (1978) and has been the basis for much research on leadership (Antonakis et al., 2003; Judge & Piccolo, 2004; Malloy & Penprase, 2010). The theory suggests that transformational leaders are more stimulating, motivating and inspiring than the other leadership styles. The Full Range Leadership Model is measured using the MLQ. Both the model and the instrument address the three leadership styles of transformational, transactional and passive/avoidant leadership (Avolio & Bass, 2004).

Definition of Terms

The following definitions are provided to clarify the meaning of terms used in the study.

Leadership: Leadership is

> A collective function in the sense that it is the integrated synergized expression of a group's efforts; it is not the sum of the individual dominance and contributions, it is their interrelationships. Ultimate authority and true sanction for leadership, where it is exercised, resides not in the individual, however dominant, but in the total situations and in the demands of the situation. It is the situation that creates the imperative, whereas the leader is able to make others aware of it, is able to make them willing to serve it, and is able to release collective capacities and emotional attitudes that may be related fruitfully to the solution of the group's problems; to the extent one is exercising leadership. (Grohar-Murray & DiCroce, 2003, p. 25)

Leadership Styles: A leadership style is what motivates the behavior of the leader according to their underlying needs. The personality, intelligence, the way tasks are performed, the role of the tasks taken on by the leader and followers are determinants of leadership style. Individualities of the group are considered to examining the leadership style of a person. The analysis of these items will assist in the understanding of the appropriate leadership behavior that leaders must have. The Full Range Leadership Model classifies leadership styles as transformational, transactional and passive/avoidant. Each leadership style is examined independently. For the purpose of this study, the leadership behaviors of ED nurse managers were observed, and the opinions of the ED

staff nurse were gathered. Emergency department managers were defined as the current administrator of the emergency services in which emergency department staff nurses and ancillary staff report. (Grohar-Murray & DiCroce, 2003) Leadership was measured in this study using the MLQ. The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Transformational Leadership: Transformational leadership is a leadership style in which the leaders seek to move themselves and their followers to a higher level. The leaders maximize performance by inspiring, challenging, and stimulating the follower (Avolio & Bass, 2004). Transformational leadership has four characteristics; idealized influence (attributes and behaviors), inspirational motivation, intellectual stimulation and individualized consideration. Transformational leadership was measured using the MLQ. The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Idealized Influence: Idealized influence is one of four transformational leadership characteristics in which the follower has an idealized view of the leader and wants to identify with and emulate the leader. To this end, the transformational leader arouses confidence and receives trust and respect from the follower (Avolio & Bass, 2004). Idealized influence was measured in this study using the MLQ. The MLQ is a 45-item survey, which is Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Inspirational Motivation: Inspirational motivation is one of four transformational leadership characteristics. This characteristic motivates and challenges the follower. The follower will sense a clear purpose expressed by the leader. The leader is a role model

who models ethical conduct which enables the follower to identify with the leader. Through this purpose, the leader can achieve their articulated vision (Bass, Jung, Avolio, & Berson, 2003). Inspirational motivation was measured in this study using the MLQ. The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Individualized Consideration: Individualized consideration of one of four transformational leadership characteristics. "These leaders are admired, appreciated, and trusted (Bass et al., 2003, p. 208)." The focus of this characteristic is the leaders continued development of the follower to advance the follower to their fullest potential. Individualized consideration was measured as part of transformational leadership scale on the MLQ. The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Intellectual Stimulation: Intellectual stimulation is one of four transformational leadership characteristics. This leadership characteristic stimulates the followers to question what they are already doing and to search for new innovative ways of resolving old problems (Bass et al., 2003). Intellectual stimulation was measured in this study using the MLQ. The MLQ is a 45-item survey, which is Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Transactional Leadership:

> In its more constructive form, transactional leadership is supplemented by working with individuals and/or groups, setting up and defining agreements or contracts to achieve specific work objectives, discovering individuals' capabilities, and specifying the compensation and rewards that can be expected

upon successful completion of the tasks. In its corrective form, it focuses on actively setting standards. In its passive form, it involves waiting for mistakes to occur before taking any action. In its active form, there is closely monitoring for the occurrence of mistakes. In either its passive or active form, it focuses on identifying mistakes" (Avolio & Bass, 2004, p. 3).

Contingent Reward: Contingent reward is one of two transactional leadership characteristics. This leadership characteristic is based on the clarification of expectations and rewards (Avolio & Bass, 2004). Contingent reward was measured in this study using the MLQ. The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Management-by-Exception (active): Management-by-exception (active) is one of two transactional leadership characteristics. This leadership characteristic describes the leader who specifies standards of compliance and clearly articulates what constitutes effective and ineffective performance. Rules of compliance are strictly enforced with attention focused on mistakes, deviations, and irregularities in standards (Avolio & Bass, 2004; Bass, 1985). Management-by-exception was measured in this study using the MLQ. The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Passive/Avoidant Leadership: A characteristics of a passive leadership style is that passive leaders avoid clarifying agreements, specifying expectations, and providing or assigning goals and standards to be achieved by followers (Avolio & Bass, 2004). Two scales on the MLQ measure passive/avoidant leadership: (a) management-by-exception

(passive) and (b) laissez-faire. The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Management-by-Exception (passive): Management-by-exception (passive) is a Passive/avoidant leadership characteristic in which the leaders are more passive than other leadership styles. The leaders wait for a problem to arise, or they will take no action at all (Avolio & Bass, 2004). Management-by-exception was measured using the MLQ. The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

Laissez-Faire Leadership: This leadership characteristic offers no guidance to the followers. The followers are left to their own means with no motivation or assistance. Laissez-faire is a form of passive/avoidant leadership style and was measured using the MLQ (Avolio & Bass, 2004). The MLQ is a 45-item survey, which is a Likert-type scale with a rating of 0 (not at all) to 4 (frequently, if not always).

ED Nurse Manager: The definition of the ED nurse manager is a nurse who occupies the current administrative position of the emergency department. This person directly or indirectly manages all staff nurses and non-licensed staff in the ED. This nurse leader must have full responsibility for the operation of the ED daily.

ED Staff Nurses: The ED staff nurses are the nurses that work in an ED and is supervised or managed by the ED nurse leader.

Multifactor Leadership Questionnaire: The Multifactor Leadership Questionnaire is based on the Full Range Leadership Model which includes transformational, transactional and passive/avoidant leadership styles. “The most commonly employed measure of transformational and transactional leadership” (Avolio & Bass, 2004, p. 1).

Assumptions

The assumptions for this study are: (a) the wording of the surveys are such that the participants would understand the concept of the study and can accurately interpret the questions; (b) the ED staff nurses provided honest answers to the items on the questionnaires about the ED nurse leader; and (c) the surveys are accurate in measuring what they were intended to measure.

Scope, Limitations, and Delimitations

Scope

The scope of any study illustrates the parameters that determine the restrictions on the study's operations (Grove, Gray, & Burns, 2015). This study is restricted to the ED staff nurses' opinions of their ED nurse managers' full range of leadership characteristics and the degree to which the characteristics correlate with the outcomes of leadership behaviors of extra effort, effectiveness, and satisfaction. The ED staff nurses were members of the Emergency Nurse Association (ENA). The study was limited to the number of ED staff nurses who completed the questionnaires.

Limitations

Limitations are constraints for which the researcher cannot control or which unexpectedly occur during the research process. These constraints reduce the generalizability of the research findings (Grove et al., 2015). This study has several limitations with the potential to limit generalization of the results to all ED staff nurses. The study is a cross-sectional descriptive, correlational research design, which does not allow for a cause-and-effect relationship between one independent variable and one or more dependent variables but does enable the researcher to find associations between

variables in a study. Because a cause-and-effect relationship is not an option in correlational studies, one or more unknown variable may contribute to the explanations of the relationships, thus confounding the results of the study.

The use of the Multifactor Leadership Questionnaire was limited to only evaluating transformational, transactional, and laissez-faire leadership styles. The participants will not report detailed descriptions of their feelings, experiences, activities, or describe observable nuances of the leader/follower relationship.

Delimitations

Delimitations are limitations that delineate the boundaries of the study, as well as researcher-intentional exclusions and inclusions for the study (Grove et al., 2015). This research was limited specifically to the population of ED staff nurses based on a convenient sampling method.

Additionally, this study will produce findings on ED staff nurses' opinions of ED nurse managers full range of leadership based on the MLQ. The full range of leadership, which includes transactional, transformational, and passive/avoidant leadership, serves as the basis for the researcher's decision on using the MLQ 5X Rater Form. Excluded in this study are other instruments used to measuring leadership style, which means that the results of this research may not support similar findings using other instruments that measure leadership style. However, the findings from this study may provide a specific knowledge foundation for future studies on ED staff nurses' opinions of their ED nurse manager' full range of leadership characteristics and the degree to which those characteristics correlate with the specific outcomes of leadership behaviors.

Significance of the Study

Effective ED nurse managers are essential in health care facilities to generate and sustain a stable work environment. A review of the literature indicates that a significant gap exists in research that encompasses ED staff nurses' opinions of ED managers' leadership styles. This research study examined ED staff nurses' opinions of their ED nurse managers' characteristics of the full range of leadership, the degree to which the characteristics correlate with specific outcomes of leadership behavior and how the results of the measure and subscale compare to other nursing groups in literature. With the shortage of adequate nursing staff, overcrowding of the ED, nurse burnout leading to job dissatisfaction, and violence toward the nursing staff, the operation of the ED is faced with a plethora of issues that affects its operation (Adriaenssens et al., 2015; Almeids, 2004; Hunsaker et al., 2015; Robinson et al., 2004). This research should further information concerning the knowledge of leadership styles of ED nurse managers. Healthcare organizations, nurses, and other emergency management personnel should find interest in the findings of this research.

Chapter I provided the groundwork for this descriptive, correlational study, which included an introduction, purpose of the study, problem statement, research question, Full Range Leadership Model, definitions of terms, assumptions, scope, limitations, delimitations, and significance of the study. The purpose of this research study is to examine ED staff nurses' opinions of their ED nurse managers' full range of leadership characteristics, the degree to which the characteristics correlate with specific outcomes of leadership behavior and how the results of the measure and subscale compare to other nursing groups on literature.

CHAPTER II – REVIEW OF LITERATURE

ED nurse managers with effective leadership styles are an essential component in the day-to-day operation of the ED. Much of the failure, success and patient outcomes of an emergency department is dependent upon ED nurse managers. They must exhibit leadership characteristics that are appropriate for the turbulent and chaotic environment in the ED. Several disciplines have defined and operationalize leadership, resulting in an abundance of research on the characteristics of leadership and specific outcomes of leadership behaviors. However, few studies were found on ED staff nurses' opinions of their ED nurse managers' characteristics of leadership and the relationship between those characteristics and specific outcomes of leadership behaviors. This chapter reviews the literature related to ED nurse managers' characteristics of leadership and the relationships between leadership styles.

The literature review began with research of managers, nurse managers, ED nurse managers, and ED staff nurses. This review of literature will also include: (a) various definitions of leadership; (b) Full Range Leadership Model (c) perceived leadership styles of nurse managers; (d) job satisfaction and leadership styles, (e) organizational culture, and (f) challenges of ED staff nurses. A search was completed with the following databases: EBSCO, CINAHL, Medline, and Academic Search Premier. Examples of the keywords used include crisis leadership, leadership, leadership characteristics, leadership styles, ED nurses, ED nurse managers nurse managers, transformational leadership styles, transactional leadership styles laissez-faire leadership style, passive/avoidant leadership style, Multifactor Leadership Questionnaire, Full Range Leadership Model, and staff nurses.

Managers

Although the terms leadership, management, supervisor, and administrator have been interchanged, they are not the same and require specific clarification as to their conceptual definitions. Leadership is not always tied to a particular position, and often the responsibility falls on anyone who has leadership potential (Grossman & Valiga, 2009). According to Finkleman (2006), the distinction between leaders and managers are that manager's focus on sustaining stability and balance, and leaders are more agents of change.

When people hear the word manager, they often think of an individual who holds a position in an organization, or a position that includes organizational duties and makes decisions concerning the allocation of resources for the people they preside over. Managers are closely linked to their organization (Gardner, 1990). According to Finkleman (2006), key functions of managers are leading, planning, organizing and controlling those they manage. According to Bass (1960), a manager could easily substitute for a leader if they demonstrate leadership qualities.

The role of leaders and managers can substantially overlap in many organizations. There are managers that are designated to a management position but still perform leadership duties. And there are also leaders in organizations that are tasked to perform management functions. Gardner (1990), stated that managers who are leaders differentiate themselves from just regular managers in six aspects. First, they are forward thinking and think beyond the day to day crises, as well as thinking of long term projections. Secondly, they see beyond their department, and see the bigger picture to include the relationship of the unit to the organization and even further to their unit's

relationship to global trends. Third, their influence reaches beyond organizational "bureaucratic boundaries" to extend to the community and the world (p 4). Fourthly, they understand the nuances of the leader/follower interaction while highlighting vision, motivation, and values. Fifth, they possess political skills to deal with the many requirements that may conflict with the many commonalities. The sixth aspect is that the leader is never satisfied with the status quo. They are always thinking of change and revisions necessary to move their department and organization forward. An additional variable to consider when distinguishing managers and leaders is when managers and leaders are nurses.

Nurse Managers

Nurse managers and nurses are closely tied together in form and function. Nurses are trained to manage their patients. They are trained to have control of their situation and environment. This can become a problem for nurse managers and their ability to allow staff to be a part of the planning and decision-making process. (Finkleman, 2006). A manager must be able to work with their staff to accomplish the goals of the organization. To obscure the situation, even more, there are several levels of nurse management: first, middle and upper level. First level managers include the charge nurses, coordinators, and unit managers. Their job is to focus on the day-to-day operation of the group in which they were managing. The second level is the middle managers. These managers coordinate the activities of the first level managers. These managers hold the position of directors of specific organizational services, for example, emergency services. The final level is the upper-level managers. These managers establish the organizations' strategic

plan and goals. The title given to the upper-level managers is usually chief executive officers (CEO), chief nursing officers (CNO) and other administrative titles.

Historically nurse managers were first known as director of nursing (DON). Originally these leaders did not interact with administration and their focus was nursing care. The DON was not concerned with planning or budget and was not necessarily interested in it. Late in the 1970's and early 1980s we see a change in the DON's title and an increased in power. Even with the change in title and power the primary focus of the DON was still nursing (Finkleman, 2006). The role of nurse managers began to change when the director of nursing realized that they were positioned to have more impact on organizational issues so they began to interact more with administration. As the nurse manager moved from a focus of patient care to staff management and organization issues, they acquired new skills. An organization whose members are top hospitals and nursing administrators is The American Organization of Nurse Executives (AONE). The AONE (1992) has describes six functions and roles of nurse managers (Sullivan & Decker, 2005).

1. The nurse manager is accountable for excellence in the clinical practice of nursing and delivery of patient care on a selected unit or area within the health care institution.
2. The nurse manager is accountable for managing human, fiscal, and other resources needed to manage clinical nursing practice and patient care.
3. The nurse manager is accountable for facilitating development of licensed and unlicensed nursing and health care personnel.

4. The nurse manager is accountable for ensuring institutional compliance and professional, regulatory, and government standards of care.
5. The nurse manager is accountable for strategic planning as it relates to the unit(s) or area(s) department, and the organization as a whole.
6. The nurse manager is accountable for facilitating cooperative and collaborative relationship among disciplines/departments to ensure effective quality patient care delivery (Sullivan & Decker, 2005 p. 59).

Emergency Department Nurse Managers

The role and responsibilities of the ED nurse manager have escalated over the years. There has been a massive change in healthcare and the delivery of care by the ED. One of these changes is that the ED has become more visible. As the responsibilities and expectations of the ED grow so does the responsibilities and expectations of the ED nurse manager. The ED nurse managers must grow in knowledge to meet the demands of a complex and extreme environment (Almeida, 2004). Hannah et al. (2009) define extreme events as "a discrete episode or occurrence that may result in an extensive and intolerable magnitude of physical, psychological, or material consequences to-or in close physical or psycho-social proximity to–organization members" (p. 898). Additionally, extreme context is "an environment where one or more extreme events are occurring or are likely to occur that may exceed the organization's capacity to prevent and result in an extensive and intolerable magnitude of physical, psychological, or material consequences to-or in close physical or psycho-social proximity to organization members (Hannah et al., 2009, p. 898). ED nurses managers are met with competing demands. They must possess a solid background in leadership and the practice of emergency nursing. This means upholding

the standards of the Emergency Nurses Association Standards of Professional Performance. This framework can be used for practice to assist ED nurse managers in meeting the responsibilities and demands of their job (Almeida, 2004).

Emergency Department Staff Nurses

Nurses who work in the ED must be well suited for the chaotic pace of the ED. ED nurses face demands that are unique to the ED. These nurses must have personalities that are uninhibited and approachable (Kennedy, Curtis, & Waters, 2014). ED nurses appear to have higher job demands and more stressful work conditions than other nursing specialties (Adriaenssens et al., 2015). They must balance patient satisfaction, and be effective under other than normal circumstances (Hooper et al., 2010). The nurses face dangers from violence, as well as biological dangers from the patients they treat. Patients with emergency needs must have timely, competent care. The ED nurse must have emergency care knowledge and the skills to start treatment and modify treatments and procedures when required (Jarman & Newcombe, 2010). ED nurses experienced more burnout, have greater loss of control and face more hostility that other units. These nurses also experienced significant stress and present more depressive symptoms (Browning, Ryan, Thomas, Greenberg, & Rolniak, 2007). Working in the ED can be difficult and can take a toll on any nurse. Good leadership is vital to the physical and psychological survival of the ED nurse.

Leadership Definitions

Successful leaders commit themselves to a life of continuous learning and self-improvement. They also encourage, mentor and coach their staff to pursue the same goals of constant learning and improving themselves. To be a leader a person must be flexible.

The leader not only needs to be able to work well with their staff but must also be able to respond appropriately when a problem arises (Finkleman, 2006).

There are as many definitions for leaders as there are leaders. Greenleaf (1977) stated that “a leader initiates, provides the ideas and the structure, and takes the risk of failure along with the chance of success” (p. 5). Fiedler (1967) defined a leader as “the individual in the group given the task of directing and coordinating task-relevant group activities or who, in the absence of a designated leader, carries the primary responsibility for performing these functions in the group” (p. 8). An additional definition of a leader concludes “the leader is often defined simply as anyone who engages in leadership acts” (Bass, 1960, p. 89).

Leadership has been defined in various ways. It is a versatile, complex phenomenon that has been judiciously studied and examined. Definitions of leadership have progressed and changed over the decades. These shifts in the definition of leadership have been influenced by time and era. In the 1920s, the followers were obedient, respectful and cooperative with the leader. The will of the leaders was impressed upon the followers. In the 1930s leadership was interpreted as everyone moving in the same direction following the leader. In the 1940s, leadership was more involved in the persuasion of the followers by the leader. In the 1950s the followers were more in control, and the leader followed suite to the desires of the followers. In the 1960s, there was again a willingness to move everyone in the same direction. In the 1970s, the influence of the leaders varied from one follower to another. The 1980s were a more inspirational period. In the 1990s, leaders moved the group forward and desired to make real changes for the common good (Bass, 1990). Burns (2005) described leadership

as a feature of power, yet it an important process which is somehow separate. Leadership is exercised over a human being when a person with specific intentions and direction, whether it is done with others or against others, uses the resources at hand to stimulate, involve, and please the motives of the followers. Fiedler (1967) defined leadership as "an interpersonal relation in which power and influence are unevenly distributed so that one person is able to direct and control the actions and behaviors of others to a greater extent than they direct and control his" (p. 8). Leadership is a fluid and active process. The leader is the person responsible for coordinating the actions of the members of the groups and ensuring that the followers work toward a common goal. This led to the thought that leaders are not leaders because of the traits they possess, but they must also possess characteristics and goals that are similar to followers (Bass, 1985).

Grohar-Murray and Langan (2011) offered this definition of leadership:

> Leadership is "a collective function in the sense that it is the integrated synergize expression of a group's efforts; it is not the sum of the individual dominance and contributions, it is their interrelationships. Ultimate authority and true sanction for leadership, where it is exercised, resides not in the individual, however dominant, but in the total situations and in the demands of the situation. It is the situation that creates the imperative, whereas the leader is able to make others aware of it, is able to make them willing to serve it, and is able to release collective capacities and emotional attitudes that may be related fruitfully to the solution of the group's problems; to the extent one is exercising leadership" (p. 25).

Leadership can be considered informal or formal in nursing practice. When leadership is formal it is conferred by the organization and has a written job description

in the organization's plan. The leader carries a formal title such as department manager, unit coordinator or nurse supervisor. This type of leader may possess personal skills which prepare them for their role, but those who hold this position are sanctioned by the organization and possess a certain authority in the position. When leadership is informal the staff member in this position does not carry an official title. This person is simply exercising leadership skills because they have great ideas and influence the workflow of a unit. Informal leadership is dependent upon a person's expertise and standing with others on the unit (Sullivan & Decker, 2005).

Despite numerous definitions, there are still several aspects that are fundamental and recur in studies and the literature about the concept of leadership. These elements include communication skills, change, vision, stewardship, development of followers and renewing followers (Grossman & Valiga, 2009). The focus of the early literature on leadership was mostly theoretical concerns. There was an effort to identify and fit the different types of leadership into society. The theorist attempted to explain leadership by exploring the character of the leader or examining the leadership situation (Bass, 1981).

Bass (1981) classified the factors associated with leadership under the following headings;

1. Capacity (intelligence, alertness, verbal facility, originality, judgment),
2. Achievement (scholarship, knowledge, athletic accomplishments
3. Responsibility (dependability, initiative, persistence, aggressiveness, self-confidence, desire to excel)
4. Participation (activity, sociability, cooperation, adaptability, humor)
5. Status (socioeconomic position, popularity)

6. Situation (mental level, status, skills, needs, and interests of followers, objectives to be achieved, etcetera) (p. 66)

Burns (1978) began the discussion on the difference between transformational and transactional leadership. Eventually Bass (1985) revealed the positive correlation between transformational and transactional leadership. The focus of this study was the leadership styles of ED nurse managers to include transformational, transactional and passive/avoidant leadership styles and the perceptions of ED staff nurses' perceptions of ED nurse manager's leadership style.

Full Range Leadership Model

The Full Range Leadership Model has many dimensions and consist of transformational leadership, transactional leadership and non-transactional leadership paradigms (Avolio & Bass, 1999; Casida, & Parker, 2011). Kanste et al. (2009) sought to statically test the structure of the full-range of leadership theory in nursing. The investigators used two-way analysis of variance (ANOVA), regression analysis and structural equation modeling to test the theory. The results of the study found that transformational leadership promoted the willingness of a nurse to make an extra effort, satisfaction of the leader and perception of the leaders' effectiveness. Meanwhile passive/avoidant leadership decreased the willingness of a nurse to make an extra effort, satisfaction of the leader and perception of the leaders' effectiveness. The results of the study supported the universality of the Full Range Leadership Model.

Transformational Leadership

Much research has focused on transformational leadership since the 1980 when James MacGregor Burns (1978) began research that distinguished transformational leadership from transactional. Burns research presents transactional leadership as the volume of leadership models. Transactional leadership focuses on the give and take between the leader and the follower, whereas with transformational leadership there is a relationship between the leader and the followers. The leader and the follower connection there is an increase in the followers' motivation and morality. In transformational leadership, the focus is on the follower and his ability to reach a higher potential (Avolio & Bass, 1999; Northouse, 2007).

This research was followed by Bass (1985, 1981), who established that two types of leadership styles had a positive correlation; not only that but one complemented the other. In transformational leadership, people do not stay the same. Both the leader and follower are altered and become different than they were at the start of the interaction. The leader and follower are connected in the process of transformation. Transformational leadership is concerned with passion, worth, principles, and long-term goals. It is concerned with the needs of the followers and how those needs can be met. Transformational leaders are usually very charismatic and are visionaries (Northouse, 2007). One of the goals of transformational leadership is to turn the followers into leaders (Avolio, 2011).

Transformational leadership has several strengths. First, transformational leadership has been included in a vast assortment of studies from numerous points of view. Second, transformational leadership appeals to societal notions that the leader is an

advocate for change and that the follower is more important than themselves. People tend to gravitate to those who have visions for the future. Third, transformational leadership considers the interaction between the leader and the follower. The relationship is not the sole responsibility of the leaders but it is a give and take between the leader and follower. Fourth, while other leadership models focus on rewarding the leader and follower, transformational leadership broadens the representation of leadership to include the growth of the follower and what they need to succeed. Fifth, the follower's needs are a strong incentive for transformational leadership. Moving the follower to higher standards, morals, and values is not only good for the follower but also for the team and organization (Avolio & Bass, 1999). Finally, transformational leadership has been proven to be an effective form of leadership (Northouse, 2007).

Transformational leadership also has several weaknesses. The first is that it is hard to define the parameters of transformational leadership because they are so numerous. A second weakness is with the method of measurement. The MLQ is used to measure transformational leadership however the validity of this instrument has been questioned. A third weakness is that transformational leadership has been regarded as a characteristic rather than a behavior. A fourth weakness is that transformational leadership positions could potentially be abused because the leaders are placed in a position in which they make the decision about the visions and changes for the followers. Finally, the major focus to transformational leadership is the interaction and relationship between the leader and the follower. However, there it is not clear how transformational leaders act in certain situations (Northouse, 2007).

Transactional Leadership.

Transactional leadership is a central element of organizational leadership effectiveness. Transactional leadership is different from transformational leadership in that transactional leadership does not focus on the individual's needs or development. The exchange between the leader and follower is the major concern with transactional leadership. The leader and the follower are both rewarded. The leader gets what he or she wants which is the job done and the follower receives some type of reward (Grossman & Valiga, 2009). In the transactional relationship the followers complied with, accepted, and agreed with the leader and in return, the leader gave them praise, resources, rewards and disciplinary actions were avoided (Bass et al., 2003

Bass's (1985) conceptualization of transformational and transactional leadership styles included seven leadership factors. The seven factors were eventually decreased to six. The factors that described the behavior and attitudes were divided into three transformational factors to include charisma, intellectual stimulation, and individualized consideration. There were also two factors identified as transactional which included contingent reward and management-by-exception. Management-by-exception was eventually divided into management-by-exception (active) which was a characteristic of transactional leadership and management-by-exception (passive) which is fall in line with laissez-faire and passive/avoidance styles of leadership (Avolio & Bass, 1999).

Passive/Avoidant Leadership.

The final leadership style falls on the opposite end of the continuum from transactional and transformational leadership. This type of leadership is considered an absence of leadership. These leaders are called nontransactional, laisse–fair or

passive/avoidant. This type of leader does not give feedback, does not consider the followers growth and is not able to make decision. There is no exchange with followers or attempt to help them grow (Northouse, 2007). The passive/avoidant is the most inactive and ineffective of the leadership styles. By definition, it is the absence of leadership. (Avolio & Bass, 2004; Northouse, 2007). For these reasons, this leadership style has not received much attention or research. However, Hinkin and Schriesheim (2008) suggested that absence of leadership is just as important as other leadership styles. The researchers examined the effects of the lack of performance in the form of reward omission and punishment omission. They concluded that omission correlated to satisfaction of the followers of some leaders. Non-leadership appears to be important and should be studied further.

Perceived Leadership Styles of Nurse Managers

Healthcare organizations are in constant flux improving and changing. Leaders need to be more flexible and adaptable. There has been increase literature on the effectiveness of transformational and transactional leadership effectiveness, but very scant amounts of literature specifically set out to determine how a combination of transformational and transactional leadership styles affect nursing units (Bass 2003).

A group of researchers used a quantitative descriptive design to determine whether nursing leaders in a private health care service in South Africa met the criteria for transformational and/or transactional leadership. The participants were the nursing staff of seven critical care units. The investigators used a 45-item MLQ. The authors concluded that transformational leadership is a more appropriated leadership style and associated with leadership effectiveness especially during a time of change in an

organization. There was a lack of transformational leadership in these organizations which may be associated with high staff turnover of trained staff. The investigators found a need for training to assist nurse managers to become transformational leaders for their followers. This would encourage the staff to become more innovative and motivated. (Botma, Botha, & Nel, 2011)

The MLQ 5X Rater Form was also used to describe perceptions of managerial leadership behaviors associated with staff nurse turnover and to compare nurse manager leadership behaviors as perceived by managers and their staff nurses. The study consisted of 79 staff nurses and 10 nurse managers at a 465-bed community hospital in the Northeast. The investigators highlighted two important issues. First, nurse managers felt that the leadership style they used most often was transformational. The staff nurse findings did not agree with these findings. Second, active management-by-exception was reported by both the nurse managers and staff, although it was used infrequently. The authors found that leadership behavior correlated with staff nurse turnover. They concluded that interaction between the nurse managers and the staff affected the staff nurse perception of leadership style (Kleinman, 2004)

The staff nurse perception of the nurse manager's leadership style is important. Staff nurses' perception of the nurse manager's leadership style, in some cases, may not always correlate with the nurse manager's perception of their own leadership style. Azaare and Gross (2011) performed a qualitative, explorative descriptive study to explore the staff nurse perception of leadership styles used by their nurse managers. Data collected from 126 statements revealed key issues that occurred from this study. The nurse managers displayed an attitude of dominance rather than working with the nurses

and complementing their efforts and assisting them in envisioning the future. Staff nurses perceived their managers as powerless and more interested in pleasing management. Staff nurses preferred leaders who were more hands-on, able to communicate and were willing to stand up for the nursing staff. A nurse leader with these qualities will obtain the support of the nursing staff. The researchers concluded that nurses' perceived leadership is more important than management and, for success, the nurse manager needed to acquire more transformational leadership skills.

Other researchers conducted a study to evaluate staff nurse and nurse leader perceptions of leadership style (Andrews, Richards, Robinson, Celano, & Hallaron, 2012). The MLQ 5X Rater Form was completed by 16 supervisors and 179 supervisees. The leaders included administrative leaders, operational leaders, and nurse practice council chairpersons. A one-way multivariate analysis of variance (MANOVA) was conducted to define the effect of the three levels of supervisors in relations to the MLQ scale scores. The researchers found a significant difference on the dependent measures, $F(24, 300) = 3.36$, Wilks' l = .62. The three additional MLQ scale means had significant differences: idealized behaviors, $F(24, 300) = 10.33$, $p < .001$; inspirational motivation, $F(24,300) = 9.79$, $p < .001$; and extra effort, $F(24, 300) = 7.25$, $p < .001$. Idealized attributes had a significance of $F(24, 300) = 2.81$, $p = .06$. A hierarchical regression was conducted to find the predictors of supervisee's satisfaction of nursing leadership using four block entries. Block one and two were non-significant for nurse satisfaction with leadership, R2 = .05, $F(12, 142) = .65$, ns. Block three accounted for 76% of the variance; R2 = .76, $F(15, 139) = 29.59$, $p < .001$. The fourth block which included laissez-faire and leader effectiveness significantly predicted satisfaction by the

supervisee, R2 = .85, F (23, 131) = 32.57, p < .001. Inspirational motivation and extra effort were shown to have significant difference between the groups and additionally predicted satisfaction with leadership by the supervisee. Correlations between the follower ratings and the leader range from -.44 (laissez-faire) to 0.25 (inspirational motivation, idealized behavior) which were not statistically significant. The researchers additionally correlated the leadership outcome scale with the supervisee scores on the MLQ. The scores showed a strong relationship: r (N = 16) = .71, p < .01. Higher correlations with leadership satisfaction were found with the mean score on the contingent reward subscale, r (N = 16) = .80, p = < .001, than three of the transformational subscales: intellectual stimulation, r (N = 16) = .76, p < .001; idealized attributes, r (N = 16) = .75, p < .001; and idealized behaviors, r (N = 16) = 72, p < .001, respectively. The leaders in this study were found to have a more transformational leadership style. The MLQ 5X Rater Form helped to find a discrepancy in perception of leadership styles between the staff nurse and nurse managers.

Another group of researcher's explored nurse's perceived and preferred leadership styles of the nurse manager (Sellgren, Ekvall, & Tomson, 2006). T-tests were performed to determine the mean difference between the managers and subordinates preferred perceived leadership style. The dimensions of change orientation, production orientation, and employee orientation were measured. A total of 492 people participated in the study. Sixty-six nurse managers and 426 subordinates responded to the questionnaire. The researchers compared the managers and subordinates preferred leadership style. Production orientation and employee orientation showed the most significant difference with (p < .001). Change orientation was (p < .05). All three

dimensions were statistically significant in exploring the relationship between the perceived and preferred leadership behavior of subordinate opinions ($p < .001$). There was a statistically significant difference between the nurse's opinion and the nurse managers' opinions of the type of leadership style preferred. The researchers found the nurses had a clear distinction of the type of nurse leader they preferred. The nurse managers were not as clear cut with the type of leadership style they demonstrated. Leadership characteristics should be considered in the selection of nurse managers to enhance job satisfaction, retention, and the work environment.

Another study was conducted by researchers to explore the leadership style preferred by nurse managers and subordinates and also to compare the leadership styles preferred and adopted by nurse managers and the leadership style preferred by the subordinates and adopted by the nurse managers. There was a total of 382 participants. The assessed domains were change, production, and employee relations. There was no difference in preferences in leadership style of nurse managers and subordinates in the domains of production ($p = .95$) and change ($p = .98$). In the domains of production and change, there was no difference in preferences in leadership style of nurse managers and subordinates. The scores for differences in employee relations approached statistical significance ($p = .05$). In a comparison of adopted and preferred leadership styles, the nurse manager scored higher in the domains of change ($p < .01$) and production ($p < .01$) in the style preferred than the style adopted reaching statistical significance. The leadership styles preferred by subordinates were higher than those adopted by nurse managers in the domains of change ($p < .01$), production ($p < .01$), and employee relations ($p < .01$). When the opinions between the nurse managers and the subordinates

of the leadership styles adopted by nurse managers were compared, there was a statistical significance in the domains of change ($p < .02$), production ($p < .04$) and employee relations ($p < .01$). There was not a significant difference for the opinions of the subordinates and nurse manager's leadership styles. There was a statistically significant difference in the leadership preference of nurse managers when considering age groups in the domain of employee relations ($p = .007$). There were no correlations noted between the adopted leadership styles of the nurse managers observed by the nurse manager or the subordinates in any domain (Zampieron, Spanio, Bernardi, Milan, & Buja, 2013).

In one study, the researchers explored staff nurses' perception of their manager's leadership style in the context of age cohorts, as well as described perceptions related to unit climate. There was a total of 475 participants divided into 2 age cohorts. The researchers found that with both cohorts transformational and transactional leadership styles were perceived as more frequently used by nurse managers. The 2 cohorts also found the climate of the unit less structured and warmer and inviting. T-test were performed to distinguish differences between the 2 age cohort's perceptions of their work environment. The study measured warmth and belonging and structure and administrative support. There was no statistical significant difference in the age groups perception of their manager's leadership style: transformational ($p = .43$), transactional ($p = .77$) and passive/avoidant ($p = .43$). There was a statistically significant difference between the 2 age cohorts in their perception of the unit climate: warmth and belonging ($p = .006$) and structure and administrative support ($p = .008$). The results revealed that nurse managers used a combination of both transformational and transactional leadership styles most of the time (Farag et al., 2009).

Transformational leadership styles appear to be more suitable for application in nursing. A successful nursing unit is often dependent upon a leader's ability to affect positive change in their units. The leaders should inspire the staff to achieve higher levels. The leadership style of the nurse manager is an important factor in the success of the unit. Regardless of how stressful the day may be for a nurse manager, they must still balance unit safety, staffing issues related to retention, safety, and job satisfaction. The nurse leaders must constantly assess their own leadership style and the implications of that style. The nursing staff must be a part of this assessment also. The assessment by the nurse leader and their nursing staff can provide a foundation for understanding which leadership style and behavior is better suited to promote a better unit and organization.

When nurses work above the norm, the mission of the hospital is achieved, there are positive experiences and relationship with their peers, and the patients and their work environment is healthier. A study was conducted to examine the association between the staff nurses' extra-role performance and the supervisor's transformational leadership style. The staff nurses' extra-role performance was measured by work engagement of the nurse and the nurse's self-efficacy. The researchers used a convenience sample of 208 nurses and 17 of their supervisors. The structural model included five items of transformational leadership (inspirational motivation, individual consideration, intellectual stimulation, idealized attributes and idealized behavior), self-efficacy, vigor, dedication and extra-role performance. When the inter-correlations of the study variables were tested, they were all found to be positive and most to be statistically significant. The research found that extra-role performance was enhanced by the transformational leadership style of the supervisor. It was also concluded that there was a direct

relationship between work engagement and transformational leadership (Salanova, Lorente, Chambel, & Martínez, 2011).

Two researchers examined relationships of leadership styles and outcome of leaders extra effort, leadership satisfaction and effectiveness of nurse mangers. There were 278 staff nurses and 37 nurse managers who participated in the study. Using descriptive statistics, the researchers found that the nurse managers' leadership styles were more consistent with transformational and contingent reward leadership styles with a mean score of >2.6 (out of 4.0). The nurse managers' extra effort was perceived as favorably (M = 2.65) and leadership effectiveness was satisfactory (M = 2.94 and 2.91). In measuring the correlations between nurse manager leadership styles and outcomes, there was a strong significant positive correlation with transformational leadership and leaders' extra effort ($r = .83$, $p < .0001$), leadership satisfaction ($r = .82$, $p < .0001$) and leadership effectiveness ($r = .89$, $p < .0001$). There were weak positive correlations with transactional leadership and leader extra effort ($r = .29$, $p < .0001$), leadership satisfaction ($r = .27$, $p <.0001$) and leadership effectiveness ($r = .28$, $p < .0001$). Negative correlations were found with management-by-exception passive and leaders' extra effort ($r = -.54$, $p < .0001$), leadership satisfaction ($r = -.55$, $p < .0001$) and leadership effectiveness ($r = -.62$, $p < .0001$). A multiple linear regression was performed and concluded that the predictors of leaders' extra effort, leadership satisfaction and leadership effectiveness were explained by transformational leadership. Transformational leadership was the best predictor of the outcome variables: transformational leadership (extra effort $\beta = .827$, $p < .0001$, satisfaction $\beta = .833$, $p < .0001$, effectiveness $\beta = .904$, $p < .0001$) and transactional leadership (extra effort $\beta = -.006$, satisfaction $\beta = -.031$, effectiveness $\beta = -$

.047). Additional regression analysis was performed determined the key elements of transformational leadership that predicted leadership outcomes of the nurse manager. The transformational subscales of idealized influence (attributed), idealized influence (behavior), inspirational motivation, intellectual stimulation and individual consideration were examined. The best predictor of leaders' extra effort was individual consideration ($\beta = .4$, $p < .0001$). The best predictor of leadership satisfaction was idealized influence (attributed) ($\beta = .4$, $p < .001$). And the best predictor of leadership effectiveness was found also to be idealized influence (attributed) ($\beta = .4$, $p < .001$). A strong correlation was found between the outcomes of leaders extra effort, leadership satisfaction and effectiveness of the nurse manager and transformational leadership. These outcomes assist in determining the effectiveness of an organization. The researchers postulated that nurse managers with transformational leadership style had a greater influence on the hospital achieving its strategic goal and therefore transformational leadership behaviors should be included in competencies for nurse managers (Casida & Parker, 2011).

Job Satisfaction and Leadership Styles

Job satisfaction is an important outcome for any organization. Healthcare organizations not only have to be concerned with their employees but also their patients. Several additional studies have been performed to look at the correlations between leadership style and job satisfaction of nurses.

Negussie, and Demissie (2013) conducted a correlational research to study the relationship between nurse manager's leadership styles and job satisfaction. The research study included 175 participants. The Cronbach's Alpha (α) coefficient was 0.82, showing a strong internal consistency. Descriptive statistics of the leadership and job satisfaction

variables mean range from 1.71 to 2.91. The nurses were found to prefer transformational leadership styles over transactional leadership styles. Results of the inter-correlations with the nurses job satisfaction and the dimensions of transformational and transactional leadership found a statistically significant positive correlation between intrinsic job satisfaction and the transformational leadership dimensions of idealized influence (behavior) ($r = .31$, $p < .01$), idealized influence (attribute) ($r = .45$, $p < .01$), inspirational motivation ($r = .51$, $p < .01$), intellectual stimulation ($r = .45$, $p < .01$), and individual consideration ($r = .38$, $p < .01$). There were statistically significant but weak correlation between extrinsic job satisfaction and transformational leaderships dimensions: idealized influence (behavior) ($r = .19$, $p < .01$), idealized influence (attribute) ($r = .27$, $p < .01$), inspirational motivation ($r = .21$, $p < .01$), intellectual stimulation ($r = .32$, $p < .01$) and individual consideration ($r = .25$, $p < .01$). Only contingent reward had a statistically significant correlation with extrinsic job satisfaction ($r = .45$, $p < .01$) and intrinsic job satisfaction ($r = .32$, $p < .05$) in transactional leadership styles. The Cronbach's Alpha of the intrinsic and extrinsic dimensions are 0.90 and 0.94. A multiple regression analysis was completed to test the relationship between transformational and transactional leadership styles and job satisfaction. Contingent reward was found to be positively correlated with both intrinsic job satisfaction ($\beta = .15$, $p < .01$) and extrinsic job satisfaction ($\beta = .39$, $p < .01$). A weak relationship was found with management-by-exception (active) and intrinsic job satisfaction ($\beta = .06$, $p < .05$) and extrinsic job satisfaction ($\beta = .08$, $p < .05$). Management-by-exception (passive) had a significant, negative relationship with intrinsic job satisfaction ($\beta = -.05$, $p < .05$) and a significant, weak relationship with extrinsic job satisfaction ($\beta = .07$, $p < .05$). There was a

statistically significant negative relationship with laissez-faire style and both intrinsic ($\beta = -.19$, $p < .05$) and extrinsic job satisfaction ($\beta = -.15$, $p < .05$). There was a positive relationship among all five dimensions of transformational leadership with intrinsic: idealized influence (behavior) ($\beta = .32$, $p < .01$), idealized influence (attribute) ($\beta = .29$, $p < .01$), inspirational motivation ($\beta = .49$, $p < .01$), intellectual motivation ($\beta = .49$, $p < .01$), inspirational stimulation ($\beta = .31$, $p < .01$), and individual consideration ($\beta = .35$, $p < .01$) and also extrinsic job satisfaction: idealized influence (behavior) ($\beta = .19$, $p < .05$), idealized influence (attribute) ($\beta = .21$, $p < .05$), inspirational motivation ($\beta = .19$, $p < .05$), intellectual stimulation ($\beta = .42$, $p < .05$) and individual consideration ($\beta = .17$, $p < .05$). The nurses in this study differentiated between transformational leadership style and transactional leadership style. Transformational leadership style was preferred over transactional leadership style. Inspiration motivation and idealized behavior were the most desired of the transformational leadership behaviors. The researcher concluded the implication of the study suggest that transformational leadership style was preferred and that it promotes job satisfaction of nurses which leads to retention of nurses.

A similar study of Saudi nurses to examine the nurse manager's leadership styles, job satisfaction and intent to stay at work. A descriptive correlational design was used with a convenience sample of 308 participants. A Pearson correlation was done to examine the relationship between transformational and transactional leadership and job satisfaction and intent to stay. There was a significant positive correlation between transformational leadership style and the nurse job satisfaction ($r = .45$, $p < .001$). There was a significant weak negative correlation between transactional leadership style and job satisfaction ($r = .14$, $p < .01$). There was also a significant weak positive correlation

between nurses' job satisfaction and intention to stay at work ($r = .15$, $p < .01$). However, there was a statistically insignificant relationship between nurses' intention to stay at work and transformational leadership style ($r = .08$, $p = .14$) and also transactional leadership style ($r = .01$, $p = .81$). The mean and standard deviation of the study variables were done and found the nurse's job satisfaction had only a moderate mean (M = 3.69, SD = 49). The highest mean was nature of work (M = 4.81, SD = 1.02). Fringe benefits had the lowest mean (M = 2.95, SD = 0.92). The mean of transformational leadership style (M = 3.43, SD = 0.82) was higher than the mean of transactional leadership style (M = 2.98, SD = 0.57). For transformational leadership, inspirational motivation had the highest mean (M = 3.57, SD = 1.02) and individualized consideration had the lowest mean (M = 3.27, SD =1.04). Contingent reward had the highest mean for transactional leadership (M = 3.45, SD = 1.00) and laissez-faire had the lowest mean (M = 2.54, SD = 1.00). Nurse's intention to stay at work had a moderate mean (M = 3.24, SD = 1.04). Not only did the researchers report that transformational leadership was positively correlated to job satisfaction, but also reported that transactional leadership was negatively correlated to job satisfaction. Nurse managers who displayed transformational leadership also had better retention (Abualrub, & Alghamdi, 2012).

Medely and Larochelle (1995) asked the questions; "to what extent do staff nurses distinguish between transformational and transactional leadership behaviors of head nurses?" and "What is the relationship between head nurse leadership style and their staff nurses' job satisfaction?" (p. 64kk) A 70 item MLQ was used and there was a total of 122 participants that returned the questionnaire. From the five factors that were tested of the MLQ, transformational and transactional leadership emerged. Factors included in

transformational leadership included charisma, intellectual stimulation, individual consideration and contingent reward. Transactional leadership contained only management-by-exception. Job satisfaction was measured by the Index of Work Satisfaction Questionnaire and scores ranged from 44 to 251 (186.3 [30.2]). Six levels of job satisfaction were measured; professional status, interaction, organizational policy, autonomy, pay, and task requirements. Job satisfaction correlated positively with the head nurse transformational leadership style ($r = .4010$; $p < .001$); professional status ($p = .011$), interaction ($p < .001$), organizational policy ($p < .001$), autonomy ($p < .001$), pay ($p = .356$), and task requirements ($p = .171$). Transactional leadership did not correlate with job satisfaction ($r = .0469$; $p < .001$); professional status ($p = .390$), interaction (($p = .225$), organizational policy ($p = .074$), autonomy ($p = .288$), pay ($p = .126$), and task requirements ($p = .163$). The results concluded that there was a positive correlation between transformational leadership style and job satisfaction of the nurses.

Safety performance and patient safety are important factors that affect nursing units thereby affecting nurse managers. Nurses must practice safely and participate in compliance. One such study explored possible correlations with transformational leadership and safety compliance and safety participation. A total of 152 nurses filled out the questionnaires. The questionnaires used were the MLQ to measure transformational leadership, the Work Design Questionnaire (WDQ) to measure knowledge of the job, and the Safety Compliance Scale was used to measure safety compliance. A hierarchical regression analysis was performed with safety compliance, safety participation and the control variables (gender, age, and conscientiousness). The control variables were shown statistically significant in relation to safety measure, $F(3, 143) = 5.31$, $p = 0.002$.

Transformational leadership explained 4.1% of the incremental variance in safety compliance, $F(1, 142) = 6.74$, $p = .010$). Nurse safety compliance was associated with a higher score on transformational leadership, ($\beta = .20$, $p = .010$). When examining safety participation, the result indicated that the control variables were not related to safety participation, $F(3, 143) = 1.30$, $p = .278$. A total of 8.8% of the incremental variance accounted for transformational leadership, $F(1, 142) = 14.15$, $p < .001$). The nurses participated in safety more often when the leaders were perceived to be more transformational, ($\beta = .30$, $p < .001$). Transformational leadership was found to be more positively related to safety compliance and safety participation. A hierarchical regression was performed on knowledge related job characteristics and the control variables. There was an association between the knowledge related job characteristics and the control variables, $F(3, 145) = 3.54$, $p = .016$). Incremental variance in knowledge related job characteristics of 7.9% was explained by transformational leadership, $F(1, 144) = 13.43$, $p < .001$). The more perceived knowledge-related job characteristics were associated with a higher transformational leadership score. A higher score on transformational leadership was associated with more perceived knowledge-related job characteristics ($b = .29$, $p < .001$). The condition of safety compliance and safety participation was also tested using the hierarchical regression. When examining safety compliance 5.3% incremental variance was explained by knowledge-related job characteristics, $F (1, 141) = 9.18$, $p = .003$. Nurses with more perceived knowledge related job characteristics observed more with safety rules ($\beta = .25$, $p = .003$). Concerning safety participation, 9.2% incremental variances was explained by knowledge related job characteristics $F (1, 141) = 16.39$, $p < .001$). Nurses with more knowledge-related job characteristics participate more in safety.

($\beta = .33$, $p < .001$). These results support that the relationship between transformational leadership and safety compliance was fully mediated by related job characteristics and partially with safety participation. The study concluded that nurse managers that practiced transformational leadership had more nurse safety compliance and were more nurses willing to participate in safety. Safety compliance and safety participation were both enhanced by nurse managers who demonstrated transformational leadership (Lievens & Vlerick, 2014).

Wang, Chontawan, and Nantsupawat (2011) conducted a study to explore the relationship between transformational leadership and job satisfaction using the Leadership Practice Inventory and the Nurse Job Satisfaction Scale. The Leadership Practice Inventory was used to measure transformational leadership as perceive by the nurses. The Leadership Practice Inventory was group into five categories: challenging the process, inspiring a shared vision, enabling others to act, modeling the way and encouraging the heart. The questionnaire have three levels of percentages of mean scores from high (3.67-5.00) moderate (2.34-3.66) and low (1.00-2.33). The scores for the transformational leadership as perceived by the staff nurse had a total mean of 106.50 and standard deviation of 27.31 which falls with a moderate level. The enabling others the act category had a high level; ($M = 3.74$, $SD = 1.19$).The Nurse Job Satisfaction Scale has nine subscales; individual/professional development opportunity, recognition and praise, achievement and responsibility, salary and compensation, scheduling and work condition, work itself, supervision and hospital policy, interpersonal relationship, and balance of family and work. This questionnaire used the same three levels of percentages of mean scores from high (3.67-5.00) moderate (2.34-3.66) and low (1.00-2.33). The total mean

was 206.28 and the total standard deviation was 40.32 which put job satisfaction at a moderate level. Recognition and praise was at a high level, ($M = 3.89$, $SD = 0.84$). A Pearson's correlation coefficient was done to explore the relationship between nurse managers, transformational leadership, and job satisfaction. A statistically significant relationship was found ($r = 0.556$, $p<0.001$).This study concluded that job satisfaction and transformational leadership were both at moderate levels and that transformational leadership may have an effect on job satisfaction

One of the few studies that examined a combination of leadership styles examine platoon leaders and sergeants to see how the unit potency and cohesion correlates to transformational leadership and transactional contingent reward. The researchers wanted to see if transactional contingent reward and transformational leadership predicted the performance of the unit in perplexing and indefinite conditions. The researchers found that it took both transactional contingent reward and transformational leadership to be successful in these conditions (Bass et al., 2003)

Leadership Outcomes and Organizational Outcomes

A meta-analysis performed by Lowe, Kroeck, and Sivasubramaniam (1996) established a positive relationship between unit effectiveness and transformational leadership. The following studies will look at transformational leadership related to organizational outcomes and organizational commitment.

Casida and Pinto-Zipp (2008) explored the relationship between nurse manager's leadership styles and organizational culture of nursing units within an acute care hospital that had achieved excellent organizational performances as demonstrated by a consistent increase in patient satisfaction. Descriptive and exploratory correlational designs were

conducted with 37 nurse managers and using 278 staff nurses using the MLQ Form 5X short. The researchers calculated the scores for the leadership styles using the ratings of the staff nurses. The scores obtained include transformational leadership (M = 2.8, SD = 0.83), transactional leadership (M = 2.1, SD = 0.47) and laissez faire (M = 0.83, SD = 0.90). A correlational analysis was performed and showed statistically significant correlation of organizational culture and transformational leadership (r = 0.60, p = 0.00). Transactional leadership showed weak correlation to organizational culture (r = 0.16, p = 0.000). Laissez-faire was negatively correlated to organizational culture (r = -.34, p = 0.000). The Denison's Organizational Cultural Survey (DOCS) was used to calculate the scores of the staff nurse ratings on the organizational culture of the nursing unit and correlated with the nurse manager's leadership scores. There was a statistically significant correlation between the organizational culture variables and leadership. Organizational culture and transformational leadership had a positive, moderately strong correlation. There was a positive weak correlation between transactional leadership and organizational culture. There was a negative correlation with organizational culture and laissez-faire leadership. Correlations between nurse managers leadership style and organizational culture traits were: transformational leadership style and organizational culture traits of involvement (r = .51; p = .000), consistency (r = .59; p = .000), adaptability (r = .51; p = .000),and mission (r = .49; p = .000), transactional leadership style and organizational culture traits of involvement (r = .16; p = .000), consistency (r = .19; p = .000), adaptability (r = .13; p = .000), and mission (r = .09; p = .000) and laissez-faire leadership style and organizational culture traits of ; involvement (r = -.28; p = .000), consistency (r = -.34; p = .000), adaptability (r = -.28; p = .000), mission (r = -.30;

p = .000). These results concluded that there is a relationship between staff nurse's perceived organizational culture and nurse manager's leadership.

Another group of researchers performed a limited qualitative study exploring the importance, clarification, and application of the leadership style of 15 nurse managers within the context of a changing organizational culture The researchers revealed four styles of leadership: (a) hierarchical authority, (b) hierarchical adjustment, (c) career approach, and (d) devotional approach. These leadership styles were mainly transformational, transactional or a combination of the two. Hierarchical authority is related to transactional leadership, hierarchical adjustment is related to both transformational and transactional, career approach is related to transformational and devotional approach is also related to both transformational and transactional. Nurse managers with a more clear-cut leadership style of transformational or transactional leadership had fewer problems with being accepted by staff and had the support and confidence to implement their management requirement. With a clear-cut leadership style, the research concluded it is possible that leaders were better at expressing their goals, which made the staff see them more as their leaders. A relationship between the organizational culture and the nurse managers' leadership style was found to be significant (Lindholm, Sivberg, & Uden, 2000).

An additional study on transformational and transactional leadership was conducted by McGuire and Kennerly (2006).The researchers explores transformational and transactional leadership in the context of organizational commitment. The population consisted of 63 nurse managers and 500 staff nurses. Descriptive statistics was used to examine the relationship between the self-assessed leadership characteristics of nurse

managers and the assessment of the staff nurse of the nurse managers. The staff nurse did not rate the nurse managers as high as the nurse managers rated themselves for transformational leadership. The findings for the transformational subscales for the nurse managers was a mean of 3.89-4.28 and for the staff nurse a mean of 2.90 – 3.97.Transactional subscale show a mean of 2.01-3.92 for the managers and a mean of 2.14-3.73 for the staff nurses. Correlations between the Organizational Commitment Questionnaire and the MLQ were found to be significant; ($r = .393$ to $-.202$, $p < .01$). Transactional leaderships subscale management-by-exception was the only one not found statistically significant. There was a positive correlation ($r = .370$) between organizational commitment and contingent reward. The strongest positive correlation with organizational commitment for transformational leadership was idealized influence ($r = .393$, $p < .01$). Using Pearson product-moment correlation to assess the self-assessment of the nurse managers and the relationship of organizational commitment from the staff nurses, no significant correlation was found. However, the transformational subscales of intellectual stimulation and inspirational motivation had some statistically significant results ($p < .05$) but the correlations proved weak ($r = .0306$ and $.0133$). Intellectual stimulation also had negative correlations with staff nurse organizational commitment ($r = -.111$, $p < .01$). The results of the study found that nurse leaders who had more characteristics of transformational leadership stimulated a greater sense of commitment in their staff. These researchers concluded that nurses that are hired into nurse managers' positions should demonstrate leadership characteristics that are more transformational. Nurse managers with characteristics of transformational leadership recruit more qualified and dedicated staff and have higher retention of those nurses. Nurses that are qualified

and more dedicated will stay in positions longer and alleviate a constant turnover on the unit. The longer these nurses stay in their positions the better it will be for the organization, the work environment, the staff and the manager.

Challenges Faced by ED Nurses

There were over 131 thousand visits to the ED in 2011 and over 130 thousand in 2013. This is approximately 421 visits per every 1000 person which make the ED a significant source of medical care in the United States (Weiss, Wier, Stocks, & Blanchard, 2014; Rui, Kang, & Albert, 2013). Nurses struggle to balance the demands place upon them of enhanced patient satisfaction, better effectiveness, and improved outcomes while improving service (Hooper et al., 2010). The emergency department has a unique set of stressors. These stressors include burnout, compassion fatigue, retention and emotional exhaustion.

A study to explore the relationship of burnout and perceived control in several nursing specialty areas to include emergency nurses was performed. A total of 238 nurses were surveyed including 88 nurse practitioners, 40 nurse managers, and 100 emergency nurses. The research discovered that emergency nurses experienced more burnout, loss of control, hostility and stress more than other specialties. They also experienced more depressive symptoms and emotional exhaustion than their cohorts (Browning et al., 2007).

Other researchers conducted a study to examine the frequency of burnout, compassion fatigue, and compassion satisfaction in 284 emergency department nurses. They also determined if these factors were related to work or demographics. Descriptive statistics were used to compute the mean score and standard deviation of burnout (M =

23.66, SD = 5.87), compassion fatigue (M = 21.57, SD = 5.44), and compassion satisfaction (M = 39.77, SD = 6.32). Pearson r correlation and t-test were used to look at the relationship between demographic variables (age, gender) and burnout compassion fatigue and compassion satisfaction. Older nurse showed higher levels of compassion satisfaction (r = .260, p = .001). The younger nurses showed higher levels of burnout (r = −.191, p = .002) and compassion fatigue (r = −.134, p = .027). No statistical significance was found. A Pearson r correlation, one-way ANOVA, and t-test was used to determine the effect of the years in nursing, educational level, number of years worked in the emergency department, length of shift, the number of work hours per week, and what amount of managerial support was associated with the frequency of burnout, compassion fatigue, and compassion satisfaction. In a comparison of education levels, a nurse who held a doctorate or higher experienced more compassion satisfaction than a nurse with an undergraduate degree (F = 5.48, p = .005). Nurses with master's degrees and high experienced lower burnout levels than nurses with other degrees (F = 4.92, p = .008). There were no significant differences between compassion fatigue and the other educational groups. The researchers also examined number of years of nursing practice and found that more years of practice correlated to higher levels of compassion satisfaction (r = .269, p = .001) and lower levels of burnout (r = −.182, p = .003). Additionally, the more years worked in the ED, the higher the compassion satisfaction (r = .264, p = .001) and there was less burnout (r = −.183, p = .003). There was no statistically significance was found between compassion fatigue and years in nursing or years in the emergency department. T-test statistics were used to examine the average shifts and manager support. Nurse that worked eight to ten hours had higher compassion

satisfaction ($t = 2.47$, $p = .014$) and lower burnout ($t = -3.34$, $p = .001$) than nurses that worked more hours. There was no significant difference in the hours a nurse worked and compassion fatigue. Higher compassion satisfaction was found in nurse who perceived more management support ($t = 3.99$, $p = .001$) and lower compassion fatigue ($t = -2.89$, $p = .005$) and burnout ($t = -5.64$, $p = .001$). Multiple regression was used to determine if demographic variables and work-related characteristics could predict burnout, compassion fatigue, and compassion satisfaction. Compassion satisfaction was positively and significantly predicted by age ($\beta = .239$, $p < .01$) and manager support ($\beta = .292$, $p < .01$). Manager's support was a significant, negative predictor of compassion fatigue ($\beta = -.230$, $p < .01$). Significant negative predictors of burnout were age ($\beta = -.166$, $p < .05$) and manager support ($\beta = -.373$, $p < .01$). Manager support was also found to be a major contributor of compassion satisfaction (8.5%, adjusted R2 = .122, F = 17.36, $p < .01$), compassion fatigue (5.3%, adjusted R2 = .055, F = 7.76, $p < .01$), and burnout (13.8%, adjusted R2 = .148, F = 21.26, $p < .01$). Awareness of burnout and compassion fatigue will increase job satisfaction of these emergency department nurses (Hunsaker et al., 2015).

Another researcher examined how leadership styles impact organizations related to patient satisfaction and nurse turnover. The researcher collected data from emergency department nurses that worked in academic health centers. A total of 15 managers and 30 staff nurses completed the survey. Transformational leadership was the predominant leadership style used by 12 out of 15 (80%) emergency department nurse managers compared to non-transformational. Fisher's exact test was used to examine the impact of transformational leadership styles on nurse retention and patient satisfaction. There was

no statistical significance found (.569) (exact sig. 2-sided). The researchers thought this might be due to the small sample size. When nurse managers used transformational leadership style, there was a lower staff nurse turnover rate (13%) when compared to nurse managers who used non-transformational leadership style (29%). Nurse Managers who used the transformational leadership style had a mean patient satisfaction score of 76.68%. Nurse Managers who used a non-transformational leadership style had a mean patient satisfaction score of 76.50%. Some trends that were uncovered by the study related to ED practice included the observations that transformational leadership was positively linked to decreased nurse turnover. These findings suggest that characteristics of transformational leadership are beneficial in high-stress units. The ED nurse managers who possess good transformational leadership behaviors will exhibit transformational characteristics such as inspirational motivation, intellectual stimulation, and individualized consideration and idealized influence. The nurse manager who possess these characteristics will encourage ED staff nurses. This manager should encourage new approaches by staff nurses to assist in problem-solving. Opportunities for learning should be created to groom the staff for growth that are congruent with the individuals' need. The transformational leader should have high moral and ethical behavior in all situations. The researchers concluded that that transformational leadership style should be given consideration in training for nurse managers (Raup, 2008).

Adriaenssens, De Gucht, Van Der Doef, and Maes (2011) performed a study that distinguished whether ED nurses were different from other nurses and whether this could predict job satisfaction, retention, work engagement, or fatigue in these nurses. A regression analysis was performed to examine the personal characteristics, job

characteristics, and organizational variables to see it they were predictors of job satisfaction, work engagement, turnover intention, fatigue and psychosomatic distress. Personal characteristics explained 6% variance with regards to job satisfaction and work engagement. Nurses who worked in a shift-work method had a higher degree of job satisfaction (β = .12) and work engagement (β = .12). Thirteen percent (13%) of the variance was explained by turnover intention. Age (β = -.30) and gender (β = -.18) were predictors of lower turnover intention. Fatigue and psychosomatic distress were not significantly different from the null model. The regression analysis performed on job characteristics accounted for 28% of the variance of job satisfaction. Skill discretion (β = .17) and decision authority (β = .13) and social support from colleagues (β = .16) had a positive effect. Job characteristics accounted or 31% of the variance in work engagement. Skill discretion (β = .32) and social support from supervisors (β = .17) were important predictors. Job characteristics explained 16% of the variance in turnover intention. The strongest predictor was skill discretion (β = -.20). Job characteristics explained 15% of the variance in fatigue and 19 % in psychosomatic distress. Worktime demands were associated with higher levels of fatigue (β = -.21) and more psychosomatic distress (β = -.31). Organizational factors explained 6% of the variance in job satisfaction, 4% in work engagement, 3% turnover intention, 6% fatigue, and 2% psychosomatic distress. Rewards were important factors in job satisfaction (β = .25), work engagement (β = .13, turnover intention (β = -.16), fatigue (β = -.17) and psychosomatic distress (B β = .11). ED nurses appeared to have higher job demands and stressful work conditions. The emergency department was found to be a more stressful work environment, and the nurses need advanced knowledge and nursing skills.

A final research study that explored changes over time in job characteristics (job demand, control and social support) and organizational factors (social harassment, work agreements, material resources, personnel resources and reward) to predict distress outcomes of job satisfaction, work engagement, emotional exhaustion, turnover intention and psychosomatic distress was conducted. The groups were divided into T1 from December 2007 to March 2008 ($n = 254$) and T2 April 2009 to July 2009 ($n = 170$). A multiple linear regression analysis was completed on T2 to predict outcomes of time on job characteristics and organization variables. The job characteristics of job demands, job control and social support and the organizational variables of work agreements, material resources, personnel resources and reward at T1 were significantly related to multiple outcome variables at T2. Job satisfaction at T1 was a strong predictor of job satisfaction at T2. Increased job satisfaction at T2 was associated with a more positive perception of job demands ($\beta = .18$, $p < .05$), higher perceived job control ($\beta = .25$, $p < .001$) and social support ($\beta = 0.22$, $p < .01$). Work engagement at T1 was a strong predictor of work engagement at T2. A more positive perception of reward and higher perceived control of the job over time was related to increased work engagement T2 ($\beta = .14$, $p < .05$). Lower levels of emotional exhaustion over time was related to a more positive perception of job demands ($\beta = -.17$, $p < .05$) and social support ($\beta = -.24$, $p < .01$) and emotional exhaustion at T2 ($\beta = -.14$, $p < .05$). The turnover intention was not related to the sociodemographic. A positive change in work agreement was the only variable related to decreased turnover intention T2 ($\beta = -.22$, $p < .05$). A decrease in psychosomatic distress was associated with positive perception about social harassment ($\beta = -.17$, $p < .01$) and material resources ($\beta = -.17$, $p < .05$) over time. Unlike the previous study, this study was

a longitudinal design. The nurses in this study were found to have a high turnover rate from T1 to T2. The researchers discovered that the demands of the job, the control the ED nurses had and social support were predictors of nurse satisfaction with the job, engagement in work and emotional exhaustion. All of this was found to affect the ED nurses' intention to stay or leave. The researchers concluded that these factors were influenced by management. (Adriaenssens, Gucht, & Maes, 2015)

Summary of Review

The ability to run and operate an emergency department requires effective leadership skills. The ED nurse manager faces obstacles to leadership each day from their staff and from within the organization. The ED nurse managers function under high pressure and have many expectations regarding job satisfaction, recruitment, retention, patient and staff safety, and organizational expectations. The ED nurse manager must use effective leadership approaches applicable to the ED. These leaders must assist in the growth and support of their staff. These leaders must also be concerned about their growth and improvement. From the review of literature effective leadership can be linked to job satisfaction, recruitment of qualified staff, retention of experienced staff, patient safety and patient satisfaction.

David Gergen (2000) wrote a book in which he identified seven lessons about leadership which he observed while serving four presidents of the United States. The first lesson is that leadership needs to begin from within themselves. The second lesson is that leadership has an essential, compelling purpose to express a major idea. The third lesson is that leaders must also be able to persuade others. The fourth lesson is that a leader must operate within the system. The fifth lesson of leadership is that the leader must be ready

to assume the position as soon as they are placed. The sixth lesson of leadership is that the leader must have solid advisors. And finally, the last lesson of leadership is that a leader must have the ability to inspire and carry on the mission of the organization. Based on the current study of the ED nurse leader's leadership style, this researcher hopes to initiate a discussion regarding the findings about transformational, transactional, and passive/avoidant leadership style in nurse managers in stressful areas.

CHAPTER III - METHOD

Chapter III consists of an explanation of the methods for the study. Major areas in Chapter III include research design and approach, sample, setting, instrumentation, data analysis, and protection of human subjects.

The following research questions were used to guide this dissertation study:

RQ1: What are ED staff nurses' assessment of ED nurse managers' predominant leadership style: Transformational, Transactional, or Laissez-Faire in ED?

RQ2: Is there a significant relationship among the nine characteristics of leadership styles (Transformational, Transactional, or Laissez-Faire) and three outcomes of leadership behavior (Extra effort, effectiveness, and satisfaction)?

RQ3: How do the ratings of the ED nurse managers on of the leadership scale and subscale compare to other nursing groups in the literature?

Research Design and Approach

The research design is a cross-sectional descriptive, correlational design to examine ED staff nurses' opinions of their ED nurse managers' leadership characteristics and to distinguish if the results compare to other groups in literature. This research also examined the degree to which those characteristics correlate with the specific outcomes of leadership (extra effort, effectiveness, and satisfaction). This study measured leadership styles of ED nurse managers at a fixed point and compare the findings to other nursing groups in literature. Quantitative research accentuates the analysis and measurement of relationships and, and in this research, expressly allows the researcher to organize research efforts through a survey as a method for collecting data. Quantitative research requires the use of a standard measure to fit a limited and predetermined number

of responses to specific categories (Grove, Gray, & Burns, 2015). Demographic data on the variables that are unique to the setting and the sample were collected and analyzed to determine if there is a relationship to leadership style. Data collection occurred through a survey administered using Qualtrics, an online data collection and data analysis program provided by The University of Southern Mississippi.

Data analyses followed the data collection to calculate the mean value of leadership styles. Correlational statistics were used to describe relationship strengths and direction between the leadership styles and outcome of leadership variables of extra effort, effectiveness, and satisfaction. Pearson r correlations were reported. Descriptive statistics were used to measure the frequencies and percentages of demographic and leadership style results. The Statistical Package for Social Science (SPSS) computer program was used to analyze data. SPSS is a statistical software program, which interfaces with the online data collection software.

Leadership styles were measured using the MLQ version 5X Rater Form. The instrument allowed the participating ED staff nurses to provide an objective, comprehensive description of their ED nurse manager as they perceived it. Demographic data were collected using the ED Staff Nurse Demographic Questionnaire.

Sample

The following exclusion criteria were incorporated. Due to the differences in titles and responsibilities, individuals with the title “nurse manager” must have responsibility, leadership, and accountability for operational and fiscal decisions of the emergency department. If there is a vacancy in the ED nurse manager’s position during the time or

this study, that questionnaire was excluded from the study. Incomplete questionnaires were excluded from the study.

The following inclusion criteria were incorporated into this research project. First, the sample included ED staff nurses. The setting was emergency departments in hospitals and academic health centers across the United States. ED staff nurses are defined as nurses who work in an ED and is supervised or managed by the ED nurse manager. The ED nurse manager is a nurse who occupies the current administrative position of the ED. This person directly or indirectly manages all licensed staff nurses and non-licensed staff in the ED. The nurse leaders must have full responsibility for the daily operation of the ED. For recruitment of ED staff nurses, a member list was purchased from the Emergency Nurse Association (ENA).

Setting

The population for this study is ED staff nurses who work within hospitals and academic health centers across the United States. The motivation for selecting the target population was twofold. First, the ED staff nurses are unique among nurses because they work in stressful and unpredictable situations often labeled as working "in extremis." Second, the ED staff nurses who report directly to the ED nurse manager will provide the best validation of the leadership style of their ED nurse managers. The results of this study may objectively reflect the leadership style exhibited by the ED nurse manager. The ED staff nurses also completed an ED Staff Nurse Demographic Questionnaire to provided additional information about their role and the facility.

Since it is often impossible to study an entire target population, the researcher relied on a sample of the population (Knapp, 1998). A purposive convenience sampling

was the method to obtain the participants. A purposive sample means that the researcher selected certain individuals having pre-specified characteristics who are likely to contribute to the purposes of the study.

Instrumentation

Study Variables

Leadership styles of the ED nurse managers served as the independent variables. The leadership styles include transformational, transactional, and passive/avoidant according to the Full Range Leadership Model. The characteristics of transformational leadership style include idealized influence (idealized attributes and idealized behaviors), inspirational motivation, intellectual stimulation, and individual consideration. Transactional leadership style characteristics include contingent reward and management-by-exception (active). Passive/avoidant leadership style characteristics include management-by-exception (passive) and laissez-faire. There are three distinct leadership outcomes (dependent variables) which measured the ED staff nurses' opinions of leadership behaviors. They include effectiveness, extra effort, and satisfaction (Avolio & Bass, 2004).

Multifactor Leadership Questionnaire (MLQ)

The instrumentation included two survey instruments: (a) the MLQ 5X Rater Form (see Appendix A) which was used to measure leadership styles and outcome variables and (b) the ED Staff Nurse Demographic Questionnaire (see Appendix B), which consists of a description of the sample's characteristics.

The MLQ, initially developed by Bass (1985) and later revised by Bass and Avolio (2004), is the most widely used measurement instrument in leadership related

studies and serves as a yardstick to measure transformational leadership. This instrument has been used in hundreds of research studies, doctoral dissertations, and thesis (Avolio & Bass, 2004). The most recent version of the MLQ is Form 5X. There are two different questionnaire forms. The first is the Self-Rating Form. This form is used by the manager or supervisor to rate themselves as a leader. The second questionnaire is the Rater Form which the follower/staff member uses to rate the supervisor or manager (Avolio & Bass, 2004). This study used the Rater Form, as ED staff nurses were asked to rate their ED nurse managers' leadership characteristics and specific outcomes of leadership behaviors.

The MLQ 5X Rater Form is a 45-item questionnaire with a frequency scale. The scale ranges from 0-4 (0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often, and 4 = frequently, if not always). The MLQ 5X Rater Form measures nine leadership characteristics and three specific outcomes of leadership behaviors. The transformational leadership style consists of 4 scales to measure its characteristics referred to as the 4 "Is": idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. The transactional leadership consists of two scales to measure its characteristics: contingent reward and management-by-exception (active). The passive/avoidant style consists of 2 scales to measure its characteristics: management-by-exception (passive) and laissez-faire (Botma et al., 2011).

Multifactor Leadership Questionnaire Reliability and Validity

The MLQ 5X Rater Form developed by Bass and Avolio (2004) has well-documented validity and reliability. The scales on the MLQ 5X Rater Form continue to reflect high reliability and validity for measuring leadership characteristics and specific outcomes. The MLQ 5X used confirmatory factor analysis (CFA) to establish the scales'

construct validity. When the MLQ was initially conceptualized, it contained seven leadership factors (Charisma, Inspirational, Intellectual Stimulation, Individualized Consideration, Contingent Reward, Management-by-Exception, and Laissez-Faire). The earlier version was the MLQ 5R which was a 6-factor model and was criticized for having insufficient discriminate validity. The current MLQ 5X contains six of the original leadership factors from the MLQ 5R and three newly created factors. A sequence of factor analyses was completed with the MLQ 5R and items were selected that demonstrated the best convergent and discriminates validities. The preliminary results of one study were based on an earlier version of the MLQ 5X, and the MLQ Form 10. Partial Least Square (PLS) analysis, was used to select items for the MLQ 5X (Howell & Avolio, 1993). New items for the MLQ 5X were developed using recent literature that distinguished charismatic leadership from transformational leadership (Avolio & Bass, 2004).

Several studies have been conducted to examine the reliability of the MLQ. The first major validation study with the new nine factor MLQ was performed by Avolio and Bass (1999). The researchers re-examined the MLQ using a CFA. By using 14 independent samples, which totaled 3,786 participants (n=2,080 self-leader and n=1,706 rater-follower), the researchers found the MLQ version 5X to be valid for measuring transformational, transactional and passive/avoidant leadership styles proposed in the Full Range Leadership Model. A set of nine samples (n=2,154) and a replication sample set (n=1,706) was used to test the MLQ version 5X using a cross-validation CFA. This CFA was used to examine and authenticate the influence of transformational, transactional and, passive/avoidant leadership styles on the leadership outcomes of extra effort,

effectiveness, and satisfaction. Transformational leadership correlated more positively with the desired leadership outcomes (Avolio & Bass, 1999). See Table 2 for reliability coefficients for the sample and replication sample.

Table 2

Reliability Coefficients for Sample Replication Study

Leadership Characteristics	MLQ 5X Initial sample Coefficient alphas (r)	MLQ 5X Replication sample Coefficient alphas (r)
Charisma Idealized Influence	.92	.92
Intellectual Stimulation	.83	.78
Individualized Consideration	.79	.78
Contingent Reward	.80	.74
Management-by-Exception	.63	.64
Passive/Avoidant	.84	.86

Note. Source: Avolio and Bass, 1999

One group of researchers conducted a meta-analytic review of the literature exploring the MLQ. Five dimensions of transformational and transactional leadership were analyzed. Four of the five dimensions demonstrated satisfactory internal consistency reliability. The three dimensions of the transformational leadership scale showed the validity of charisma to intellectual stimulation to range from .71 to .60. For the transactional scale, from contingent reward to management-by-exception, the range was .41 to .05. Validities for public organization leaders were found to be higher. Validities for performance by the work unit and supervisor portion of leadership effectiveness was found to be lower ranging from .35 to -.05 for charisma and management-by-exception. Nevertheless, the meta-analysis found the transformational

leadership scales on the MLQ to be reliable and significant to predict outcomes (Lowe et al., 1996).

Judge and Piccolo (2004) performed a study to test the validity of transformational and transactional leadership styles and to provide a comprehensive examination of the full range leadership model of transformational, transactional, and laissez-faire leadership. The researchers used a meta-analytic method to estimate the validity of the transformational and transactional leadership styles. They found that the validity of transformational leadership ($r = 0.38$) to be generalizable across multiple designs and situations. A substantial relationship was found between transformational and transactional leadership. The validity of contingent reward was ($r = 0.32$) and laissez-faire was ($r = -0.28$). Management-by-exception (active and passive) had inconsistent relationships related to the criteria. A strong correlation was found between transformational leadership and contingent reward ($p = 0.80$); also between transformational leadership and laissez-faire ($p = -0.65$). The conclusion of the study found that transformational leadership style and contingent reward leadership style had the strongest correlations.

Another group of researchers tested three-factor models; (a) global leadership, (b) transformational, transactional, and non-leadership, and (c) Full Range Leadership Model using CFA (Muenjohn & Armstrong, 2008). From the original MLQ, the results revealed a Cronbach's Alpha of = 0.86. The reliability values were found to be greater than 0.70 which indicate an acceptable testing level. Antonakis et al. (2003) conducted a study of the validity and reliability of the MLQ. The result of the study "indicated strong and consistent evidence that the nine-factor model best represented the factor structure

underlying the MLQ (Form 5X) instrument" and that the MLQ 3X is a reliable and valid instrument (p. 282).

Scoring

The ratings for the items on the MLQ scale are an average. To calculate the average of each item, the scores are added for all the responses and then divided by the number of total responses. If an item is left blank, it is not included in the calculation. The item numbers that correspond to each characteristic are listed in Table 3. Results of the calculations are not designed to label a leader accurately as transformational or transactional but to designate them as demonstrating more transformational or less transactional than the norm (Avolio & Bass, 2004).

Table 3

MLQ Item Breakdown

Leadership Style	Leadership Behavior	Item Number
Transformational	Idealized Attributes	10,18,21,25
Transformational	Idealized Behaviors	6,14,23,34
Transformational	Inspirational Motivation	9,13,26,36
Transformational	Intellectual Stimulation	2,8,30,32
Transformational	Individual Consideration	15,19,29,31
Transactional	Contingent Reward	1, 11, 16,35
Transactional	Management-by-Exception (Active)	4,22,24,27
Passive/Avoidant	Management-by-Exception (Passive)	3,12,17,20
Passive/Avoidant	Laissez-Faire	5,7,28,33
Outcomes of Leadership	Extra Effort	39,42,44

Outcomes of Leadership	Effectiveness	37,40,43,45
Outcomes of Leadership	Satisfaction	38,41

Note. Source: Avolio and Bass, 1999

ED Staff Nurse Demographic Questionnaire

In addition to the MLQ, to capture the unique characteristics of the ED staff nurse, a survey was constructed. The ED staff nurses completed the ED Staff Nurse Demographics Questionnaire prior to completing the MLQ. The demographic questionnaire took approximately an additional 5 minutes to complete. The survey was administered to the ED staff nurse online via Qualtrics Research Suite software Version 2016, Copyright 2016. Both the MLQ and ED Staff Nurse Demographic Questionnaire was administered after the informed consent was given (See Appendix C). The ED Staff Nurse Demographic Questionnaire was developed based on a review of the literature by this researcher. Data collected from the Demographic Questionnaire was used to help define the impact the staff nurse particular role and practice setting variables may have on the leadership style measurements.

Procedures

The research proposal was presented to The University of Southern Mississippi Institutional Review Board (IRB) to receive permission to conduct the research study. Once permission was received by IRB, data collection began. The data for this study were collected using Qualtrics Research Suite software Version 2016, Copyright 2016. The University of Southern Mississippi College of Education and Psychology website containing Qualtrics was used to distribute the online surveys. According to Patton (2002):

> Validity in quantitative research depends on careful instrument construction to ensure that the instrument measures what it is supposed to measure. The instrument must then be administered in an appropriate, standardized manner according to prescribed procedures. The focus is on the measuring instrument, the test items, survey questions, or other measurement tools. (p. 14)

This method allows for a quick and simple approach to completing a survey. ED staff nurses could complete the survey without the additional time need to mail a reply.

A list of ED staff nurses was obtained from the Emergency Nurse Association (ENA). The researcher contacted this agency to request and purchase a list of potential participants. ENA did not sponsor or endorse this study. A remote online survey license for the MLQ 5X Rater Form was purchased and permission requested from Mind Gardens, Inc. The MLQ 5X Rater Form, the ED Staff Nurse Demographic Questionnaire, and informed consent were retyped into the Qualtrics Research Suite software. A cover page including instructions for completing the surveys was included. The Qualtrics Research Suite can be set up to guide the participant by requiring them to answer certain portions of the questionnaires before continuing. The researcher sent a letter to the potential participants requesting participation in the study since ENA does not publish members email addresses (see Appendix D). The letter included a link in which the participants could access the questionnaires. The Qualtrics Research Suite can collect the data and export a report to SPSS. The survey was set up so that the participant could not view the survey unless consent were given.

Data Analysis

Data received from the Qualtrics Research Suite was downloaded into SPSS for more advanced data analysis. Both descriptive and correlational statistics were used for this study. Descriptive statistics are used to summarize the principle features of data (Knapp, 1998). This researcher used the MLQ 5X Rater Form to answer the following research questions.

RQ1: What are ED staff nurses' assessment of ED nurse managers' predominant leadership style: Transformational, Transactional, or Laissez-Faire in ED nurse managers?

RQ2: Is there a significant relationship among the 9 characteristics of leadership styles (Transformational, Transactional, or Laissez-Faire) and 3 outcomes of leadership behavior (Extra effort, effectiveness, and satisfaction)?

RQ3: How do the ratings of the ED nurse managers on of the leadership scale and subscale compare to other nursing groups in the literature?

Data analysis consisted of determining the frequencies, distributions, means, standard deviations, and percentages by way of descriptive statistics to identify the rating for leadership style. Internal consistency was measured by using Cronbach's Alpha reliability coefficient (α) to examine the individual variables. Pearson product-moment correlation coefficients (r) were used to represent the linear relationship between leadership behavior and leadership outcomes. Descriptive statistics provided a description of the frequencies, percentages, means, and standard deviations for the demographic characteristics.

Protection of Participant's Rights

This research sought and received approval from The University of Southern Mississippi's Institutional Review Board (IRB). All necessary ethical and moral precautions were taken to ensure the integrity of the research process, and no that harm will come to the research participants. The researcher was careful to maintain strict anonymity and confidentiality. The participant's confidentiality was protected by not using the participant's name or other identifiers in reporting data. The data were kept in a secure location, and only the researcher has access to the data. The data will be used for educational purposes only, and it will be destroyed once the research has been completed.

Participants were able to withdraw from the study at any time during the data collection without fear of retaliation of any type. The researcher was forthcoming explaining the plans for usage of the data, and any participant withdrawing from the study had the right to request that their data not be used. Each participant provided informed consent to participate in the study. The consent contained the name of the study and the name of the researcher. The potential risk for the study was addressed and any benefits that the participant might receive.

CHAPTER IV – RESULTS

The purpose of this cross-sectional descriptive, correlational study was to examine ED staff nurses' opinions of their ED nurse managers' leadership characteristics of the full range of leadership and to determine which leadership style was the predominant leadership style. The study also determined whether there is a significant relationship between the nine characteristics of leadership styles (Transformational, Transactional or Laissez-Faire) and three outcomes of leader behavior (Extra effort, effectiveness, and satisfaction). This study also determined how these results of the leadership scale and subscale compare to other nursing groups in the literature. This chapter will discuss the (a) descriptive statistics, (b) data collection, (c) analysis of data, and (d) results.

Descriptive Statistics

The Multifactor Leadership Questionnaire was made available on the Qualtrics website. Included on the website was instructions, a consent form, the Emergency Department Staff Nurse Demographic Questionnaire, and the MLQ 5X Rate Form. Email addresses from the populations' organization were not accessible. Because surveys were set up on the website, letters were sent to the population with links to access the Qualtrics website. Included in the letter was an email address to give participants an option of having the link sent to them. A total of 26 participants accessed the website. A total of 25 participants completed the survey. One participant did not consent and was directed to the completion page.

The Emergency Department Staff Nurse Demographic Questionnaire was present before the MLQ 5X Rater Form in Qualtrics. The results of the demographic questions

related to gender, age, and education are presented. The detailed listings of demographics of the 25 participants' gender, age and education are listed in Table 4. Table 5 includes demographic listing results of questions related to nursing experience and employment. The frequency and percent scores for the demographic questions were determined for the respondents that completed the surveys.

Participant answered questions related to gender, age, and education. Participants were asked "what is your gender? Twenty-five participant answered the question. Of the participants responding to the question, 4 were males and 21were females. Participants were asked, "What is your age?" A total of 25 participants answer the question. No one under 26 years of age responded to the survey. The participants responded as follows; under the age of 25year (0), 26 to 30 years (2), 31 to 35 years (4), 36 to 40 years (2), 41 to 45 years (2), 46 to 50 years (3), 51 to 55 years (3), 56 to 60 years (0), and 61 to 65 years (1). Participants were asked, "What is your education level?" Participants with a diploma in nursing (1), associate degree in nursing (3), a baccalaureate degree in nursing (7), master's degree in nursing (12), and a doctorate in nursing (2). A total of 25 participants responded. A question was asked to determine if any of the participants had any additional education other than the degree listed. There were five participants that had an additional degree. Those degrees included a Baccalaureate of Science in Chemistry (1), Doctorate of Nursing Practice (2), additional graduate degree (1), Masters of Science in Administrative Studies (1). There were 20 participants that did not answer this portion of the question. Participant's demographic results related to gender, age, and education are further displayed with numerical frequency and percentages in Table 4.

Table 4

Participants Gender, Age, and Education

Question	Response	N	Percentage
What is your gender?	Male	4	16
	Female	21	84
	Total	25	100
What is your age?	Under 25	0	0
	26-30	2	8
	31-35	4	24
	36-40	2	8
	41-45	2	12
	46-50	3	16
	51-55	3	24
	56-60	0	0
	61-65	1	8
	Total	25	100
What is your education level?	Diploma in nursing	1	4
	Associate degree in nursing	3	12
	Baccalaureate degree in	7	28
	nursing	12	48
	Master's degree in nursing	2	8
	Doctorate degree in nursing	25	100
	Total		
Additional Education	BSN and BS in chemistry	1	4
	DNP	2	8

	Graduate	1	4
	Masters of Science in Administrative Studies	1	4
	No Answer	20	76
	Total	25	100

The participants were asked about their current nursing experience. Participants were asked, “How many years’ experience do you have?” Participants identified the number of years as 1 to 5 years (4), 6 to 10 years (5), 11 to 15 years (7), 16 to 20 years (1), 21 to 25 years (1), 26 to 30 years (3), 31 to 35 years (3), 36 to 40 years (1) and 36 to 40 years (1). Participants were asked, “Are you a Nurse Practitioner?” The participants answer yes (3) and no (22). Participants were asked, “Are you a travel nurse?” None of the participants were travel nurses. Table 5 illustrates a descriptive analysis of the 25 responses to this question.

The participants answered questions about their organization. When asked “What is the setting of your hospital?” The participants answered urban (13), suburban (9), and rural (3). In response to the question “Is your hospital classified as a trauma center?” The participants answered: yes (17) and no (8). The respondents were also asked, “What level trauma center is your hospital?” The participants answered level I (3), level II (12), level III (2), and level IV (17). The number of respondents that did not answer were (8). In response to the question “What is your hospital teaching status?” The participants answered: teaching hospital (14), non-teaching hospital (10), and not applicable (1). The participants were asked, “What services are provided at your hospital?” The participants responded: medical (25), trauma (17), chest pain (23), and minor care (24). Additional

services provided at the facilities were: stroke center (8), detox center (1), orthopedic center (2), and transplants (1). In response to the question "What is the number of beds in your hospital?" The participants responded: <100 (2), 100 to 299 (12), <299 (11). The participants were asked "How many beds in your emergency department?" The participants answered: <10 (0), 11 to 30 (10), >30 (15). Nursing experience and employment demographics are further displayed with numerical frequency and percentages in Table 5.

Table 5

Participants Nursing Experience and Employment Demographic

Question	Responses	N	Percentage
How many years/months experience do you have?	1-5	4	16
	6-10	5	20
	11-15	7	28
	16-20	1	4
	21-25	1	4
	26-30	3	12
	31-35	3	12
	36-40	1	4
	Total	25	100
Are you a Nurse Practitioner?	Yes	3	12
	No	22	88
	Total	25	100
Are you a travel nurse?	Yes		
	No	25	100

	Total	25	
What is the setting of your Hospital?	Urban	13	52
	Suburban	9	36
	Rural	3	12
	Total	25	100
Is you hospital classified as a trauma center?	Yes	17	68
	No	8	32
	Total	25	100
Is your hospital classified as a trauma center?	Level 1	3	12
	Level II	12	48
	Level III	2	8
	Level IV	17	68
	No Answer	8	32
	Total	25	100
What is your hospital teaching status?	Teaching	14	56
	Non- teaching	10	40
	Not applicable	1	4
	Total	25	100
What services are provided at your hospital?	Medical	25	100
	Trauma	17	100
	Chest pain	23	100
	Minor care	24	100
Other services?	Stroke Center	8	100
	Detox Center	1	100

	Orthopedic Center	2	100
	Transplants	1	100
What is the number of beds in your hospital?	<100	2	8
	100-299	12	48
	>299	11	44
	Total	25	100
How many beds in your emergency department?	<10	0	0
	11-30	10	40
	>30	15	60
	Total	25	100

Data Collection

Data were collected using the MLQ 5X Rater Form developed by Bass and Avolio (1995; 2000) and the Emergency Department Staff Nurse Demographic Questionnaire developed by the researcher. The surveys remained open on Qualtrics from September 1, 2016, until November 15, 2016. A total of 26 participants clicked on the link. One participant did not consent and was not allowed to continue with the questionnaires. A total of 25 participants completed all portions of the questionnaires.

Analysis of MLQ Responses

RQ 1: What are ED staff nurses' assessment of ED nurse managers' predominant leadership style: Transformational, Transactional, or Laissez-Faire? The findings from the MLQ 5X Rater Form are used to determine the most predominant leadership style of the ED nurse managers. The mean score of each leadership style's factors provided a value by which the distinction of each leadership style could be determined. The scores

were based on the MLQ 5X Rater Form which is based on a 5-point Likert scale of 0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often, and 4 = frequently, if not always. The aggregate scores were derived from the mean of each categories of leadership style (Transformational, Transactional, and Passive/Avoidant). The aggregate results from the MLQ 5X Rater Form identified transformational leadership style as the most predominant leadership style (*M = 3.18*). Transactional leadership style was the next most predominant leadership style (*M= 2.94*). Passive/avoidant leadership style was the least predominant leadership style (*M = 2.18*).

Transformational leadership with a mean aggregate score of 3.18 describes a response that falls between "fairly often" too frequently, if not always. The aggregate score was derived from the mean of the five leadership factors that make up the transformational leadership style measure on the MLQ 5X Rater Form. Table 6 highlights the descriptive statistics for the transformational leadership factors of idealized attributes, idealized behaviors, inspirational motivation, intellectual stimulation and individual consideration from the results of the MLQ 5X Rater Form.

Table 6

Transformational Leadership Style: Minimum, Maximum, Mean, and Standard Deviation

Leadership Style Factors	*N*	Min	Max	Mean	SD
Idealized Attributes	25	1.00	5.00	3.27	1.15
Idealized Behaviors	25	1.50	4.75	3.16	1.03
Inspirational Motivation	25	1.75	5.00	3.54	1.09
Intellectual Stimulation	25	1.00	5.00	3.06	1.05
Individual Consideration	25	1.00	4.75	2.89	1.30

Note. Data based on a 5-point Likert scale of 0 (not at all) to 4 (frequently, if not always)

Idealized influence included idealized attributes and idealized behavior as an aspect of transformational leadership. Idealized influence attributes are the attributes in which the follower has an idealized view of the leader and want to identify with and emulate the leader (Avolio & Bass, 2004). Questions 10, 18, 21, and 25 corresponded to the ED nurse manager's idealized influence attribute characteristics. The mean score was 3.27 with a standard deviation of 1.15. The staff nurses rated their nurse managers idealized influence (attributed) characteristics between fairly often and frequently, if not always according to the MLQ 5X Rater Form. Questions 6, 14, 23, and 34 corresponded to the ED nurse managers idealized influence behavior characteristics. The mean score was 3.16 with a standard deviation of 1.03. The staff nurses rated their nurse managers idealized influence behaviors between fairly often and frequently, if not always according to the MLQ 5X Rater Form.

Inspirational motivation is a characteristic of transformational leadership which describes the leaders who articulate visions of shared goals in a way that causes the followers to believe in the leader (Avolio & Bass, 2004). Questions 9, 13, 26, and 36 corresponded to the ED nurse manager's inspirational motivation characteristics. The mean score was 3.54 with a standard deviation of 1.09. The staff nurses rated their nurse manager's inspirational motivation behaviors between fairly often and frequently, if not always according to the MLQ 5X Rater Form.

Intellectual stimulation is a transformational leadership characteristic which describes a leader who encourages the followers to find new ways to solve old problems (Avolio & Bass, 2004). Questions 2, 8, 30, and 32 corresponded to the ED nurse

manager's intellectual stimulation characteristics. The mean score was 3.06 with a standard deviation of 1.05. The staff nurses rated their nurse manager's intellectual stimulation behaviors between fairly often and frequently, if not always being closer to fairly often according to the MLQ 5X Rater Form.

Individualized consideration is a transformational leadership characteristic which describes a leader who maximizes the follower's full potential by treating each follower as an individual (Avolio & Bass, 2004). Questions 15, 19, 29, and 31 corresponded to the ED nurse manager's individual consideration characteristics. The mean score was 2.89 with a standard deviation of 1.30. The staff nurses rated their nurse managers individualized consideration behaviors between sometimes and fairly often being closer to fairly often according to the MLQ 5X Rater Form.

The most prevalent transformational leadership factor was inspirational motivation (M = 3.54). The transformational leadership factor that was the second most prevalent was idealized attribute (M = 3.27). The third most prevalent transformational leadership factor was idealized behavior (M = 3.16). The fourth most prevalent transformational leadership fact was Intellectual stimulation (M = 3.06), and individual consideration was the least prevalent transformational leadership factor (M = 2.89).

Transactional leadership style was the next most predominant leadership style (*M= 2.94*). Transactional leadership with a mean aggregate score of 2.94 describes a response that falls between "sometimes" and "fairly often." The aggregate score was derived from the mean of the two leadership factors that make up the transactional leadership style measure on the MLQ 5X Rater Form. Table 7 highlights the descriptive

statistics for the transactional leadership factors of contingent reward and management-by-exception (active) from the results of the MLQ 5X Rater Form.

Table 7

Transactional Leadership Style: Minimum, Maximum, Mean, and Standard Deviation

Leadership Style Factors	*N*	Min	Max	Mean	SD
Contingent Reward	25	1.00	5.00	3.09	1.14
Mgmt by Exception (Active)	25	1.00	5.00	2.78	1.04

Note. Data based on a 5-point Likert scale of 0(not at all) to 4(frequently, if not always)

Contingent reward is a transactional leadership characteristic that focuses on the achievement of a goal and recognition when the goal is achieved (Avolio & Bass, 2004). Questions 1, 11, 16, and 35 corresponded to the ED nurse manager's contingent reward characteristic. The mean score was 3.09 with a standard deviation of 1.14. The staff nurses rated their nurse manager behaviors of contingent reward between fairly often and frequently, if not always according to the MLQ 5X Rater Form.

Management-by-exception (active) is a transactional leadership characteristic which describes the leader who specifies standards of compliance and clearly articulates what constitutes effective and ineffective performance (Avolio & Bass, 2004). Questions 4, 22, 24, and 27 corresponded to the ED nurse manager's inspirational motivation characteristic. The mean score was 2.78 with a standard deviation of 1.04. The staff nurses rated their nurse manager's management-by-exception (active) behaviors between sometimes and fairly often according to the MLQ 5X Rater Form. The most common transactional leadership factor was contingent reward (M = 3.09). The least prevalent transactional leadership factor was management-by-exception (active) (M = 2.78).

Passive/avoidant leadership style was the least predominant leadership style (*M = 2.18*). Passive/avoidant leadership with a mean aggregate score of 2.18 describes a response that falls between “sometimes” and “fairly often” with scores closer to sometimes. The aggregate score was derived from the mean of the two leadership factors that make up the passive/avoidant leadership style measure on the MLQ 5X Rater Form. Table 8 highlights the descriptive statistics for the passive/avoidant leadership factors of management-by-exception (passive) and laissez-faire from the results of the MLQ 5X Rater Form.

Table 8

Passive-Avoidant Leadership Style: Minimum, Maximum, Mean and Standard Deviation

Leadership Style Factors	*N*	Min	Max	Mean	SD
Mgmt-by-Exception (Passive)	25	1.00	4.00	2.33	.95
Laissez-Faire	25	1.00	4.50	2.04	1.00

Management-by-exception (passive) is a passive/avoidant leadership characteristic in which the leaders are more passive (Avolio & Bass, 2004). Questions 3, 12, 17, and 20 corresponded to the ED nurse manager’s management-by-exception (passive) characteristic. The mean score was 2.33 with a standard deviation of .95. The staff nurses rated their nurse manager’s management-by-exception (passive) behaviors between sometimes and fairly often according to the MLQ 5X Rater Form.

Laissez-faire leadership is considered an ineffective leadership style in which there is no leadership or leadership is avoided or weak (Bass & Avolio, 1997). Questions 5, 7, 28, and 33 corresponded to the ED nurse manager’s laissez-faire characteristic. The

mean score was 2.04 with a standard deviation of 1.00. The staff nurses rated their nurse manager's laissez-faire behaviors between sometimes and fairly often being closer to sometimes according to the MLQ 5X Rater Form. The most prevalent laissez-faire leadership factor was management-by-exception (passive) (M = 2.33). The least prevalent passive/avoidant leadership factor was laissez-faire (M = 2.04).

The outcomes of leadership include extra effort, leader's effectiveness, and satisfaction with leader measured on the MLQ 5X Rater Form. Table 9 highlights the descriptive statistics for the outcomes of leadership factors

Table 9

Outcomes of Leadership: Minimum, Maximum, Mean, and Standard Deviation

Outcomes of Leadership	*N*	Min	Max	Mean	SD
Extra Effort	25	1.00	5.00	2.93	1.40
Effectiveness	25	1.00	5.00	3.47	1.18
Satisfaction	25	1.00	5.00	3.48	1.39

Note. Data based on a 5-point Likert scale of 0(not at all) to 4(frequently, if not always)

Extra effort is the ability of the leader to get those they lead to do more and exceed expectations. These leaders will get the subordinates to try harder (Avolio & Bass, 2004). Questions 39, 42, and 44 corresponded to the ED nurse manager's extra effort characteristic. The mean score was 2.93 with a standard deviation of 1.40. The staff nurses rated their nurse managers' ability to produce extra effort behaviors between sometimes and fairly often according to the MLQ 5X Rater Form.

Leader's effectiveness is a measure of the leader's effectiveness in meeting requirements of the organization, the ability to lead their team and how effective they are

at meeting other requirements of their position (Avolio & Bass, 2004). Questions 37, 40, 43, and 45 corresponded to the ED nurse manager's effectiveness characteristic. The mean score was 3.47 with a standard deviation of 1.18. The staff nurses rated their nurse manager's effectiveness between fairly often and frequently, if not always according to the MLQ 5X Rater Form.

The outcome of leadership factor satisfaction rates how satisfying are the method of the leader and how well the leader works with others (Avolio & Bass, 2004). Questions 38 and 41 corresponded to the staff nurse satisfaction with leadership. The mean score was 3.48 with a standard deviation of 1.39. The staff nurses rated their satisfaction with their nurse manager's leadership between fairly often and frequently, if not always according to the MLQ 5X Rater Form.

RQ 2: Is there a significant relationship among the nine characteristics of leadership styles (Transformational, Transactional, or Laissez-Faire) and three outcomes of leadership behavior (Extra effort, effectiveness, and satisfaction)? The minimum, maximum, mean, and standard deviation for each leadership behaviors were determined. Afterward, the Pearson product-moment correlation coefficient was used to determine if there was a linear relationship between the leadership behavior variables. Pearson product-moment correlation coefficient was also used to determine the correlation between the leadership factors and outcomes of leadership were statistically significant. Stronger linear correlations are identified as r approaches +1, while stronger negative linear relationships are identified as r approaches -1. Table 10 is an illustration of the Pearson Correlation between leadership factors.

Table 10

Pearson Correlation between Leadership Factors

	IA	IB	IM	IS	IC	CR	MBEA	MBEP	LF
IA	1.00								
IB	0.84**	1.00							
IM	0.89**	0.88**	1.00						
IS	0.85**	0.79**	0.87**	1.00					
IC	0.87**	0.77**	0.75**	0.83	1.00				
CR	0.71**	0.56**	0.64**	0.77	0.79**	1.00			
MBEA	-.53**	-.43*	-.60**	-.69	-.50*	-.42*	1.00		
MBEP	-.80**	-.71**	-.71**	-.69	-.74**	-.58**	0.39	1.00	
LF	-.77**	-.55**	-.67**	-.56	-.68**	-.62**	0.33	0.75**	1.00

Note. ** Correlation is significant at the 0.01 level. * Correlation is significant at the o.o5 level.

IA = Idealized Influence (Attributed), IB = Idealized Influence (Behavior), IM = Inspirational Motivation, IS = Intellectual Stimulation, IC = Individualized Consideration, CR = Contingent Reward, MBE (A) = Management-By-Exception (Active), MBE (P) = Management-By-Exception (Passive), LF = Laissez-Faire

The Pearson product-moment correlation coefficients *(r)* for the transformational leadership behaviors were measured The Pearson coefficient for IA, IB, IM, IS, IC ranged from 0.75 to 0.89. This indicates a strong positive linear correlation. Next, the transactional leadership categories were addressed. The Pearson product-moment correlation coefficients *(r)* for the transactional leadership behaviors were measured. The Pearson coefficient for CR and MBE (A) was -.417 which showed a negative linear correlation. However, CR showed a strong linear correlation to the transformational items. Finally, Pearson product-moment correlation coefficients *(r)* for the passive/avoidant leadership behaviors were measured. The Pearson coefficient for MBE (P) and LF was .75 showed a positive correlation. Table 11 illustrates the leadership style and correlation scores.

Table 11

Leadership Styles Correlation Scores

Leadership Styles	Leadership Behaviors	*r*
Transformational		0.75-0.89
	Idealized Influence (Attributed	
	Idealized Influence (Behavioral)	
	Inspirational Motivation	
	Intellectual Stimulation	
	Individual Consideration	
Transactional		.42
	Contingent Reward	
	Management-by-exception (Active)	
Passive/Avoidant		.75
	Management-by-exception (Passive)	
	Laissez-Fair	

After the correlation scores for the leadership behaviors were determined, the correlation scores between the outcomes of leadership were determined. The Pearson product-moment correlation coefficient (r) for extra effort, leader effectiveness, and leadership satisfaction scores ranged from 0.84 to 0.95 which shows a strong positive linear correlation. Table 12 illustrates the correlation scores between the three leadership outcomes of extra effort, leader effectiveness, and leader satisfaction

Table 13 depicts the results of the Pearson product-moment correlation analyses between each of the five transformational leadership factors, the two transactional leadership factors and the two passive/avoidant leadership factors and each of the three

outcomes of leadership factors. The stronger correlations to outcomes of leadership occurred with transformational leadership factors.

Table 12

Correlation Scores between Outcomes of Leadership: Extra Effort, Effectiveness, Leadership Satisfaction

	Extra Effort	Effectiveness	Leader Satisfaction
Extra Effort	1.00		
Effectiveness	0.87	1.00	
Leader Satisfaction	0.84	0.95	1.00

Table 13

Pearson Correlation: Transformational Leadership Factors and Outcomes of Leadership

Leadership Factors	N	Extra Effort	Effectiveness	Satisfaction
Transformational				
Idealized Attribute	25	0.71	0.84	0.79
Idealized Behavior	25	0.61	0.68	0.60
Inspirational Motivation	25	0.64	0.77	0.74
Intellectual Stimulation	25	0.74	0.88	0.83
Individualized Consideration	25	0.79	0.79	0.77
Transactional				
Contingent Reward	25	.0.72	0.83	0.82
Management-by-Exception (Active)	25	-.46	-.59	0.61
Passive/Avoidant				

Management-by-Exception (Passive)	25	-.69	-.68	-.63
Laissez-Faire	25	-.57	-.63	-.58

Table 14 depicts the results of the Pearson product-moment correlation analyses which determined the correlations between each of the three leadership styles (transformational, transactional, and laissez-fare) and the three outcomes of leadership factors (extra effort, effectiveness, and satisfaction). The leadership style value is the mean score of each subcategory that makes up each leadership style. The strongest correlation occurred with transformational leadership style which strongly positively correlated with all three outcomes of leadership.

Transformational leadership style is the predominant leadership style for this population. The outcome of leadership of effectiveness had the highest positive correlation value to transformational leadership (r = 79), followed by satisfaction (r = 75), and extra effort (r = 0.70).The Pearson product-moment correlation value for transactional leadership style and the three outcomes of leadership values depicted a weak positive correlation. The outcome of leadership of extra effort had the highest positive correlation value to transactional leadership (r = 0.13), followed by effectiveness (r = 12), and satisfaction (r = 0.11).The Pearson product-moment correlation value for passive/avoidant leadership style demonstrated a negative correlation. The strongest negative correlation with the outcomes of passive/avoidant leadership style was with effectiveness (r = -0.66). Extra effort (r = -0.63) and satisfaction (r = 0.60). These factors were found to have a strong negative correlation to passive/avoidant leadership style.

Table 14

Pearson Correlation: Leadership Style and Leadership Outcomes

Leadership Factors	N	Extra Effort	Effectiveness	Satisfaction
Transformational	25	0.70	0.792	0.75
Transactional	25	0.13	0.121	0.11
Passive/Avoidant	25	-0.63	-.657	-.60

Data analysis concluded that there is a significant relationship between transformational leadership styles and the outcomes of extra effort, leader's effectiveness, and satisfaction. There was a weak positive relationship between transactional leadership style and the outcomes of extra effort, leader's effectiveness, and satisfaction. There was no significant relationship between passive/avoidant leadership style and the outcomes of extra effort, leader's effectiveness, and satisfaction.

RQ3: How do the ratings of the ED nurse managers on of the leadership scale and subscale compare to other nursing groups in the literature? This study results concluded that the predominant leadership style was the transformational leadership style followed by transactional and the least effective passive/avoidant. This study also concluded that there is a significant relationship between transformational leadership styles and the outcomes of extra effort, leader's effectiveness, and satisfaction. Other studies in literature found the same results.

Andrews et al. (2012) used the MLQ 5X Rater Form with 16 supervisors and 179 supervisees. This study concluded that both the supervisors and supervisees described their leadership style as the transformational style of leadership. Farag et al. (2009) found

that nurse managers used both transformational and transactional leadership styles. The authors concluded that nurse managers should reflect on their leadership styles to improve patient outcomes and unit climates. Casida and Parker (2011) found a positive correlation between the transformational leadership style with contingent reward with leaders' extra effort, leadership satisfaction, and leadership effectiveness. These authors conducted an additional study and found that nurse managers with transformational leadership style had a greater influence on the hospital achieving its strategic goal. Botma et al. (2011) concluded that transformational leadership is a more appropriated leadership style and associated with leadership effectiveness.

There were several studies that associated transformational leadership with job satisfaction. Negussie and Demissie (2013) studied nurse managers' leadership styles and the effect on job satisfaction. The researcher concluded that transformational leadership style was preferred and that it promotes job satisfaction of nurses which leads to retention of nurses. Abualrub and Alghamdi (2012) study also found that nurse managers who displayed transformational leadership style had better nurse retention. Additional studies also found that transformational leadership was the best leadership style for job satisfaction (Cowden et al., 2011; Medley & Larochelle, 1995; Wang et al, 2012).

Summary

A presentation of the descriptive statistics, data collection, and an analysis of MLQ responses is illustrated in Chapter IV. Descriptive statistics were used to determine an initial understanding of the study variables. The nine leadership behavior scales were pooled into transformational, transactional, and passive/avoidant leadership styles, based on information given in the MLQ Manual (Avolio & Bass, 2004). The Pearson product-

moment correlation coefficient was used to determine the statistically significant relationship between the leadership style factors and the outcomes of leadership. The findings and conclusions are presented in Chapter V.

CHAPTER V – SUMMARY, CONCLUSIONS, AND RECCOMENDATIONS

The purpose of this quantitative, descriptive, correlational study was examine ED staff nurses' opinions of their ED nurse managers' leadership characteristics, the degree to which the characteristics correlate with specific outcomes of leadership behavior and how the results of the measure and subscale compare to other nursing groups in literature. There are previous studies that examine nurse leadership, but very few studies were found to explore ED nurse managers or the staff nurses opinions. The goal of the study was to provide insight and new knowledge to the problem of leadership in stressful situations, and this was accomplished. The ED is a complex and multi-faceted unit in hospitals. This study addresses gaps in leadership literature concerning ED nurse managers and serves an impetus for future studies in this area and other units in the hospital.

The results of this research study align with other studies which used the Full Range Leadership Model (Andrews et al., 2012; Botma et al., 2011; Casida & Parker, 2011; Farag et al., 2009) that found transformational and transactional leadership behaviors were the predominate leadership styles possessed by nurse managers. The results of this research study provide information concerning ED nurse managers' leadership style and its relationship to the outcomes of leadership (extra effort, satisfaction, leader effectiveness).

There is no research on the relationship between ED nurse managers and outcomes of leadership. The outcomes of leadership are related to organizational effectiveness. A review of the literature revealed an additional gap in the literature regarding ED nurse managers and organizational effectiveness.

The Full Range Leadership Model enabled the researcher to explore the relationship between the nurse manager and the staff nurse, to understand leadership behaviors and decision-making effect on staff nurse in the ED.

The results are consistent with research regarding transformational, transactional, and passive/avoidant leadership styles. This study's findings discovered transformational leadership behaviors as the predominant leadership style. Transformational leadership styles were positively correlated to the outcomes of leadership (extra effort, satisfaction, and leader effectiveness). Transactional leadership behaviors was the least predominant leadership style but were positively correlated to the outcomes of leadership. Passive/avoidant leadership behavior was preferred in this group over transactional leadership style, however, negatively correlated to outcomes of leadership (extra effort, satisfaction, and leader effectiveness. This research study expands the body of knowledge surrounding ED nurse manager's leadership styles.

Research Questions

The Multifactor Leadership Questionnaire 5X Rater form was used to collect data for the study. Descriptive statistics was used to determine the predominant leadership style of ED nurse managers. Correlation analyses were used to determine if a statistically significant correlation existed between the leadership styles and the three outcomes of leadership. Descriptive statistics were used for Research Question 1 and the Pearson product-moment correlation analyses were used for Research Question 2.

RQ 1: What are ED staff nurses' opinion of ED nurse managers' predominant leadership style: Transformational, Transactional, or Laissez-Faire? The study results showed that the predominant leadership style was the transformational leadership style

followed by transactional and the least effective was passive/avoidant. Others' studies on nurse managers have found that transformational leadership was the predominant style among other nurse managers (Andrew et al., 2012; Botma et al., 2011).

RQ 2: Is there a significant relationship between the nine characteristics of leadership styles (Transformational, Transactional or Laissez-Faire) and three outcomes of leadership behavior (Extra Effort, Effectiveness, and Satisfaction)? There were consistent results regarding transformational, transactional, and passive/avoidant leadership styles and perceived outcomes of leadership. The findings of this study revealed transformational and transactional leadership styles positively related to employee willingness to exert extra effort, their satisfaction with their leader, and perceived effectiveness of the leader, although transactional leadership had a weak positive correlation. Passive/avoidant leadership styles were found to have a negative correlation to the outcomes of leadership. This study expands the body of knowledge surrounding ED nurse manager's leadership styles as they function in high-stress areas.

RQ 3: How do result of the leadership scale and subscale compare to other nursing groups in literature. This study results concluded that the predominant leadership style was the transformational leadership style and that there is a significant relationship between transformational leadership styles and the outcomes of extra effort, leader's effectiveness, and satisfaction. A large portion of studies in literature found that transformational leadership is a dominant leadership style. More importantly, transformational leadership appears to play a role in job retention of nurses and job satisfaction.

Limitations

This study was limited by its small sample from the target population. The sample populations were members of an organization for ED nurses. Zip codes of participants showed that no two participants were from the same zip code. The study's sample consisted of only ED staff nurses. It did not include nurses from other clinical areas. Because the email addresses for this organization were not accessible, it made the process of accessing the web-based questionnaire more difficult. The code given for access to the questionnaire by Qualtrics was long and difficult to enter. Web access to click on the link would have made the questionnaire more accessible. The nonresponsive bias due to the recruiting method of the participants may have affected the sample size and the generalizability of the results. Additional forms of data collection should be explored to collect additional data on ED nurses.

Recommendations for Future Research

The results concluded that transformational leadership was the predominant leadership style exhibited by the ED nurse managers. The study results also determined that transformational leadership was the most effective leadership style for this study's population. Future studies should be undertaken with a larger samples size so more generalization can be accomplished across the population of ED nurse managers. Studies should also be conducted with other nurse managers from other units to determine if transformational leadership is also the most effective leadership style for that population. This study should also be replicated in free standing intermediated emergency care centers.

Implications for Social Change and Nursing Practice

The results of this study can be used to support future studies in verifying that transformational leadership is the most effective leadership style for ED nurse manager. The nurse manager position is still one of the most challenging positions in healthcare (Almeida, 2004). As the role of the ED nurse manager increased in responsibility, it is important to understand the leadership style of ED nurse managers, so that they can lead their team effectively. The main social impact of this study is that it provides ED nurse managers' valuable information about identifying their leadership style, and could ultimately improve the practice in the organizational setting of the ED.

Conclusion

The ED is an important unit in any hospital affecting the welfare of the community and the population it serves. This study can serve as the foundation for future research that is required to determine the most effective leadership style for ED nurse managers. There is an overall general implication: this study aligns with other studies and supports transformational leadership style as a predominant leadership style. This study provided a unique view of the opinions of staff nurse who works in the ED. Their perspective will help understand the complex issues surrounding ED nurse manager's leadership style. The dynamic pace of the ED requires more adaptive and effective leaders who are successful workers in rapidly changing conditions in the United States' Healthcare System.

APPENDIX A – Multifactor Leadership Questionnaire Sample

MLQ Multifactor Leadership Questionnaire
Rater Form (5x-Short)

The following are five sample questions for the appendix as authorized by Mind Garden Inc.

This questionnaire is to describe the leadership style of the above-mentioned individual as you perceive it. Please answer all items on this answer sheet. If an item is irrelevant, of if you are unsure or do not know the answer, leave the answer blank. Please answer this questionnaire anonymously.

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits the person you are describing. Use the following rating scale:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

1. Provides me with assistance in exchange for my efforts..... 0 1 2 3 4

2. Re-examines critical assumptions to question whether they are appropriate. 0 1 2 3 4

3. Fails to interfere until problems become serious.....0 1 2 3 4

4. Is absent when needed.....0 1 2 3 4

5. Avoids getting involved when important issues arise.....0 1 2 3 4

APPENDIX B Emergency Department Staff Nurse Demographic Questionnaire

Instructions: Please check the response(s) to items 1-14. The survey will take approximately 5 minutes to complete

Section1: Demographic Information

1. What is your gender?
    - Male
    - Female

2. What is your age?
    - _____

3. What is your education level?
    - Diploma in nursing
    - Associate's Degree in nursing? Other? _____
    - Baccalaureate Degree in nursing? Other? _____
    - Master's Degree in nursing? Other? _____
    - Doctorate Degree in nursing? Other? _____

4. Are you a Nurse Practitioner?
    - Yes
    - No

5. What is the setting of your hospital?
    - Urban
    - Suburban
    - Rural

6. Is your hospital classified as a trauma center?
    - Yes
    - No

7. If yes to question 5, what level trauma center is your hospital?
    - Level 1
    - Level II
    - Level III
    - Level IV

8. What is your hospital teaching status
    - Teaching
    - Non-teaching
    - Not applicable

9. What services are provided at your hospital?
    - Medical
    - Trauma
    - Chest pain
    - Minor Care
    - Other_____

10. What is the numbers of beds in your hospital
    - <100
    - 100-299
    - >299

11. How many beds in your emergency department?
    - <10
    - 11-30
    - >30

12. How many years/months experience do you have as a nurse?
    - Years _____
    - Months _____

13. Are you a travel nurse
    - Yes
    - No

14. IF yes are you currently on a travel assignment at the hospital you are evaluating?
    - Yes
    - No

APPENDIX C Informed Consent Form

Dear Participant,

I am a doctoral candidate in the College of Nursing with a specialization in Leadership at The University of Southern Mississippi. As part of my dissertation, I am conducting an online survey. I am examining leadership styles and leadership outcomes. The findings from this research will assist present and future nurse managers and could possibly inform nursing educators on better ways to prepare nurses to assume a leadership position and role in emergency settings and to be better prepared for whatever this chaotic, and changing world may bring.

The purpose of this study is to examine ED staff nurses' opinions of their ED nurse managers' characteristics and the degree to which the characteristics correlate with specific outcomes of leadership behavior.

Your participation is solicited although the study is strictly voluntary and all information obtained from this survey will be gathered and kept anonymously. You may stop answering questions at any time, without penalty. The survey may be taken at any time online. The researcher and a statistician will be the only ones with access to the data being collected.

The questionnaires will take approximately 25 minutes to complete. The questionnaires include the ED Staff Nurse Demographic Questionnaire and the Multifactor Leadership Questionnaire.

If you would like additional information concerning this study, please feel free to contact me by telephone (228) xxx-xxxx, or email xxxx.xxxx@usm.edu.

Thank you,

Charlotte Gore MSN, CNS, RN
PhD Candidate

Online Instructions

If you choose to participate, and you are an ED Staff Nurse at least 18 years old, please click the “I CONSENT” link below.

By clicking the “I CONSENT” link you hereby give consent to participate in the research project entitled AN ANALYSIS OF ED NURSE OPINIONS OF THEIR ED NURSE MANAGER LEADERSHIP CHARACTERISTICS AND OUTCOMES. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained by this letter

Contact information was given for an opportunity to ask questions regarding the research and procedures. Participation in the project is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.

I have read, understand and agree to the conditions specified in this consent form. By clicking on this “I CONSENT” link, I consent to be in this study.

APPENDIX D Request Letter

Charlotte Gore RN, MSN
PO Box xxxx
Gulfport, MS. 39506

Dear Colleague:

Emergency Department nurses have a critical role to play in the day to day operation of the hospital. You have been selected because of your expertise in Emergency Department Nursing! Your opinion about your nurse managers' leadership style matters.

I am a Ph.D. candidate in the College of Nursing with a specialization in Leadership at The University of Southern Mississippi. As part of my dissertation, I am conducting an online survey, examining leadership styles and leadership outcomes. The study is entitled: An Analysis of ED Nurse Opinions of their ED Nurse Manager Leadership Characteristics and Outcomes. The findings from this research will assist present and future nurse managers and possibly inform nursing educators on better ways to prepare Emergency Department nurse managers for whatever this chaotic, and changing world may bring.

You can get more information and access the 2 surveys (ED Staff Nurse Demographic Questionnaire and Multifactor Leadership Questionnaire) online through the link below. Your participation is solicited although the study is strictly voluntary and information obtained from this study will be kept anonymous and confidential. This project has been reviewed and approved by the Institutional Review Board of The University of Southern Mississippi. The University of Southern Mississippi, 118, College Drive #5147, Hattiesburg, MS. 39406-0001, 601-xxx-xxxx.

To access the surveys, please type the following anonymous survey link into your browser. https://usmuw.co1.qualtrics.com/SE/?SID=SV_0oZtlREHCQFsPmB.

If you have any problems accessing the survey you can email me at xxx.xxxx@usm.edu and I will send the link via email. You name and email address will not be used as part of the data collection and once you follow the link into the survey your answers will be completely anonymous. Please access and complete the survey within one week of receiving this letter.

Sincerely

Charlotte Gore RN, MNS, CNS
PhD Candidate

APPENDIX E – IRB Approval Letter

THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
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: 16071301
PROJECT TITLE: An Analysis of ED Nurse Opinions of Their ED Nurse Manager Leadership Characteristics and Outcomes
PROJECT TYPE: New Project
RESEARCHER(S): Charlotte Gore
COLLEGE/DIVISION: College of Nursing
DEPARTMENT: Systems Leadership and Health Outcomes
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Exempt Review Approval
PERIOD OF APPROVAL: 07/13/2016 to 07/12/2017
Lawrence A. Hosman, Ph.D.
Institutional Review Board

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