

1996

A Study of the Leadership Practices of the First Line Nurse Manager

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**A STUDY OF THE LEADERSHIP PRACTICES
OF THE FIRST LINE NURSE MANAGER**

by

Deborah L.P. Cress

A THESIS PROPOSAL

**Submitted to
Grand Valley State University
in partial fulfillment of the requirements for the
degree of**

MASTER OF SCIENCE IN NURSING

Kirkhof School of Nursing

1996

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ABSTRACT

A STUDY OF THE LEADERSHIP PRACTICES OF THE FIRST LINE NURSE MANAGER

by

Deborah L.P. Cress

There is a need for nursing leaders to understand the practices of effective leaders in order to become extraordinary leaders themselves and positively impact the future of healthcare. A descriptive correlational research design was used to examine the relationship between the self assessment and the subordinate's assessment of the leadership practices of the first line nurse managers. The data were collected from a 420 bed midwest community teaching hospital. The data consisted of 84 managers and subordinates who responded to the Leadership Practices Inventory tool. The study revealed that the managers moderately performed the leadership practices. A significantly positive relationship was found between the manager and subordinate's assessment of challenging the process and inspiring a shared vision ($p < .1$).

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CHAPTER ONE

INTRODUCTION

Healthcare is undergoing revolutionary changes with unprecedented advances in technology, increased demands of consumers and limited resources available for expanding services (Miller & Heine, 1988). Marjorie Beyers (1993) states "The times are turbulent because everything is changing (in healthcare). Revitalization of the work ethic, new organizational forms that are targeted to be lean and mean, emphasis on value-oriented services for both the organization and the employees, and the nature of the work itself are societal forces affecting healthcare and thus nurse executives." (p. viii). Carroll and Adams (1994) describe chaotic economic conditions and unprecedented increases in consumerism placing tremendous burdens on the healthcare delivery system and the nursing profession. In response, healthcare organizations are exploring concepts such as merging, reorganizing, reengineering and resizing (Townsend, 1995) as a means to ensure survival. Change has become inevitable and organizational survival has become a challenge.

Organizational survival amidst the changing environment is foremost on hospital executives agendas. Strong leadership in an organization enhances survival by effectively managing the work of the organization in the most efficient manner possible (Morris, 1978) and providing high quality cost effective care to consumers (Belasco & Stayer, 1993). Top leaders set direction in effective and successful organizations (Dienemann & Shaffer, 1992) and these leaders are extraordinary in their leadership practices (Kouzes and Posner, 1987). Effective organizations have leaders who empower employees to design innovative work methods to ensure efficiency, effectiveness and productivity (Trofino, 1993). Leaders in effective organizations share their vision and design innovative nursing professional practice models to maintain a competitive edge and to expand their market share. The catalyst for effective, innovative organizations is

leadership (Trofino, 1993). Drucker (1986) emphasizes the necessity of leadership as the key element of an extraordinary manager. He believes without leadership that the resources are underused and wasted. In today's competitive economy the quality and performance of the managers may determine the success of an organization. Curtin (1994) states, "In difficult time, in rapidly changing times, in hard times, the character of the leader is more important than in other times" (p. 7). In fact, leadership in nursing is probably becoming more important than ever before in today's turbulent healthcare environment (Meighan, 1990).

Today's nursing leaders function in a dynamic, ever-changing, and increasing complex environment. Nursing literature supports the position that first line nurse managers are key to the future of a successful organization. Miller and Heine (1988) state that the role of the first-line nurse manager in the hospital setting is vital to the delivery of comprehensive healthcare services. Everson-Bates (1992) describes the first line manager as a wonder in action necessary for an effective organization and pivotal to organizational success. Authority, accountability, and responsibility for the first-line nurse managers has grown over the past few years, creating a role many consider instrumental for accomplishing organizational goals (Everson-Bates, 1992). Eubanks (1992) further supports that the role of the first line nurse manager is the most critical management role in the institution. Beaman (1986) describes this role as vital to the quality of patient care and critical in its ability to influence management in the hospital. The significance of this role makes understanding the practices and behaviors of those who effectively meet role expectations essential.

The first line nurse manager is defined as a registered nurse having twenty-four hour accountability for the management of a unit(s) or area(s) within a healthcare institution (Carroll & Adams, 1994). The role of the first line nurse manager has been defined by the American Nurses' Association (ANA) as having the primary responsibility for the direction of staff members in the delivery of nursing care (Beaman. 1994). In addition, it is also

assuring the availability of support services; acting as a resource to the staff; interpreting philosophy, goals, standards, policies, and procedures; participating in policy formation; and being responsible for delivery of therapeutic and cost-effective patient care (Beaman, 1994). This listing of activities provides a picture of general expectations of the first line nurse manager, but does not delineate or clearly state detailed expectations or practices and behaviors.

Kouzes and Posner (1987) recognize the need for understanding the practices and behaviors of effective leaders. They believe the difference between an average organization and an outstanding organization is the leadership. Kouzes and Posner also believe there is a difference between management and leadership and it is as different as day and night. Leaders thrive on change, seize opportunities, empower others, speak of vision, and celebrate success. Managers focus on the short term, assure tight control, and encourage stability. Hersey and Blanchard (1988) define leadership as influencing and coaching the activities of employees in an effort to achieve an employee supported organizational goal. Management is defined as controlling employees to accomplish organizational goals. Although leadership and management are both able to accomplish organizational goals Bennis and Nanus (1985) identify a profound difference between the two: "Managers are people who do things right and leaders are people who do the right things." (p. 21).

Kouzes and Posner(1987) began a research project in 1983. They interviewed and studied many leaders and asked them to describe in detail their personal best at leading. In each of the leader's stories of personal best, dynamic events occurred. Productivity improved dramatically, new revolutionary products were developed or employee morale was strengthened. They discovered that there were five fundamental practices that enabled these leaders to be outstanding and accomplish extraordinary things. These leaders challenged the process, inspired a shared vision, enabled others to act, modeled the way,

and encouraged the heart. These practices were present in countless success stories and can be taught and practiced by leaders in any organization.

The purposes of this research project are to identify the self assessment and the subordinate's assessment of leadership practices of the first line nurse manager and determine the relationship between the two. Kouzes and Posner's (1987) self assessment and observer assessment leadership practices inventory tool will be used to collect data.

The significance of the evolving role of the first line nurse manager and the impact this role has on the future of health care has made it critical for nursing leaders to understand the leadership practices and behaviors (Everson-Bates, 1992). Previously used practices of nursing leaders are no longer sufficient for managing the health care environment. Nursing leaders will need extraordinary leadership practices and behaviors.

Current nursing educators are insufficiently prepared to develop extraordinary leaders (Fruend, 1985). Opportunities for creating educational programs in leadership are extensive for nursing leaders and students. Nursing leaders will need to develop extraordinary leadership practices and behaviors through observing, role modeling and participating in formal education (Kouzes and Posner, 1987). Identification of leadership practices and behaviors provides an opportunity to evaluate current practices and behaviors of nursing leaders and suggest guidelines for future education for first line nurse managers (Horvath et. al., 1994). Furthermore, students can learn by examining the variance in practices and behaviors of average leaders and exemplary leaders.

Scant research exists examining the actual practices and behaviors that are necessary to become an extraordinary leader. In addition, studies have not used clear definitions for the expected practices and behaviors that leaders must use to accomplish outstanding possibilities. Continued research is necessary using detailed definitions of extraordinary leadership practices and behaviors so that it may be rewarded, used as an example, and developed by others (Dunham-Taylor et. al., 1993).

CHAPTER TWO

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Conceptual Framework

Kouzes and Posner (1987) developed a model of leadership after conducting extensive research, in which they explore the problem of what leaders do when they do their personal best. Information was collected from over one thousand leaders on their exemplary leadership practices. They asked the leaders to write a description of one personal best leadership experience in which they accomplished something extraordinary in an organization. The narratives were analyzed and common patterns and themes began to emerge from these personal bests. Kouzes and Posner discovered that there was a fundamental pattern of leadership behavior that emerges more than 70% of the time when people are accomplishing extraordinary things in organizations. From the analysis of the personal best cases was developed a model of leadership. This can best be described as five leadership practices and ten behavioral commitments or strategies (see Figure 1 for diagram). The leadership practices are: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart. The ten behavioral commitments directly relate to the leadership practices as depicted in Figure 1 on the star diagram. There are two behavioral commitments for each leadership practice. A manager may use one, two or even three of the practices and behaviors described by Kouzes and Posner, but it is the star manager who utilizes all five practices and ten behaviors and becomes an extraordinary leader. From this extensive research Kouzes and Posner developed a leadership measurement instrument called the Leadership Practices Inventory (see Appendix A & B).

The results of the research show that leaders do exhibit certain distinct practices when they are doing their best (Kouzes & Posner, 1987). This behavior varies little from industry to industry, profession to profession. Good leadership is not only

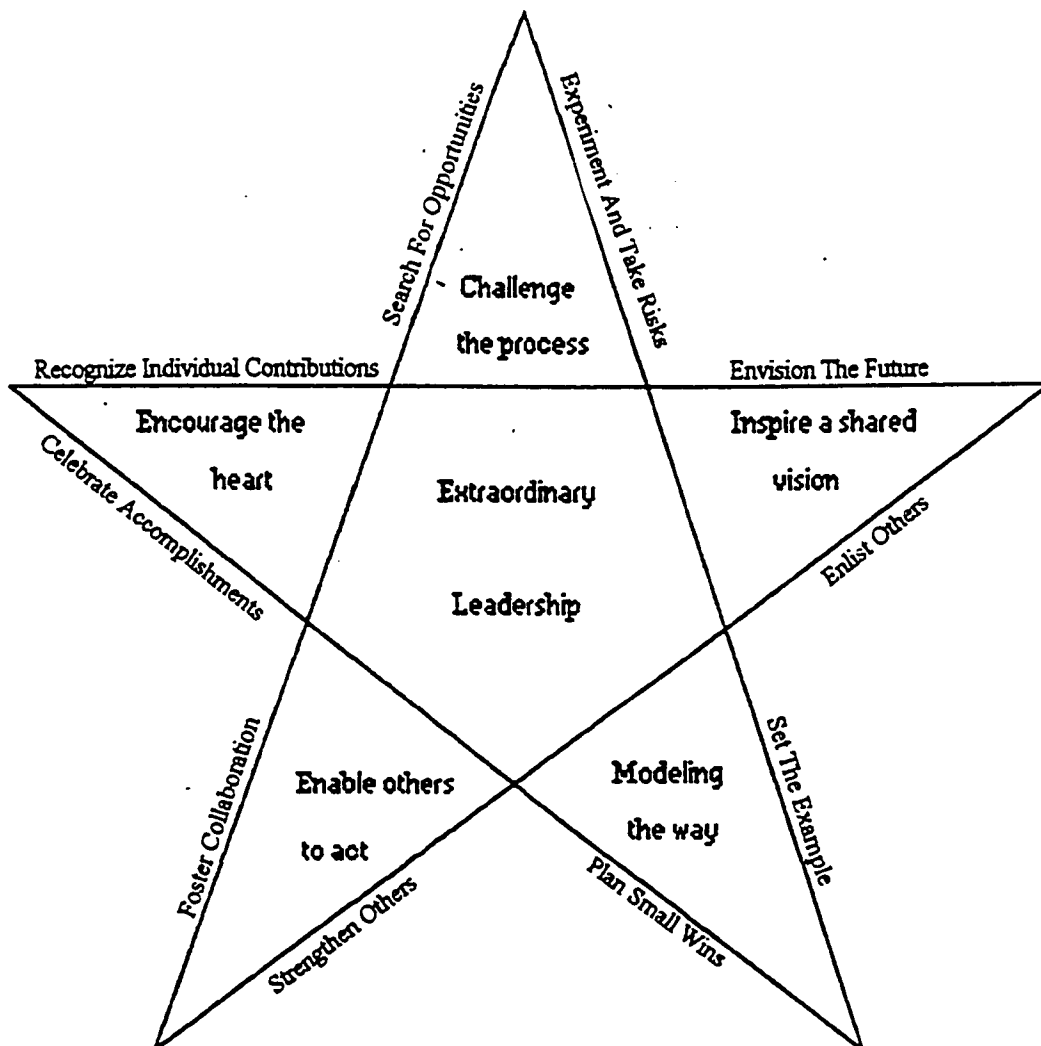


Figure 1: Extraordinary Leadership

understandable but it is universal. It is a process that ordinary managers can use when they are bringing forth the best from themselves and others.

In the following paragraphs the five leadership practices and the associated behaviors are discussed.

Challenge the Process

The first leadership practice is to challenge the process (Kouzes & Posner, 1987). The American Heritage Dictionary defines to lead as to show the way or to guide. It implies the process of a journey or a trip. Kouzes and Posner use this analogy throughout their description of challenging the process. Leaders are those who go first. They seize opportunities, venture out into an adventure, and explore new territory. These words do not lead one to think of the same trip that is taken day after day. It conjures up thoughts of newness, uncharted waters, uncertainties, risk and change. " Leaders look for ways to radically alter the status quo, for ways to create something totally new, for new revolutionary processes, for ways to beat the system." (Kouzes & Posner, 1987, p. 33). With this comes mistakes but every false step is an opportunity of learning. The two behavioral commitments are *searching for opportunities* and *experiment and take risks*.

Searching for opportunities means to bring new ideas to the organization, to be a change agent, to constantly challenge the status quo, and to look for possibilities (Kouzes and Posner, 1987). However, not always is it the leader who brings forth the new ideas, sometimes it is the employees. It is a good leader who is able to listen and encourage other's ideas into operation. To search for opportunities as a leader is to treat every job as an adventure. Look at your job as if through the eyes of a new person and ask what could be done differently. Kouzes and Posner suggest making a list of the way things have always been done. For each item, ask if that is useful for becoming the best possible organization. If the answer is no, then change it, because extraordinary leaders do things differently and challenge the status quo. Kouzes and Posner also challenge individuals who believe that if something is not broke it does not need fixing. This thought stifles

innovation. There is always something that needs fixing. Adding adventure to every job is a method of motivating, and breaking free of the routines. Lastly, they recommend making the adventure fun.

The second behavior in challenging the process is *experiment and take risks* (Kouzes and Posner, 1987). A leader should have an openness to ideas and a willingness to listen. They must try untested approaches and accept the risks that accompany the experiments. Experimentation and risk bring stress, but the stress does not have to be harmful. Leaders take charge of the change, accept the challenge, foster hardiness and create an adventure so that the outcome of experimentation and risk remains healthy and positive. To encourage experimentation collect ideas and suggestions for change from customers, employees, suppliers, and other stakeholders. A leader must make gathering new ideas a personal priority and spend every day observing, listening, or searching out comments. This is pivotal to successful innovation. Experimentation and risk taking demands team renewal by providing educational offerings, refocusing on goals, and adding new members to enhance creativity and motivation. Leaders honor other risk takers and recognize those that try, as well as those that succeed in order to encourage further risk taking. Leaders analyze every failure as well as every success so that learning occurs at every opportunity and leaders also model risk taking and foster hardiness.

Inspire a Shared Vision

The second leadership practice is to inspire a shared vision (Kouzes & Posner, 1987). Inspiring a shared vision encompasses the leaders ability to look forward into the future, see the possibilities that exist, and capture the hearts of others. Leaders create a vision that becomes the guiding common purpose of the organization and is an ideal and unique image of the future. Leaders are hopeful about the future and believe that it is people who make the difference in the future. Inspiring a shared vision means that leaders breathe life into their vision so that it becomes tangible and understandable to others. The two behavioral commitments of inspiring a shared vision are *envisioning the future and enlisting others*.

Envisioning the future is the process of creating a dream and getting others to buy into it with great passion and commitment (Kouzes & Posner, 1987). Leaders look into the future and imagine that greater things can happen. Leaders have vision. Kouzes and Posner see vision as having four attributes: future orientation, image, ideal, and uniqueness. Future orientation is a statement of destination and the end ideal. Image is the ability to know what destination and the end ideal looks like. It is a mental picture of what things will be and is a window into the world of tomorrow. Ideal is defined as a vision that has the ultimate of possibilities and standards of excellence. Unique describes the quality that makes a vision distinct and different from everyone else in order to foster an atmosphere of pride and self respect.

The second behavioral commitment of inspiring a shared vision is *enlisting others* (Kouzes & Posner, 1987). Enlisting others enforces the importance of having all employees understand and support a vision. Extraordinary leaders educate and clearly communicate their visions to everyone enlisting their support. An example of a vision is Reverend Martin Luther King's speech "I have a dream". King's speech comes from the heart, speaks to the people, is easily understood, and creates passion. You can see this vision. It conjures up images, evokes enthusiasm and creates followers. Empowerment occurs in organizations when all employees align their energies to realize the vision.

Enable Others to Act

The third leadership practice is to enable others to act (Kouzes & Posner, 1987). Enabling others to act builds teams, empowers others, and encourages the accomplishment of visions through others. Building cooperation and collaboration among colleagues, and designing win-win solutions creates a positive, productive and motivating work environment. Extraordinary leaders create an environment which encourages employees to apply their skills and energies to the continuous improvement of the organization. The two behavioral commitments of enabling others to act are *fostering collaboration and strengthening others*.

Fostering collaboration begins with creating and sustaining cooperative goals (Kouzes and Posner, 1987). Speaking in terms of we and of our goals and accomplishments and recognizing the efforts of others reinforces a collaborative relationship and shares credit. Additional strategies for fostering collaboration includes creating a climate of trust and mutual respect, encouraging employees to interact with one another, focusing on the gains and opportunities versus the losses, involving the employees in problem solving and planning, and honoring risk taking behavior in yourself and others. Extraordinary leaders realize that the key to doing well lies not in competition or in overcoming others but in gaining cooperation and collaboration.

Strengthening others is the second behavior that supports leaders to enable others (Kouzes and Posner, 1987). Strategies for building power for leaders and followers include getting to know people, being sensitive to others, listening actively to what others have to say about themselves, developing interpersonal competence, giving power away by delegating and keeping people informed, using personal power to assist others in their goals and making heroes of others. Extraordinary leaders recognize the importance of making people feel valued and believe that human resources are the most important resource in an organization. Leaders acknowledge that strengthening others leads to higher job satisfaction and performance and greater organizational effectiveness by empowering employees.

Model the Way

The fourth leadership practice is to model the way. Modeling the way is how leaders make their vision tangible (Kouzes and Posner, 1987). Leaders take complex intricate plans and establish manageable and understandable steps so employees are able to successfully accomplish necessary tasks. The two behaviors that support modeling the way are *setting the example* and *planning small wins*.

Setting the example begins with a leader consciously behaving in ways that are consistent with stated values (Kouzes and Posner, 1987). It is understanding the clarity

and courage of a leaders convictions and daily actions is how visions are realized and how respect and credibility are gained. Leaders provide standards by which other people in the organization can measure their actions and effectiveness. Clarity, consensus, and intensity are three essential factors for aligning values of leaders with those of their followers.

Strategies for accomplishing this include clarifying the values in which you believe, translating these values into guiding principles for the organization, sharing your personal beliefs and organizational guidelines publicly, auditing your actions regularly so you remain consistent with your publicized values, teaching others about your values, and being emotional and caring about what you believe.

Modeling the way is *planning small wins* so success can be experienced (Kouzes and Posner, 1987). When problems are too large they may seem overwhelming and insurmountable. Extraordinary leaders set up opportunities for small success thereby creating an environment of excitement, potential, confidence, accomplishment, and commitment to continuing the journey. Therefore, an effective leader will structure the change process incrementally, whereby big tasks are broken down into small, manageable steps, and accomplishment of each small step becomes a win. Strategies for facilitating small wins are planning and preparing for the journey, experimenting with changes along the journey, moving forward in small incremental steps, making progress visible, allowing for mistakes, and encouraging people to make choices so increased commitment and ownership is realized. Extraordinary leaders convince followers that the impossible is possible and that the journey begins with one small step.

Encourage the Heart

The fifth leadership practice is to encourage the heart (Kouzes and Posner, 1987). Encouraging the heart is visibly recognizing people's contributions to the common vision, expressing pride in the accomplishments of the team, and making hard work enjoyable work. Leaders let others know how much they mean to the organization, they make people

feel like heroes and they take time to enjoy success. The two behaviors are *recognizing contributions and celebrating accomplishments*.

Recognizing contributions is linking rewards with performance (Kouzes and Posner, 1987). It is important to take time to recognize all who have made contributions and to celebrate the successes and milestones. Recognizing contributions requires leaders to have high expectations of themselves and followers, to have an ability to directly link performance with reward, to creatively use a variety of rewards and to have a positive and hopeful outlook in order to promote courage. Leaders recognize that creating an environment of high expectations brings out the best in people and they achieve more than they thought possible. Leaders set standards for determining success and creatively reward people for achievement other than promotion and raises. Leaders publicly acknowledge accomplishment and coach people to success realizing that this gives courage and allows individuals to accomplish extraordinary things.

Celebrating accomplishments is the leaders recognition that extraordinary things do not happen alone but through the efforts of the people in teams (Kouzes and Posner, 1987). Celebrating accomplishments is the process of honoring and sharing the success with all who assisted in the victory and is based on focusing on key values, making recognition public, and being personally involved. Celebrating occurs when significant events happen and are necessary to call attention to the moment and reinforce key values. Leaders realize that celebrating is not an event that occurs only at the end of a project but is something that occurs continually throughout the journey to give courage and spread joy and care about people and the product.

Literature Review

Extraordinary leadership is demanded in today's highly competitive business arena (Kouzes and Posner, 1987) and the role itself is extremely demanding, difficult, and complex (Kotter, 1982). Understanding leadership makes a manager's challenges and dilemmas less overwhelming and obtuse.

Business scholars have focused on the topic of developing leadership qualities and many best selling books focus on leadership styles and leader characteristics (Belasco & Stayer, 1993; Byham, 1989; Covey, 1990; Miller, 1993; Roberts, 1985). Nursing has just begun to focus on examining the roles of extraordinary leaders and leadership in their practice. The remainder of this chapter will explore the pertinent literature and research, in both nursing and business, using Kouzes and Posner's leadership behaviors and practices as a framework.

Challenge the Process

The literature in business shares examples of leaders challenging the process. Ralph Stayer, CEO of Johnsonville Foods, Inc (1990) writes a case study about his turbulent journey from getting from points A and B. He recognized that the status quo would not take his organization into the future, in fact, it would probably cause his company to disappear. Stayer recognized that changes were needed and began to question the way things were done and take risks. Some changes were successful and some were not, but all were valuable in teaching more about the organization and successful leadership.

Stayer (1990) describes one event early in the change process about workers who were dissatisfied with working weekends. Stayer suspected that the weekends were not necessary, but rather than telling them what to do and trying to solve the problem for them, he empowered the plant managers to use the problem as an opportunity. The plant managers and workers studied and discovered the cause of the problem. They were the cause of their own frustration; by correcting the problems themselves they became empowered.

In the descriptive research conducted by Senge (1990) of 12 organizations he identifies a theory and practice of the five disciplines which encourages being a lifelong learner, attempting to be better, having never arrived, and nurturing expansive patterns of thinking. The theory encourages the growth of the people in the organization because it recognizes that it is the people that are the most valuable resource. Max DePree's (1987) case study recognizes challenging the process in his philosophy of leadership as an art. He speaks of freeing people to do what is important in the most effective and humane way possible. He believes that leaders need to allow adverse opinions and abandon themselves to the strength of others. DePree describes leaders as outstanding listeners so that they may hear the ideas, needs, aspirations and wishes of the employees and then allow change to occur. To stay competitive into the future there is a need to be continually changing.

Bennis (1989) supports challenging the process in a descriptive research study where he interviewed 28 leaders to identify the practices of leadership. Bennis discovered that it was easy to talk about leadership, but difficult to practice. His study attempts to make leadership practical and reinforces the premise that leaders are made not born. Bennis supports two basic ingredients to leadership: curiosity and daring, both of which are congruent with challenging the process. Curiosity and daring encourage risk taking, experimentation, and embraces errors knowing that learning will occur.

Nursing literature is scarce in discussing challenging the process. Many introductory paragraphs in the literature speak of change, opportunities, and challenges, but few describe the nursing leader as facilitating the change process (Ernst, 1995; Simpson, 1995). More time is spent discussing how to manage the effects of change rather than fostering an environment that challenges the status quo or encourages risk taking. Exploratory research conducted by Flarey (1991) developed a model of job design for the first line nurse manager to facilitate the identified role outcomes for managerial practice. Research was conducted using a questionnaire. From this work a model of job design was developed. The job design challenges the status quo of current management practice and

asserts that the role of first line nurse manager must take on new dimensions to facilitate quality outcomes. The author describes role outcomes necessary for the first line nurse manager. One of the role outcomes is being a change master which is the ability to identify, cope with, introduce and assimilate change successfully in the practice environment.

Dunham and Klafehn (1990 & 1995) uses a questionnaire in an exploratory study of 80 perceived extraordinary managers and 213 staff nurses to determine if managers demonstrated characteristics of a transformational leader. A transformational leader was defined as having intellectual stimulation which supports challenging the process. Intellectual stimulation encourages staff members to try something new and to take risk even if they fail. Study findings indicate that transformational leaders view change as opportunities to discover new perspectives. This research supported that extraordinary leaders demonstrated characteristics of transformational leaders.

Pederson (1993) using a qualitative design interviewed 5 nurse managers and 11 staff nurses to identify the qualities of extraordinary nurse managers. They identified forward thinking that encourages being a change agent, challenging the status quo, being courageous, and taking risks. This leader motivates, facilitates and coaches staff to experiment with the understanding that occasionally there is failure. These nurse managers are trailblazers.

Inspire a Shared Vision

In a descriptive research study by Bennis and Nanus (1985) they interviewed ninety leaders who were perceived by peers as extraordinary leaders. Support was demonstrated for inspiring a shared vision in their theory of leadership and attention through vision. Vision is described as central to leadership success. It may be as vague as a dream, or as precise as a goal or mission statement, but the vision shares the view of the future of the organization. Bennis and Nanus encourage widely sharing the vision so individuals can find roles within the organization and are able to gain a sense of empowerment. They

describe vision as one of the clearest distinctions between a leader and a manager. Leaders who use vision focus on the emotional and spiritual resources of the organization, on values, commitments and aspirations. Whereas, managers solely operate on the physical resources of the organization, on the capital, the human skill, raw material, and technology thereby limiting the potential of the organization.

Bennis (1989), in his descriptive research of twenty-eight leaders, identifies vision as a clear idea of what to do and the strength to pursue it in the face of adversity. The vision is the guiding purpose. DePree (1989) further supports visioning in his beliefs that leaders are obligated to provide and maintain momentum which comes from a clear understanding of the future and what the organization ought to be. To DePree, it is a well thought out strategy that is communicated carefully to enable everyone to participate and be accountable to those plans.

Stayer (1990), in his journey through change, realized in order to take his company into the future he needed a vision. Stayer developed his vision, his point B, and began his journey to get from point A to point B. His vision was of an organization that resembled a flock of geese. Geese knew the common goal, took turns leading, and modified as necessary. What he found was that he had an organization of buffalo. Buffalo follow their leader blindly, never aware of the goal or purpose, and are never able to lead. Stayer realized, in order to get to his point B, he needed to also communicate his vision and help his employees to see their roles.

Gregory (1995), in a case study, embraced the visioning process and recognized this as a necessary step in the leadership of a nursing unit. She utilized Kouzes and Posner's ideas of vision to help facilitate a problem of general dissatisfaction amongst the nursing staff. She enlisted every staff member in developing a common vision which then became the units core values and standards to guide their practice. By utilizing a process that included all the staff she elicited commitment and understanding of the vision.

Trofino's (1995) case study describes a transformational leader as a leader who has the ability to clearly articulate a vision of the future. The picture that is described and the values that are manifested by the vision are so exciting that they cause strong commitment by others. This type of leadership is described as being critically important for health care institutions to be financially solvent and effectively meet community needs. In the exploratory study of 80 extraordinary managers by Dunham and Klafehn (1990 & 1995) they supported the concept of a transformational leader being a charismatic visionary leader. A transformational leader is clearly committed to vision and communicates effectively in order to provide direction to the staff. Hansen et. al. (1995), in conducting a quasi-experimental study of 99 nurse managers and 1,035 staff nurse found that leadership was significantly important for creating vision, involving people, and inspiring and motivating others to move forward.

Eubanks (1992) case study describes the first line nurse manager as needing to understand and know the vision and goals of the organization because of the climate of change. There needs to be a general effort of everyone striving towards the same end. Flarey (1991), in conducting exploratory research on the role outcomes of the first line nurse manager, identifies the importance of being a visionary. There is a need to see the growth and development of nursing and management practice and plan to assist this vision. Pedersen & Easton (1995) using a qualitative study identify that inspiring a shared vision is a means to a successful unit transition. They created a common vision by posting the nursing department's philosophy and then creating specific unit goals to make the philosophy come to life. Steven's (1991) case study shared the belief that vision was imperative to being an extraordinary leader, and sharing that vision completely and comprehensively was critical. Each of these nursing authors recognized that an inability to look ahead and be a visionary creates disruption and chaos.

Dienemann & Shaffer (1992) conducted a descriptive research study with 73 Chief Nurse Executives and first line nurse managers to assess the responsibilities and activities of

nurse managers. Their research found that inspiring a shared vision was crucial to successful marketing and strategic planning. This study validated the importance of setting unit goals that are a link to organizational goals and maintaining strong communication between staff and administration. Inspiring a shared vision is critical in the current healthcare environment and becomes a source of cohesiveness needed for organizational effectiveness.

In the descriptive research conducted by Smith (1993) using the conceptual framework defined by Katz, 75 nursing leaders were given a questionnaire to identify the specific skills, tasks and behaviors that influence effective management performance. Conceptual and human skills were identified as valuable to effective nurse leaders. These skills involve the nurse leaders ability to see how the nursing unit relates to the hospital and the organization, to understand the mission and vision of the hospital and effectively communicate this to the staff. These leaders also motivate the staff to build cooperative teams in an effort to achieve the work of the unit.

Enable Others to Act

DePree's (1987) case study speaks of enabling others when speaking of the art of leadership. The art of leadership is "liberating people to do what is required of them in the most effective and humane way possible" (p. xix). He describes the leader as the servant to the followers in that he removes obstacles that prevent them from doing their jobs. The true leader encourages followers to reach their maximum potential.

Stayer's (1990) case study uses enabling others to act in his decision to have the people who make the sausage be the ones to taste it daily for quality control. Stayer gave the responsibility to his employees and empowered them to be in control of the product. The employees formed teams to resolve problems and implement solutions. By enabling others to act, Stayer created an environment of ownership and responsibility that led to an improved quality product with less rejects.

Gregory's (1995) case study uses enabling others in the process of creating the vision for the work environment. Gregory empowers her staff to make the decisions about their values and beliefs by establishing work groups. These work groups explored what the vision would look like by using brainstorming and then the affinity process. Gregory supplied the resources for the group to create their vision and the end product was one in which the whole unit had participated in and supported.

In the case studies by Katzin (1989) the staff's perception of their great head nurse is described. The case studies give examples of how head nurses had mentored and coached staff members into growing both professionally and personally. One staff member is quoted to say, "She doesn't hover over you, telling you what you need to be doing. She lets you go, and when you seem to be a bit off kilter, she steps in. The floor is not dependent on her. She's made us depend on ourselves...with her help (Katzin, 1989, p. 46)." Another staff member remarks on the need to be able to make independent decisions on a continuous basis. This staff member's head nurse mentored her in the problem solving process and has fostered her independence. The examples these staff share over and over again of great head nurses speak of enabling others, empowering the employees, and instilling a sense of responsibility and accountability amongst everyone.

Research conducted by Corser (1995) of 192 participants identified activities and responsibilities staff nurses expect from first line nurse managers. Of the multiple activities identified role modeling, fostering growth, and coaching were perceived as important qualities of managers by staff nurses.

Chase (1994) conducted a descriptive research study of 300 members of the American Organization of Nurse Executives to delineate specific behavior competencies that increase effectiveness in the nurse manager role. The author found human and leadership competencies were perceived as the most important for effectiveness in the nurse manager role. Leadership competency supports enabling others in the expected skills of empowerment and motivation. Vance (1986) conducted qualitative research of forty

nursing service administrators to identify the knowledge and skills that nurse managers need to be effective. Vance found that leadership skills were critical.

In a descriptive correlation study conducted by Henderson (1995) of 210 nursing leaders, leadership motivation and effectiveness was explored. This research showed that the most effective leaders are motivated by the need for socialized power. Socialized power is characterized as a coach who develops the talents of others to benefit the organization and a builder of people and systems driven to achieve organizational goals.

Freund (1985), Moore et al. (1988) and Patz et al. (1991) conducted qualitative research studies of nursing leaders to identify what makes an effective and successful nurse leader. Freund had a sample of 172, Moore et al. a sample of 289, and Patz et al. a sample of 197 nurse managers. Each research study supported that the most important characteristic of effective nurse leaders is human management skills. This is an ability to effectively communicate and interact with people to foster strong understanding, to create relationships, and to encourage growth in people.

In the exploratory research of Dunham and Klafehn (1990 & 1995) they supported that an extraordinary leader demonstrates transformational leadership characteristics. A transformational leader empowers staff members to achieve their potential by giving as much power and responsibility to employees at all levels. The transformational leader encourages learning exploration, and creativity.

In the qualitative research by Irurita (1994) 32 nurse leaders were interviewed to develop a theory of leadership that explain how nurse leaders achieve influence on the delivery of healthcare and the advancement of the nursing profession. Optimizing was used to enable leaders to cope with the turbulent environment of healthcare and create success. Optimizing encourages the leader to utilize resources wisely, develop the potential of the staff and invest in the future. Leaders who optimize empower staff by coaching, motivating and encouraging exceptional and excellent performance.

In the research conducted by Pincus (Wolf, 1986) the author found that positive communication significantly affects nurses satisfaction and performance. Positive communication defines its intent as creating a sense of trust and maximizing the subordinates potential by delegating authority, accountability, and responsibility for decision making and problem solving to the most appropriate level.

In the descriptive study by Adams (1993) 63 directors of nursing were evaluated for their leadership style and effectiveness. This study found that the predominant leadership style was high in relationship communication behaviors. Leaders who demonstrated this behavior elicited a willingness to enable others through empowerment.

Model the Way

Peters and Waterman (1982) in conducting qualitative research of 62 companies identifies what makes an organization excellent and recognizes that excellent organizations require and demand extraordinary performance from leaders. Effective leaders implement their visions by being highly visible and instilling values through deeds rather than words. Extraordinary leaders manage by walking around, role modeling behavior through actions, and accepting a hands on management approach.

Stayer (1990), in his case study, recognized the importance of this concept when he realized that his employees watched his every action to see if he supported or undermined the vision. He recognized the importance of walking the talk. He demonstrated his sincerity in the vision in multiple ways. He placed a sign on his desk that said the question is the answer, thereby encouraging his employees to take ownership for the problem and attempt to solve their own problems. He came to understand that everything he did and said had a symbolic as well as a literal meaning. Stayer anticipated the potential impact of every word and act, and asked himself again and again if what he was about to do or say would reinforce the vision or undermine it.

Bennis (1989), conducted descriptive research of twenty-eight leaders, and found that trust cannot be acquired it must be earned. Earning trust requires constancy, congruity,

reliability, and integrity. Furthermore, Bennis found that in true leaders there is no gap between the theories they expose and the life they lead.

Roberts (1985) attempts to describe leadership by engaging in descriptive research and metaphorical analysis. Roberts found that several leadership qualities are needed for a leader to be successful. One of the key qualities of leadership is credibility; words and actions must be believable. Roberts believes that if a leader is not true to his behavior trust becomes impossible. Modeling the way becomes important to the success of the leader.

In conducting a qualitative research study of fourteen staff nurses, using a nonexperimental method, Meighan (1990) defined the role of the first line nurse manager and described their characteristics. Role modeling was an important characteristic identified for the nurse leader. Meighan states that the first line nurse manager is far more influential in setting the tone of the unit than one may realize and it becomes crucial for the leader to demonstrate behavior that is congruent with values.

Horvath et. al. (1994) conducted an interpretive, phenomenological study of twenty-nine first line nurse manager identifying their skills and expertise. One of the key role responsibilities of the first line nurse manager is operationalizing the core values of the institution. Horvath et. al. reported that first line nurse managers are responsible for creating and sustaining an environment that supports excellence in clinical practice and the care of the patient. The nurse manager utilizes modeling the way to make these values come to life. The nurse manager recognizes the importance of setting the stage, working in congruence with the values of the institution and modeling the way.

Pederson's (1993) qualitative research on the qualities of extraordinary nurse managers supports modeling the way in the definition of management behaviors. This leader demonstrates exceptional qualities by using the concept of management by walking around. This leader role models vision and values by being visible. Pincus' (Wolf, 1986) research further supports this concept in stating that leaders actively seek the input of their staff by making him or herself visible and available by performing walking rounds.

Encourage the Heart

Don Skinner, CEO and founder of Eltron International Inc., embraced the conceptual framework of Kouzes and Posner (McGarvey, 1995) in his case study and has become an extraordinary leader. Skinner challenges, enables, models, creates vision, and encourages the heart. He takes time to recognize and recognize, and then recognize again. Skinner believes encouraging the heart is significantly vital to empowering his employees and creating a successful organization.

Katzin's (1989) case study shares multiple examples of how first line nurse managers encourage the heart. Frequently, when staff perceived their manager as outstanding one of their attributes was encouraging the heart. Exceptional managers set high expectations. An example is the manager who asked her staff member why stop there with your goals? This manager encouraged the staff person to work towards her BSN. "She made me feel like I was full of promise and that my contribution to nursing was immensely important." (Katzin, 1989, p. 45). Another manager uses positive reinforcement to encourage and promote those behaviors again. She verbally and publicly gives recognition to staff who have done something well. Her staff call this positive discipline. The outstanding leaders in this article recognize that it is part of their responsibility to bring out the best in their staff, to encourage their heart, and to give courage.

In an ethnographic study conducted by Everson-Bates (1992) twenty-four effective and successful nursing leaders were interviewed and questioned to determine their values, beliefs, and behaviors and the implication of these characteristics for manager selection and development. The analysis of the research showed that managers identified resourcing as the most highly valued role by staff. This is defined as the process of providing emotional support, goods, and services for staff and supporting both professional and personal maturation.

In the research conducted by Pincus, (Wolf, 1986) head nurse and staff communication and constructive feedback were identified as valuable and necessary for successful leaders

and reflected the practice of encouraging the heart. Pincus describes these areas as a nourishment of the personal growth of the staff and as an opportunity to catch people doing something right. Leadership values that supports both monetary and nonmonetary reward and recognition of staff, are elements critical to the success of empowered organizations (Trofino, 1995). Frequent and appropriate positive comments and praise of exemplary accomplishments from managers promote a culture of caring and encourage the heart (Trofino, 1995 & Pedersen & Easton, 1995). By nurturing and caring for the staff they can then be expected to care for others with commitment and excellence (Trofino, 1995). "The first responsibility of a leader is to define reality. The last is to say thank you." (DePree, 1989, p. 9).

In the qualitative research conducted by Pederson (1993) one of the qualities imperative to a extraordinary nurse manager was relationship-oriented behavior. This is defined as being supportive for personal and professional issues with staff and caring of a deep and personal nature. It is also an ability to recognize excellence in others and show appreciation for behaviors. Nurse managers who were able to demonstrate strong relationship-oriented behavior had staff who were highly satisfied and proud of the work that they preformed.

In the descriptive correlational study by Nakata & Saylor (1994) 102 staff nurses were questioned concerning the management style they desired of their first line nurse manager. The desired style that was identified strongly focuses on human relations, teamwork, and recognition.

Summary

The research and literature, in both business and healthcare, supports the fact that the first line manager is key to the success of the organization. The first line manager is closest to the activities of the organization and is pivotal in the role planned in communicating the vision, mission, and goals of the hospital. Effective leadership in the first line manager role has significant impact on the overall success of the organization.

Kouzes and Posner (1987) believe outstanding leadership leads to extraordinary results. Leadership is an observable, learnable skill, and is a powerful tool in accomplishing goals. In the research done by Kouzes and Posner they were able to identify five leadership practices in the managers who were interviewed. The manager, with an understanding and commitment to using these practices, becomes a leader. Leadership is an art, a performing art, and in the art of leadership, the artist's instrument is the self (Kouzes and Posner, 1987).

There is little research in nursing to describe the leadership practices and behaviors necessary of first line nurse manager in order to accomplish extraordinary things within their organizations. There is a need to conduct research in nursing to describe the leadership practices and behaviors of first line nurse managers. Research in this area is urgently needed to assist first line nurse managers to identify leadership practices and behaviors that will create outstanding leaders and assist in the accomplishment of extraordinary things.

Research Questions

The research questions for this study are:

1. What are the identified self assessment leadership practices of the first line nurse manager?
2. What are the subordinate's assessment of leadership practices of the first line nurse manager?
3. What is the relationship between the self assessment and the subordinate's assessment of each leadership practice of the first line nurse manager?

Definition of Terms

First Line Nurse Manager is defined as a registered nurse having 24 hour accountability for the management of a unit(s) or area(s) within a healthcare institution (Carroll & Adams, 1994)

Leadership Practices is defined as the five practices common to most extraordinary leadership achievement: 1) challenging the process 2) inspiring a shared vision 3) enabling others to act 4) modeling the way 5) encouraging the heart (Kouzes and Posner, 1987).

1. Challenging the Process is defined as leaders who guide the way searching for opportunities and having a willingness to take risks.
2. Inspiring a Shared Vision is defined as leaders who can establish a common purpose by invisioning the possibilities of the future and then creating empowerment by enlisting the support of others.
3. Enabling Others to Act is defined as leaders who build teams by fostering collaboration and strengthens others by encouraging the accomplishment of visions through followers.
4. Modeling the Way is defined as leaders who make their vision tangible by setting examples and then create manageable and understandable steps for supporting the vision by planning small wins.

5. Encouraging the Heart is defined as leaders who recognize people's contributions to the common vision and celebrate accomplishments.

Leadership behavior is defined as the ten behavioral commitments associated with each leadership practice that allows leadership to be an observable and learnable set of practices (Kouzes and Posner, 1987). Table 1 identifies the ten behavioral commitments associated with each leadership practice used for the purposes of the study.

Subordinates is defined as employees who directly report to the first line nurse manager.

Table 1

Leadership Practices and Associated Behaviors

Practice	Behaviors	Definition of Behaviors
1. Challenge the Process	1. Search for opportunities	1. To be a change agent and constantly challenge the status quo.
	2. Experiment and take risks	2. To have an openness to ideas and accept the challenge of change.
2. Inspire a Shared Vision	1. Envision the future	1. To create a dream and get others to buy into it with great passion.
	2. Enlist others	2. To have all people understand and support the vision.
3. Enable Others to Act	1. Foster collaboration	1. To create and sustain cooperative goals and recognize efforts of others.
	2. Strengthen others	2. To create an environment that values and empowers people.
4. Model the Way	1. Set the example	1. To behave in ways that are consistent with stated values.
	2. Plan small wins	2. To break tasks down into small manageable steps and recognize the accomplishment of each step.
5. Encourage the Heart	1. Recognize individual contribution	1. To link rewards with performance.
	2. Celebrate accomplishments	2. To honor and share the success with all who assisted in the victory.

CHAPTER THREE

METHODOLOGY

Research Design

A descriptive correlational design was selected to describe the relationship between the self assessment and the subordinate's assessment of the leadership practices of the first line nurse manager. An advantage of this design is the ease and the amount of information that can be collected in the natural setting. Disadvantages are the inability to manipulate the variables and the potential for drawing faulty conclusions due to the many extraneous variables (Polit & Hungler, 1987).

Threats to internal validity of this study design include the potential existence of multiple extraneous variables such as a perception inconsistent with reality of self in the role of first line nurse manager, nurses attitudes towards management, perceptions inconsistent with reality of the first line nurse manager by the subordinate due to personal feelings about that manager, and events occurring within the organization that can not be controlled. A threat to external validity is the Hawthorne Effect in which participants of a study behave in a certain manner just because they are part of the study, or because they are hypothesis guessing (Polit & Hunger, 1987). The population being sampled is not generalizable to other settings.

Measures were taken to control threats to validity. Data was collected by the primary investigator and respondents were informed that the responses were confidential and would not be shared with their manager. The self assessment group consisted of all first line nurse managers in the organization. They were informed that the responses they provided were confidential and would not be used to evaluate their individual performance or shared with their manager.

Sample and Setting

The data in this study were collected in January, 1996 at a 420 bed, community teaching hospital in the midwest. The self assessment group was all first line nurse managers at the organization. This group consisted of male and female Registered Nurses. The subordinate group consisted of a sample of all who directly reported to the first line nurse manager. All of the subordinates for each first line nurse manager were sent the questionnaire through interoffice mail. Coding was used to assist in identifying reporting relationships, but individual anonymity was maintained. As questionnaires were returned they were grouped according to the first line nurse manager to whom they reported.

Instruments

Three instruments were used to collect data for this research study:

1. Leadership Practices Inventory (LPI) -Observer (subordinate)
2. Leadership Practices Inventory (LPI)-Self
3. Demographic Questions

Leadership Practices Inventory-Observer

The LPI-Observer instrument was designed by Kouzes and Posner (1987) to assist the leader in identifying the extent to which he or she engages in certain leadership practices. The instrument consists of thirty descriptive statements about various leadership behaviors and practices. The subordinate is asked to respond to each statement on how frequently the leader engages in the practice described. The subordinate indicates the response by using a Likert scale from 1-5, with one being rarely and five being almost always. The LPI-Observer is based on the five leadership practices Kouzes and Posner believe are common to most extraordinary leadership achievement. The five practices are identified as challenge the process, inspire a shared vision, enable others to act, model the way, and encourage the heart. (See Appendix A for the LPI-Observer Instrument.)

Kouzes and Posner (1987) report that the LPI-Observer shows good internal reliability with scores that ranged from .78 to .90. The LPI-Observer also shows sound

psychometric properties. The internal reliability for each scale on the LPI-Observer can be found in Table 2. The LPI-Observer also shows a test-retest reliability of greater than .93.

Leadership Practices Inventory-Self

The LPI-Self was also designed by Kouzes and Posner (1987) to be utilized by a leader to self evaluate themselves in how frequently they engage in leadership practices. The same thirty descriptive statements are given and a Likert scale is used to determine how frequently the person believes he or she practices the leadership behavior described. The scale is 1-5, with one being seldom and five being almost always. The LPI-Self is based on the same five leadership practices as identified in the LPI-Observer. (See Appendix B for the LPI-Self Instrument.) The internal reliability of the LPI-Self ranges from .69-.85. The scores for internal reliability for each section can be found in Table 2.

Kouzes and Posner (1987) compare means for LPI-Self and LPI-Observer. Frequency scores tended to be higher on the LPI-Self than on the LPI-Observer, but only two practices were statistically significant. The two practices show statistical difference between the mean scores of the managers and of their people who directly reported to them on both enabling others to act and challenging the process ($p<.01$)

Demographic Questions

Demographic questions were added to the LPI-Observer and LPI-Self. This included age, sex, marital status, education, years of staff nursing experience, years of management experience at a midwest community teaching hospital and years of experience at other institutions. This information assisted in describing the sample and population. (See Appendix C for the Demographic Questionnaire.)

Table 2

Internal Reliability of LPI-Self (as reported by Kouzes and Posner, 1987)

Practice	Score
Challenge the process	.79
Inspire a shared vision	.89
Enabling others to act	.84
Modeling the way	.80
Encouraging the heart	.90

Internal Reliability of LPI-Observer (as reported by Kouzes and Posner, 1987)

Practice	Score
Challenge the process	.73
Inspiring a shared vision	.84
Enabling others to act	.69
Modeling the way	.73
Encouraging the heart	.85

Procedure

The LPI-Self and LPI-Observer were used to collect data for this research study.

Administration of the LPI-Observer and also the LPI-Self instrument were used.

LPI-Observer

The names of all the staff who report to the first line nurse managers were obtained. All subordinates were chosen. If the subordinates returned the questionnaire to the researcher this implied voluntary agreement to participate in the study. A packet was sent by interoffice mail to each subordinate which included a cover letter (see Appendix D) explaining the research project, their role in the project, confidentiality of the responses and the researcher's phone number in order to answer questions. The LPI-Observer instrument and Demographic Questionnaire were included with the letter in addition to a return envelope for the instruments. For ease of returning the instruments, it was either returned interoffice mail or manually placed into the researcher's mail box. (See Appendix A for copy of the LPI-Observer.)

LPI-Self

The names of all the first line nurse managers were obtained and a packet of information was sent through interoffice mail to each. This packet included the cover letter (see Appendix D) explaining the research project, their role in the project, the confidentiality of the information, and a phone number to be used for answering questions. The LPI-Self instrument, Demographic Questionnaire, and a return envelope, which could be returned interoffice mail or manually placed into the researcher's mail box, was also included in the packet. (See Appendix B for a copy of the LPI-Self.)

Approval Process

Permission to use the instruments needed for this study was obtained from Kouzes Posner International, Inc. (See Appendix E.) Permission to collect data at the organization were obtained through the midwest community teaching hospital's Nursing Research

Committee. (See Appendix F.) Approval was also sought from the Grand Valley State University Human Subjects Review Committee. (See Appendix G.)

CHAPTER FOUR

DATA ANALYSIS

Results

Description of Demographics

The sample consisted of 84 subjects; 12 (14%) were managers and 72 (86%) were subordinates. The subordinates' response on the LPI tool, which ranged from 4-10 respondents per manager, were grouped according to the manager to whom they reported. Tables 3 will show the age, sex, and marital status of the sample, managers, and subordinates.

Table 3

Age/Sex/Marital Status

	<u>Managers</u>	<u>Subordinates</u>	<u>Total Sample</u>
Age			
Mean	44.27 (n=11)	37.72 (n=65)	38.67 (n=76)
Sex			
% Female	90.9	92.8	92.5
% Male	9.1 (n=11)	7.2 (n=69)	7.5 (n=80)
Marital Status			
Married	63.6	68.1	67.5
Single	27.3	23.2	23.8
Widowed	9.1	0	1.3
Divorced	0 (n=11)	8.7 (n=69)	7.5 (n=80)

The data for the highest education level obtained (depicted in Table 4) revealed that as job responsibilities increased the level of educational preparedness did also. Thirty-six

percent of the managers held a graduate degree while 0% of the subordinates held a graduate degree.

Table 4

Educational Level

	<u>Managers</u> (n=11)	<u>Subordinates</u> (n=69)	<u>Total Sample</u> (n=80)
High School/GED	0	1.4 %	1.3%
Technical School	0	4.3%	3.8%
Diploma Nursing	0	21.7%	18.8%
ADN	18.2%	21.7%	21.3%
BSN	27.3%	44.9%	42.5%
Bachelors Non-Nursing	18.2%	5.8%	7.5%
MSN	27.3%	0	3.8%
Masters Non-Nursing	9.1%	0	1.3%

The data for years of staff experience is illustrated in Table 5. The data revealed a wide range for years of experience. The subordinates had a range from 1- 35 years of staff experience. The manager group only had 2 out of the 12 respondents reply to this question thereby making the range of 0-14 years of experience difficult to draw any conclusions.

Table 5

Staff Experience

	<u>n</u>	<u>Range</u>	<u>Mean</u>	<u>Standard Deviation</u>
Managers	2	0-14	14.00	.00
Subordinates	67	1-35	13.567	8.587
Total Sample	69	1-35	13.58	8.46

Table 6 shows the data for years of management experience. The data revealed a wide range of management experience for the managers (1-35) with a mean of 13 years,

indicating a solid managerial background, however, the subordinates had a range of 1-19 years of managerial experience with a mean of 4 years.

Table 6

Management Experience

	<u>n</u>	<u>Range</u>	<u>Mean</u>	<u>Standard Deviation</u>
Manager	11	1-35	13.273	11.190
Subordinates	17	1-19	4.529	4.515
Total Sample	28	1-35	6.679	6.869

Table 7 shows the data for the years employed at the Midwest teaching community hospital which reveals a range of 1-36 years. This data shows stability with the managerial team as the mean number of years was 13.

Table 7

Years at the Midwest Community Teaching Hospital

	<u>n</u>	<u>Range</u>	<u>Mean</u>	<u>Standard Deviation</u>
Manager	11	1-36	13.273	11.190
Subordinates	68	1-32	10.162	7.156
Total Sample	79	1-36	10.595	7.824

Table 8 shows the data for subordinate and manager experience at other institutions. All respondents had a minimum of one year of experience out side of the Midwest community teaching hospital with a mean of 8 for the managers and 6 for the subordinates.

Table 8

Experience at Other Institutions

	<u>n</u>	<u>Range</u>	<u>Mean</u>	<u>Standard Deviation</u>
Manager	9	1-20	8.444	6.616
Subordinates	41	1-28	6.488	6.768
Total Sample	50	1-28	6.840	6.717

Research Question Number One

1. What are the identified self assessment leadership practices of the first line nurse manager?

The mean score for each of the five leadership practices were calculated for manager's individually and as a group. The total score may range from as low as a 6 to as high as a 30. The score was converted into a percentile of time the first line nurse manager practices each of the five leadership practices by utilizing the Percentile Graph for Recording Leadership Practices Inventory Scores. (See Appendix H.) This percentile is the criteria for determining high, moderate, and low scores for each of the five leadership practices.

The data for the leadership practices score for each manager revealed that there is a wide percentile range between the 12 managers. Percentage range for Challenge the Process was as high as 90% and as low as 15%, for Inspire a Shared Vision as high as 75% and as low as 15%, for Enable Others as high as 97% and as low as 20%, for Model the Way as high as 88% and as low as 20%, and for Encourage the Heart as high as 95% and as low as 25%. The manager group percentile range varied from as high as 58% for Encourage the Heart to as low as 35% for Challenge the Process. Overall, the manager group demonstrated moderate ability to practice each of these leadership practices. Individually, there were four managers that showed moderate to high ability to practice each of the five leadership practices, four managers that showed moderate to low ability,

and four managers that showed a combination of low, moderate, and high ability. The total score, percentile, and high/moderate/low scores for each manager and the manager group for the five leadership practices will be presented in Table 9.

Table 9

LPI-Self

<u>Total Score/Percentile/High-Moderate-Low(H-M-L)</u>					
<u>Manager</u>	<u>Challenge</u>	<u>Inspire</u>	<u>Enable</u>	<u>Model</u>	<u>Encourage</u>
1	19(15%-L)	19(40%-M)	22(20%-L)	22(53%-M)	20(38%-M)
2	23(55%-M)	22(68%-M)	23(30%-M)	19(20%-L)	19(25%-L)
3	20(22%-L)	19(40%-M)	27(80%-H)	22(53%-M)	22(55%-M)
4	21(35%-M)	18(28%-L)	25(55%-M)	22(53%-M)	19(25%-L)
5	23(55%-M)	20(50%-M)	26(70%-H)	24(75%-H)	22(55%-M)
6	19(15%-L)	19(40%-M)	23(30%-M)	no data	19(25%-L)
7	26(90%-H)	23(75%-H)	25(55%-M)	25(88%-H)	27(97%-H)
8	20(22%-L)	19(40%-M)	27(80%-H)	24(75%-H)	35(85%-H)
9	22(45%-M)	19(40%-M)	25(55%-M)	21(42%-M)	24(78%-H)
10	25(82%-H)	19(40%-M)	22(20%-L)	21(42%-M)	21(45%-M)
11	19(15%-L)	16(15%-L)	29(97%-H)	21(42%-M)	28(95%-H)
12	23(55%-M)	20(50%-M)	25(55%-M)	24(75%-H)	21(45%-M)
Manager Group	21.7(35%-M)	19.4(45%-M)	24.9(54%-M)	22.3(55%-M)	22.3(58%-M)

Research Question Number Two

2. What are the subordinates assessment of leadership practices of the first line nurse manager?

The mean score, as assessed by the subordinates, for each of the five leadership practices was calculated for each manager individually and as a group. The total score may range from as low as a 6 to as high as a 30. The score was converted into a percentile of

time the first line nurse manager practices each of the five leadership practices by utilizing the Percentile Graph for Recording Leadership Practices Inventory Scores.

(See Appendix H.) This percentile is the criteria for determining high, moderate, and low scores for each of the five leadership practices.

The data for the leadership practices score for each manager as assessed by the subordinates revealed that there is a wide percentile range between the 12 managers. Percentage range for Challenge the Process is as high as 84% and as low as 9%, for Inspire a Shared Vision as high as 95% and as low as 12%, for Enable Others as high as 81% and as low as 4%, for Model the Way as high as 90% and as low as 5%, and for Encourage the Heart as high as 88% and as low as 16%. The manager group percentile range varied from as high as 52% for Inspire a Shared Vision to as low as 27% for Enable the Heart. The subordinates perceived the manger group to have moderate ability to perform four of the five leadership practices: Challenge the Process, Inspire a Shared Vision, Model the Way and Encourage the Heart. The subordinates perceived the manager group to have low ability to perform Enable Others. The subordinates perceived that there were four individual managers that had moderate to high ability to practice the five leadership practices, five individual managers that had moderate to low ability to practice the five leadership practices, two individual managers that had low ability in all five of the leadership practices, and one manager that had low, moderate, and high ability in all five of the leadership practices. The mean, percentile and high/moderate/low scores for each manager and the manager group as assessed by the subordinates for the five leadership practices will be presented in Tables 10.

Table 10

LPI-Observer

<u>Mean/Percentile/High-Moderate-Low (H-M-L)</u>					
<u>Manager</u>	<u>Challenge</u>	<u>Inspire</u>	<u>Enable</u>	<u>Model</u>	<u>Encourage</u>
1	22.0(45%-M)	18.0(28%-L)	20.7(10%-L)	23.3(70%-H)	21.7(50%-M)
2	25.3(84%-H)	26.3(95%-H)	27.0(80%-H)	24.7(82%-H)	23.3(68%-M)
3	18.0(10%-L)	18.0(28%-L)	17.6(4%-L)	20.6(38%-M)	19.4(31%-M)
4	20.4(23%-L)	17.6(25%-L)	21.5(15%-L)	19.9(28%-L)	18.8(24%-L)
5	19.9(14%-L)	18.0(28%-L)	21.6(15%-L)	20.1(30%-M)	18.3(22%-L)
6	20.8(33%-M)	19.8(48%-M)	22.6(26%-L)	21.0(45%-M)	22.0(55%-M)
7	21.8(43%-M)	20.4(55%-M)	22.6(26%-L)	20.8(40%-M)	22.2(57%-M)
8	17.6(9%-L)	16.9(18%-L)	21.7(17%-L)	19.3(23%-L)	17.6(16%-L)
9	23.9(68%-M)	24.4(88%-H)	27.1(81%-H)	25.8(90%-H)	26.2(88%-H)
10	24.5(78%-H)	25.0(92%-H)	25.0(56%-M)	24.7(82%-H)	24.7(82%-H)
11	18.6(13%-L)	15.2(12%-L)	21.0(12%-L)	16.2(5%-L)	19.6(32%-M)
12	22.3(50%-M)	21.7(67%-M)	24.6(51%-M)	24.4(80%-H)	22.7(61%-M)
Manager Group	21.1(36%-M)	20.1(52%-M)	22.8(27%-L)	21.7(50%-M)	21.3(50%-M)

Table 11 compares the LPI-Self and LPI-Observer frequency scores for the manager group. The frequency scores tended to be higher on the LPI-Self than on the LPI-Observer except for the leadership practice Inspiring a Shared Vision. There was only one significant difference identified. The data showed that there was a difference between the scores of managers and the subordinates on Enabling Others to Act ($p < .1$). There was no significant difference between the LPI-Self and LPI-Observer scores for Challenging the Process, Inspiring a Shared Vision, Modeling the Way, and Encouraging the Heart.

Table 11

LPI-Self and LPI-Observer Comparison

	<u>LPI-Self</u>		<u>LPI-Observer</u>		t
	Mean	Standard Deviation	Mean	Standard Deviation	
Challenge the Process	21.7	2.4	21.2	2.5	-.63
Inspire a Shared Vision	19.4	1.8	20.1	3.5	.80
Enable Others to Act	24.9	2.2	22.7	2.8	-1.88
Model the Way	22.3	1.8	21.8	3.0	-.41
Encourage the Heart	22.3	3.1	21.4	2.7	-.69

Table 12 shows the manager's high, moderate, or low score as perceived by the managers and subordinates for each of the five practices. Of the twelve manager-subordinate pairs only one pair indicated that the five leadership practices were perceived to be the same.

Table 12

LPI-Self and LPI-Observer: High/Moderate/Low

	<u>Challenge</u>	<u>Inspire</u>	<u>Enable</u>	<u>Model</u>	<u>Encourage</u>
Manager 1	Low	Moderate	Low	Moderate	Moderate
Observer 1	Moderate	Low	Low	High	Moderate
Manager 2	Moderate	Moderate	Moderate	Low	Low
Observer 2	High	High	High	High	Moderate
Manager 3	Low	Moderate	High	Moderate	Moderate
Observer 3	Low	Low	Low	Moderate	Moderate
Manager 4	Moderate	Low	Moderate	Moderate	Low
Observer 4	Low	Low	Low	Low	Low
Manager 5	Moderate	Moderate	High	High	Moderate
Observer 5	Low	Low	Low	Moderate	Low
Manager 6	Low	Moderate	Moderate	---	Low
Observer 6	Moderate	Moderate	Low	Moderate	Moderate
Manager 7	High	High	Moderate	High	High
Observer 7	Moderate	Moderate	Low	Moderate	Moderate
Manager 8	Low	Moderate	High	High	High
Observer 8	Low	Low	Low	Low	Low
Manager 9	Moderate	Moderate	Moderate	Moderate	High
Observer 9	Moderate	High	High	High	High
Manager 10	High	Moderate	Low	Moderate	Moderate
Observer 10	High	High	Moderate	High	High
Manager 11	Low	Low	High	Moderate	High
Observer 11	Low	Low	Low	Low	Moderate
Manager 12	Moderate	Moderate	Moderate	High	Moderate
Observer 12	Moderate	Moderate	Moderate	High	Moderate

Research Question Number Three

3. What is the relationship between the self assessment and the subordinate's assessment of each leadership practice for the first line nurse manager?

A Pearson R test revealed a significant relationship for two of the five leadership practices ($p < .1$). Challenging the process and inspiring a shared vision both revealed a significant moderate positive relationship. Enabling others showed a moderate negative relationship and encouraging the heart and modeling the way both revealed a weak negative relationship. The managers perceived that they encouraged the heart, challenged the process, enabled others, and modeled the way more often than the subordinates, as indicated by the mean scores. The subordinates perceived that the managers inspired a shared vision more often than the managers perceived this to occur. Table 13 shows the relationship between the LPI-Self and LPI-Observer.

Table 13

Relationship of LPI-Self and LPI-Observer

<u>Leadership Practice</u>	<u>R-value</u>	<u>P-value</u>	<u>mean</u>
Challenge the Process-self	.56	.06	21.67
Challenge the Process-subordinate			21.25
Inspire a Shared Vision-self	.53	.08	19.42
Inspire a shared Vision-subordinate			20.11
Enable Others-self	-.42	.18	24.92
Enable Others-subordinate			22.66
Model the Way-self	-.30	.37	22.27
Model the Way-subordinate			21.79
Encourage the Heart-self	-.15	.65	22.25
Encourage the Heart-Subordinate			21.37

CHAPTER FIVE

DISCUSSION AND IMPLICATIONS

Discussion

The focus of this study was to identify the self assessment and the subordinate's assessment of leadership practices of the first line nurse manager and determine the relationship between them. The study findings show a significant positive relationship between the manager's self assessment and the subordinate's assessment of challenging the process and inspiring a shared vision. Both groups indicated that the first line nurse manager moderately practice the five leadership practices.

Kouzes and Posner's (1987) model of leadership provided the conceptual framework for this study. They describe the five leadership practices and ten behavioral commitments that are linked to extraordinary leaders. The leadership practices are: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart. The ten behavioral commitments directly relate to the leadership practices. The concept of Kouzes and Posner's leadership model emphasizes that it is the star manager who consistently uses all five leadership practices and ten behavioral commitments and becomes an extraordinary leader.

The Leadership Practices Inventory mean scores for the manager group reflected that the managers and subordinates perceived a moderate level of leadership practice for challenging the process, inspiring a shared vision, modeling the way, and encouraging the heart. In the leadership practice, enabling others, a difference was identified between the manager and subordinate group. The subordinate's perceived a low level and the manager's perceived a moderate level of leadership practice for enabling others. This difference was identified as significant and is consistent with the findings of Kouzes and Posner (1987). The findings in this study also revealed that the managers perceived that they practiced challenging the process, enabling others, modeling the way, and encouraging the heart more frequently than what the subordinates perceived. The subordinates

perceived that the managers engaged in inspiring a shared vision more frequently than what the managers perceived. Kouzes and Posner found that the manager group tended to have higher scores on all five of the leadership practices.

Findings in this study suggest that the manager group only moderately exhibit the practices and behaviors of an extraordinary leader which is consistent with the research findings by Kouzes and Posner (1987). In related studies it was discovered that it was easy to talk about leadership, but difficult to practice (Bennis, 1989; Peters & Waterman, 1982; Smith, 1993). The authors contended that becoming an outstanding leader was difficult, but within each manager is the capacity to do so. Freund (1985) and Irurita (1994) identified that inadequate educational preparation of nurse managers has limited their ability to become excellent leaders. Meighan (1990) also notes that nurse managers are often unprepared to meet the challenge of outstanding leadership. The findings in this study support these notions.

The Leadership Practices Inventory mean scores also revealed a wide range of performance between each manager as perceived by the self assessment and the subordinate's assessment of the leadership practices. Hansen et. al. (1995) also found a wide range of scores in their data on manager's leadership style as perceived by subordinates. In addition, their demographic data revealed a variety of experience, maturity as related to age, and educational preparation. Hansen et. al. attributed the range in leadership scores to the variety in experience, maturity, and educational profile. They also concurred that experienced, mature individuals who pursued advanced education were successful leaders. The demographic data in this study also revealed a variety in experience, maturity, and educational profile for the manager group. Years of experience ranged from 1-35 years, maturity ranged from 34-66 years of age, and the highest educational level obtained varied from ADN, BSN, and MSN, with only three managers holding an MSN in nursing. Even though not tested in this study, the findings in this study suggest similar conclusions as Hansen et. al.

The Leadership Practices Inventory mean scores also revealed that the manager group, as perceived by the self and subordinate's assessment, most frequently practiced enabling others to act, which is consistent with the findings by Kouzes and Posner (1987). This was followed by modeling the way, encouraging the heart, challenging the process, and inspiring a shared vision. Kouzes and Posner's results varied from this. The order of their results were: challenging the process, modeling the way, encouraging the heart, and inspiring a shared vision. In both this study and the research conducted by Kouzes and Posner the data revealed that inspiring a shared vision was least frequently practiced. In related studies it was identified that first line nurse managers most frequently engaged in the practices and behaviors associated with enabling others to act (Adams, 1993; Irurita, 1994). The authors contended that this leadership style tended to dominate the managers practice and positively impacted the effectiveness of the nursing leader. Trofino (1995), in addressing visions, identified that most people do not see themselves as sufficiently empowered and competent to be visionaries thus impeding the ability to bring about necessary change. The findings in this study support these observations.

In summary, the results of this study support the existence of a relationship between the self assessment and the subordinate's assessment of challenging the process and inspiring a shared vision. This study also indicates that the managers in this study moderately exhibited the leadership practices as identified in Kouzes and Posner's (1987) research.

Implications for Nursing Administration

As this study suggests, the managers, as perceived by themselves and their subordinates, moderately exhibit extraordinary leadership practices. There is a need for nurse administrators to be cognizant of these practices and recognize that for extraordinary things to be accomplished in an organization the five leadership practices must be exhibited consistently. Attention must be given to the current nurse manager's growth as leaders.

Current educational preparation is varied amongst the nurse managers. Decisions about the future educational level and preparation expected of a first line nurse manager is crucial for nurse administrators to determine. It is essential for the nurse administrator to understand the limitations of the current nurse managers as relates to their educational level of preparation and their ability to incorporate the practices of extraordinary leadership with a limited knowledge base (Freund, 1985). Nurse administrators must support advanced education in first line nurse managers.

Nurse administrators would also do well to understand and value the concept of providing ongoing education within the organization. This supports Kouzes and Posner's (1987) proposition that leadership is an observable, learnable skill, and a powerful tool in accomplishing goals. Incorporating these leadership practices into the ongoing educational programs for nursing leaders is imperative for creating extraordinary leaders. Kouzes and Posner recommend that an organization devote a minimum of two weeks per year to leadership training and education. This may be internal or external programs. Incorporating Kouzes and Posner's recommendations into practice need to be an immediate priority for nursing administration.

Nurse administrators must also be aware of the impact that they themselves have on assisting in developing the culture within the organization. Everson-Bates (1992) attribute creating successful nursing leaders to early relationships with mentors who invested in their success and were available to support their learning. Mentoring is also a means for achieving excellence (Irurita, 1994). It is imperative that the nurse administrators incorporate Kouzes and Posner's (1987) extraordinary leadership practices into their own management style. This itself will be a powerful role model to the first line nurse managers.

Limitations

One limitation of this study is the sample size of the manager group. The group consisted of 12 managers. This number of managers limits the generalizability of these

findings to other settings. Another limitation may relate to the variability of subordinates that responded per first line nurse manager. There were as few as four or as many as ten subordinates that responded per first line nurse manager. Another limitation may relate to the variability of the number of subordinates that responded per first line nurse manager and the effect this has on the mean score. In a small sample, one negative respondent more strongly impacts the end score than in a larger sample. In addition, some manager's have as many as 150 subordinates that report to them but may have had only 4-10 subordinates respond to the questionnaire. The variance in percentage of subordinates who responded per first line nurse manager could inaccurately represent the first line nurse manager's leadership practices.

Recommendations for Future Research

The implications for future research as a result of these study findings are great. First, replication studies are needed to further validate and examine study findings. Ongoing measurement of the leadership practices for the first line nurse managers through self and subordinate LPI assessment would provide valuable insight into the practices of the first line nurse manager and allow for ongoing opportunities of growth and strengthening of the leadership practices.

Future researchers conducting the LPI study should exercise caution in the number of subordinates per manager included in the study. They would do well to determine a number of subordinates that would be a representative percentage of the manager to better facilitate the accuracy of the subordinate's perception of the manager's leadership practices.

Finally, further research is needed in the application of the leadership practices to the healthcare environment. Nursing administrators are in need of information concerning leadership as it applies to nursing in order to assist first line nurse managers to become outstanding leaders. Further research in this area could assist the nurse administrator in the accomplishment of organizational goals through extraordinary first line nursing leaders.

APPENDICES

APPENDIX A

LEADERSHIP PRACTICES INVENTORY (LPI) OBSERVER

To what extent would you say this person engages in the following actions and behaviors? Circle the number that applies to each statement.

	1 Rarely or Very Seldom	2 Once in a While	3 Sometimes	4 Fairly Often	5 Very Frequently or Almost Always
He or she:					
1. seeks out challenging opportunities that test his or her skills and abilities.	1	2	3	4	5
2. describes the kind of future he or she would like for us to create together.	1	2	3	4	5
3. involves others in planning the actions that will be taken.	1	2	3	4	5
4. is clear about his or her own philosophy of leadership.	1	2	3	4	5
5. takes the time to celebrate accomplishments when project milestones are reached.	1	2	3	4	5
6. stays up-to-date on the most recent developments affecting our organization.	1	2	3	4	5
7. appeals to others to share his or her dream of the future as their own.	1	2	3	4	5
8. treats others with dignity and respect.	1	2	3	4	5
9. makes certain that the projects he or she leads are broken down into manageable steps.	1	2	3	4	5
10. makes sure that people are recognized for their contributions to the success of our projects.	1	2	3	4	5
11. challenges the way we do things at work.	1	2	3	4	5
12. clearly communicates a positive and hopeful outlook for the future of our organization.	1	2	3	4	5
13. gives people a lot of discretion to make their own decisions.	1	2	3	4	5
14. spends time and energy making certain that people adhere to the values that have been agreed on.	1	2	3	4	5
15. praises people for a job well done.	1	2	3	4	5

APPENDIX A

LEADERSHIP PRACTICES INVENTORY (LPI) OBSERVER

	1 Rarely or Very Seldom	2 Once in a While	3 Sometimes	4 Fairly Often	5 Very Frequently or Almost Always
He or she:					
16. looks for innovative ways we can improve what we do in this organization.	1	2	3	4	5
17. shows others how their long-term future interests can be realized by enlisting in a common vision.	1	2	3	4	5
18. develops cooperative relationships with the people he or she works with	1	2	3	4	5
19. lets others know his or her beliefs on how to best run the organization he or she leads	1	2	3	4	5
20. gives the members of the team lots of appreciation and support for their contributions.	1	2	3	4	5
21. asks "What can we learn?" when things do not go as expected.	1	2	3	4	5
22. looks ahead and forecasts what he or she expects the future to be like.	1	2	3	4	5
23. creates an atmosphere of mutual trust in the projects he or she leads	1	2	3	4	5
24. is consistent in practicing the values he or she espouses.	1	2	3	4	5
25. finds ways to celebrate accomplishments.	1	2	3	4	5
26. experiments and takes risks with new approaches to his or her work even when there is a chance of failure.	1	2	3	4	5
27. is contagiously excited and enthusiastic about future possibilities	1	2	3	4	5
28. gets others to feel a sense of ownership for the projects they work on	1	2	3	4	5
29. makes sure the work group sets clear goals, makes plans, and establishes milestones for the projects he or she leads	1	2	3	4	5
30. makes it a point to tell the rest of the organization about the good work done by his or her group.	1	2	3	4	5

APPENDIX A
LEADERSHIP PRACTICES INVENTORY (LPI) OBSERVER

After you have completed the instrument on pages 2 and 3, please transfer your ratings to the blanks below. Notice that the numbers of the statements are listed *horizontally*. Make certain that the number you assigned to each statement is transferred to the appropriate blank.

Thank you for your cooperation.

1._____	2._____	3._____	4._____	5._____
6._____	7._____	8._____	9._____	10._____
11._____	12._____	13._____	14._____	15._____
16._____	17._____	18._____	19._____	20._____
21._____	22._____	23._____	24._____	25._____
26._____	27._____	28._____	29._____	30._____

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APPENDIX B

LEADERSHIP PRACTICES INVENTORY (LPI) SELF

	1 Rarely or Very Seldom	2 Once in a While	3 Sometimes	4 Fairly Often	5 Very Frequently or Almost Always
16. I look for innovative ways we can improve what we do in this organization	1	2	3	4	5
17. I show others how their long-term future interests can be realized by enlisting in a common vision.	1	2	3	4	5
18. I develop cooperative relationships with the people I work with.	1	2	3	4	5
19. I let others know my beliefs on how to best run the organization I lead	1	2	3	4	5
20. I give the members of the team lots of appreciation and support for their contributions	1	2	3	4	5
21. I ask "What can we learn?" when things do not go as expected	1	2	3	4	5
22. I look ahead and forecast what I expect the future to be like.	1	2	3	4	5
23. I create an atmosphere of mutual trust in the projects I lead.	1	2	3	4	5
24. I am consistent in practicing the values I espouse	1	2	3	4	5
25. I find ways to celebrate accomplishments	1	2	3	4	5
26. I experiment and take risks with new approaches to my work even when there is a chance of failure	1	2	3	4	5
27. I am contagiously excited and enthusiastic about future possibilities.	1	2	3	4	5
28. I get others to feel a sense of ownership for the projects they work on.	1	2	3	4	5
29. I make sure the work group sets clear goals, makes plans, and establishes milestones for the projects I lead	1	2	3	4	5
30. I make it a point to tell the rest of the organization about the good work done by my group. . .	1	2	3	4	5

APPENDIX B

LEADERSHIP PRACTICES INVENTORY (LPI) SELF

To what extent do you engage in the following actions and behaviors? Circle the number that applies to each statement.

	1 Rarely or Very Seldom	2 Once in a While	3 Sometimes	4 Fairly Often	5 Very Frequently or Almost Always
1. I seek out challenging opportunities that test my skills and abilities.	1	2	3	4	5
2. I describe to others the kind of future I would like for us to create together.	1	2	3	4	5
3. I involve others in planning the actions we will take.	1	2	3	4	5
4. I am clear about my own philosophy of leadership.	1	2	3	4	5
5. I take the time to celebrate accomplishments when project milestones are reached.	1	2	3	4	5
6. I stay up-to-date on the most recent developments affecting our organization.	1	2	3	4	5
7. I appeal to others to share my dream of the future as their own.	1	2	3	4	5
8. I treat others with dignity and respect.	1	2	3	4	5
9. I make certain that the projects I lead are broken down into manageable steps.	1	2	3	4	5
10. I make sure that people are recognized for their contributions to the success of our projects.	1	2	3	4	5
11. I challenge the way we do things at work.	1	2	3	4	5
12. I clearly communicate a positive and hopeful outlook for the future of our organization.	1	2	3	4	5
13. I give people a lot of discretion to make their own decisions.	1	2	3	4	5
14. I spend time and energy making certain that people adhere to the values that have been agreed on.	1	2	3	4	5
15. I praise people for a job well done.	1	2	3	4	5

APPENDIX B
LEADERSHIP PRACTICES INVENTORY (LPI) SELF

TRANSFERRING RATINGS

After you have completed the instrument on pages 2 and 3, please transfer your ratings to the blanks below. Notice that the numbers of the statements are listed *horizontally*. Make certain that the number you assigned each statement is transferred to the appropriate blank.

Thank you for your cooperation.

1._____	2._____	3._____	4._____	5._____
6._____	7._____	8._____	9._____	10._____
11._____	12._____	13._____	14._____	15._____
16._____	17._____	18._____	19._____	20._____
21._____	22._____	23._____	24._____	25._____
26._____	27._____	28._____	29._____	30._____

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APPENDIX C
DEMOGRAPHIC QUESTIONNAIRE

Please respond to the following questions:

1. Age: _____ years
2. Sex: _____ 1. Female
 _____ 2. Male
3. Marital Status:
 _____ 1. Single
 _____ 2. Married
 _____ 3. Widowed
 _____ 4. Divorced
 _____ 5. Separated
4. What is your highest level of education completed?
 _____ 1. High School/GED
 _____ 2. Technical School
 _____ 3. Associates Degree Non-Nursing
 _____ 4. Diploma in Nursing
 _____ 5. Associates Degree in Nursing
 _____ 6. Bachelors of Science in Nursing
 _____ 7. Bachelors Non-Nursing
 _____ 8. Masters in Nursing
 _____ 9. Masters Non-Nursing
5. If you are a staff nurse, how many years of staff nursing experience have you had?

6. How many years of management experience have you had? _____
7. How many years of experience have you had at Blodgett Memorial Medical
 Center? _____
8. How many years of experience have you had in other institutions? _____

APPENDIX D
COVER LETTER

Dear Nursing Staff and first line Nurse Managers:

I am conducting a nursing research project as part of the requirements for my master's degree in Nursing Administration at Grand Valley State University. The purpose of the research project will be to identify the leadership practices of first line nurse managers at Blodgett Memorial Medical Center. I am asking each person who participates to respond to thirty questions. I will be collecting data from all the first line nurse managers at Blodgett. I will also use a random sampling of staff nurses who report to the first line nurse managers. This study has been approved by the Blodgett Nursing Research Committee.

I would greatly appreciate your time and information in assisting with the data collection, however you are in no way obligated to participate. All responses will be held confidential and will be reported in a group results format. The only inconvenience to you is the 15-20 minutes of your time that it will take to complete the enclosed survey. Completion and return of the survey implies your consent to participate in this study.

If you choose to participate, retain this information sheet for your own record of participation. Please return the completed survey in the stamped envelope to me by January 30, 1996. If you prefer, you may also return the survey to my mailbox on 3c, or on 3E.

Thank you in advance for your participation and assistance in identifying the leadership practices of first line nurse managers at Blodgett. This information will be invaluable to me in my research project.

If you have any questions about the research project or the survey, feel free to call me at 774-7379. If you have any concerns about the research project feel free to contact the Chair of Human Research Review Committee at 895-2472.

Sincerely,

Deborah L.P. Cress, R.N.
Assistant Director, Orthopaedics

APPENDIX E

KOUZES POSNER INTERNATIONAL, INC.
15419 Banyan Lane
Monte Sereno, California 95030
Phone/FAX: 408-354-9170

August 15, 1995

Ms. Deborah Cress
5433 Riverlook Drive, N.E.
Comstock Park, Michigan 49321

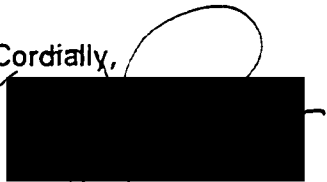
Dear Deborah:

Thank you for your facsimile (dated August 14) requesting permission to use the Leadership Practices Inventory (LPI) in your master's thesis. We are pleased to allow you to reproduce the LPI in your research project to the extent outlined in your letter and according to the following three stipulations:

1. That the following copyright notice appear on all copies of the LPI-Self and LPI-Observer: Copyright 1993 by Kouzes Posner International, Inc. Used with permission.
2. That we receive copies of all reports, papers, presentations, etc., including your master's thesis itself, which utilize any of the LPI data from this study.
3. That the LPI may not be re-sold or re-packaged in any other programs or workshop settings without express written permission.

If you agree to the terms outlined above, please sign one copy of this letter and return it to the address above. If we can be of any further assistance, please do not hesitate to let us know. Best wishes in your research efforts.

Cordially,


Barry Z. Posner, Ph.D.
Managing Director

I understand and agree to abide by these terms:


Date: 9/1/95

APPENDIX F

BLODGETT MEMORIAL MEDICAL CENTER

1840 WEALTHY S.E.
GRAND RAPIDS, MI, 49506
616-774-7752
FAX: 616-774-5430


December 11, 1995

Deb Cress
1840 Wealthy, S.E.
Grand Rapids, MI.49506

Thankyou for the opportunity to read your Thesis. I found your premise very interesting and look forward to reviewing your final results when you have completed your investigation.

We would be pleased to be a clinical site for your research. Please contact Marie Vanderkooi for any assistance in setting up the investigation.

Sincerely,



Kathy Klock

Director, Professional Practice and Development

APPENDIX G



1 CAMPUS DRIVE • ALLENDALE MICHIGAN 49401-9403 • 616/895-6611

January 16, 1996

Deborah Cress
5433 Riverlook Dr. NE
Comstock Park, MI 49321

Dear Deborah:

Your proposed project entitled "*A Study of the Leadership Practices of the First Time Nurse Manager*" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

A black rectangular box redacting the signature of Paul Huizenga.

Paul Huizenga, Chair
Human Research Review Committee

APPENDIX H

	PERCENTILE	CHALLENGING	INSPIRING	ENABLING	MODELING	ENCOURAGING
H I G H	99	30 29 28 27	30 29 28 27 26	30 29 28	30 29 28 27	30 29 28
	90	26	25		26 25	27 26
	80	25	24	27		25
			23		24	24
	70	24		26		
M O D E R A T E			22		23	23
	60	23	21	25		22
	50		20		22	
		22		24		21
	40		19		21	20
L O W		21				
	30			23		
			18		20	19
	20	20	17	22	19	18
		19	16			
	10	18	15	21	18	17
		17	14	20	17	16
		16	13	19	16	15
		15	12	18	15	14
	0	14	11	17	14	13
			10	16		12
				15		

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