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Leadership Styles and Nursing Satisfaction Rates

Wilma Lee Jones
Walden University

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Wilma Jones

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Review Committee
Dr. Faisal Aboul-Enein, Committee Chairperson, Health Services Faculty
Dr. Stoerm Anderson, Committee Member, Health Services Faculty
Dr. Allison Terry, University Reviewer, Health Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2014

Abstract

Leadership Styles and Nursing Satisfaction Rates
by

Wilma Lee Jones

MS, Barry University, 2001

BS, Barry University, 1996

Project Submitted in Partial Fulfillment

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Abstract

The purpose of this project was to translate evidence-based literature into policy and practice guidelines in order to improve leadership standards and skills among nurse managers and improve patient outcomes and the quality of care. Guided by the American Nurses Credentialing Center Magnet Model and Lewin's change theory, which sets the framework for creating exceptional nursing leaders, a literature search was conducted from studies ranging from 2010 to 2012 from several databases. Inclusion criteria were based on the presence of one or more leadership styles discussed in the articles and the impact of leadership style on nursing satisfaction. A total of 25 articles were found during the electronic search, but only 7 articles met the inclusion criteria for analysis. The results of this review revealed that transformational leadership enhanced nursing satisfaction rates, while transactional leadership and situational leadership contributed to low levels of nursing satisfaction rates. This project contributes to positive social change for nurse managers because there is limited research available that focuses on leadership styles and its implication for practice. This project will inform the work of nurse managers by illuminating the importance of leadership styles on nursing satisfaction and work environment conditions.

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Dedication

I would like to start by first dedicating this page to the man that is the head of my life, God. It is with the grace and mercy of the father above that has made all things achievable and obtainable for me. I would also like to dedicate the completion of this project to my two beautiful children, Dominic Jenkins and Alana Pough. Thanks for loving me at all time and for helping me to realize what unconditional love really signifies. Additionally, I would like to dedicate the completion of this dissertation to my late mother Ruby Jean Grant whose memories and prior encouragement allowed me to stay focus. Mom you instructed me to never give up and strive to fulfill all my dreams and aspirations. I love you mom, forever and always.

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Section 1: Introduction to the Problem

Background to the Problem

The nursing profession is becoming an increasingly stressful occupation, with increasing rates of burnout and mental fatigue. According to Larahjeira (2012), occupational stress is impacting the physical and mental well-being, and nursing retention rates of nurses. Felblinger (2009) suggests that stress related to the nursing profession can lead to poor job satisfaction, fatigue, bullying, burnout, and increased rates of absenteeism from work. According to Smith, Lavoie-Tremblay, Richer, & Lantot (2010), a collaborative process among nursing staff members and leadership to deliver health care that is efficient, effective, and satisfying to all participants involved, including the patient. This collaboration must be established on an individual level, organizational level, and system-wide level to achieve maximum success (Smith et al., 2010).

Many nurses believe that they should be given the opportunity to participate in the discussion of patient issues; be involved in the decision-making on their units; and collaborate and communicate with nursing leadership, physicians, and other members of the healthcare team to provide quality health care services (Smith et al., 2010). Jahangir and Shokrpour (2009) stated that the global nursing shortages are attracting many researchers to study the role of organizational commitment and job satisfaction of nurses. With health care reform, and an economic crisis, most hospitals need to focus on keeping their nurses happy, as they formulate ways to cut cost, while providing quality health care that will best fit the changes associated with an evolving health care delivery system (Jahangir & Shokrpour, 2009). Job dissatisfaction in nursing is associated with several

common themes, which is described by Meyer et al. as: (a) factors interfering with job/patient care, (b) feeling overloaded and overworked, (c) relationship with coworkers, (d) individual factors, (e) organizational factors, and (f) the career stage of the nurse (Jahangir & Shokrpour, 2009). Ensuring a balanced working relationship between nursing leadership or managers and the nursing staff starts with being more attentive to the needs of the nursing staff, which will help improve the satisfaction rates of nurses, and organizational commitment (Jahangir & Shokrpair, 2009).

The nursing profession is an ever-changing discipline that requires constant adaptability, and flexibility. Robbins and Davidhizar (2007) suggested that nursing leadership or managers requires change, and needs to make positive strides to improve the work environment conditions, and satisfaction rates among nurses. Executive management must select highly qualified personnel for leadership positions on nursing units to achieve higher levels of success with nurse retention rates, nursing satisfaction, and patient satisfaction. Leaders must communicate effectively, be a team player, and commit to a vision that will empower others to follow them to better meet the health care needs of customers (Robbins & Davidhizar, 2007). Visionary managers focus on inspiring their nursing staff.

A leadership style that is supportive, competence, innovative, transformational, and promotes autonomous among nurse, creates an environment that fosters compassion and trust to accomplish tasks and achieve the visions of the health care system. Executive management must understand that nursing satisfaction and retention rates can impact patients' outcomes in a negative or positive way. High turnover rates among

nurses leads to poor patient outcomes and increase costs for health care organization. In contrast, low turnover rates can improve patient care because it allows nursing units to provide a higher level of continuity of care via use of experienced nurses (Robbins & Davidhizar, 2007).

It is very important for nurses to have a working environment that promotes job satisfaction. According to Crow, Hartman, and Henson (2006), job dissatisfaction is a factor associated with nurse turnover rates and the decision to leave the nursing profession totally. Improvement in management, techniques, and skills can help to eliminate conditions that inhibit performance (Crow, Hartman, & Henson, 2006). Employees who are satisfied will be more productive, engaged in achievement-oriented work culture, and be positive thinkers.

Problem Statement

The problem addressed in this project was how the leadership styles of nursing leaders are impacting nursing staff shortages. According to Egenes (2012), with the ongoing problem of a nursing staff shortage in the U.S. among health care systems, it is imperative that health care organizations strive to keep their nurses satisfied in order to retain their nurses. Nursing dissatisfaction, along with the national nursing shortage problem, is interfering with the quality of care that is delivered among many health care systems and is threatening the stability and economic welfare of the United States health care system. Given the healthcare costs and socioeconomic impact of health care on individuals and communities, it is necessary to accelerate efforts to decrease nursing turnover rates and nursing job dissatisfaction within health care systems. According to

Mancino (2013), administrators, and nursing managers needs to take a new direction to address the nursing shortages, and that need starts with understanding the factors that contributes to better leadership which promotes satisfaction, and thus reduces turnover and the shortage. Strong leadership is the driving force of health care, nursing satisfaction, and patient satisfaction, and it helps to main a culture that is open to change (Davies, 2013).

In order better understand nurse retention and job satisfaction, investigators should examine the role that leadership plays in relation to these variables. Egenes (2012) stated that the nursing shortage will continue to reoccur with a certain degree of regularity unless nursing leaders and health care organization make some degree of improved satisfaction to keep their nurses satisfied. With increasing healthcare demands among patients, providers, and organization, many nurses are experiencing burnout, fatigue, increased levels of stress, and dissatisfying work environment conditions. These dissatisfactions in the workplace are associated with high turnover rates, inadequate support and teamwork among the staff, and high patient to nurse ratios.

Latanjeira (2012) suggested that stress, coping skills, and leadership styles are major factors that impact the nursing shortage. In order to combat job stress and promote job satisfaction, there must be a work environment that allows nurses to practice to the full extent of their education level and have leaders who encourage a balance between work and family life that is necessary for decreasing the nursing shortage, while promoting professional advancement (Egenes, 2012). Robbins and Davidhizar (2007) suggested that correlations have been associated with poor leadership on nursing units

and unhappy, poorly motivated and less dedicated nursing staff members. These findings suggest that poor leadership directly related to an environment that does not utilize teamwork approaches, have inadequate support from management, and lacks the ability to utilize a shared governance concepts among staff members that can help increase nursing satisfaction rates, and motivate staff to provide high-quality care.

Purpose Statement

The purpose of this doctoral nursing project (DNP) is to synthesize the best leadership practices from the literature to develop an evidence-based product for improving the leadership standards of nursing managers to help improve job satisfaction and retention rates for nurses at community hospitals. Nurse leaders needs to base their skills and knowledge on theories related to nursing practice; they needs to use effective leadership styles to achieve the goals, vision, and mission of a health care organization. Even though, there is no definitive theory about one leadership style held above another; given the evolution and recurrent changes associated with health care, nurses need a leader who is flexible enough to use many leadership styles to fit different circumstances (Giltinane, 2013). The overall goal is to maintain a competent workforce of nurses who will develop and strengthen partnerships among education, research, practice, and leaders in the health care delivery system (King & Erickson, 2006).

Project Objective

Primary Objective: To translate evidence-based research into clinical practice by developing leadership standards from an integrated literature review to help improve

nursing satisfaction rates, nurse retention rates, the leadership styles, and competence of nursing managers.

Secondary Objective: To develop a plan for implementing the use of the leadership styles to help provide educational programs, and training toward competency development for nursing managers.

Tertiary Objectives: To develop nursing implications for the development of quality leadership skills among nurse managers that can be used to help them lead effectively, and create a culture of change and innovation.

Project Goals

Do leadership styles of a health care organization predict nurse's satisfaction rates?

Significance of the Project

Healthcare organizations must provide supportive leaders in a healthcare environment that is constantly changing, to maintain competitiveness, and be innovative in all aspects of the healthcare system. According to Sandstrom et al. (2011), leadership must support staff, encourage staff, and create opportunities for further developed education and learning. Organizations that lacks the support of their leaders when implementing evidence-based research into practice lack clinical improvements, have poorer performance appraisal, have a stagnant organizational culture, and lack innovative interventions (Sandstrom et al., 2011). Azaare and Gross (2011) suggested that effective leadership training must be instituted for prospective nurse managers appointments to maintain quality health care staff and staff job satisfaction. In my project, I determined how particular leadership styles impact the nursing retention rates and job satisfaction

within the hospital system. Many hospital systems are suffering from a nursing staff shortage; however, there are many unanswered reasons for the impact of nursing turnover, which in the past has been minimal within many hospital systems. With budget cuts, health care reform, economic crisis, and the cutting of occupied beds in the facility, understanding what needs to be done to promote job retention and satisfaction rates among the nurses at many hospital systems can be helpful in reducing staffing costs, and promoting quality patient care that leads to positive patient outcomes.

Reduction of Gaps

Maintaining quality nursing leaders who are competence allows nurses to facilitate collaboration between health care team members to provide care to patients, improve clinical outcomes, and apply theory to practice (Butorac et al., 2011). According to Rukholm et al. (2009), a global health care workforce involves the contributions of international organizations. The knowledge, education, and competence of nurses locally, regionally, nationally, and internationally contributes to health care innovation, change, and global partnerships that improve the quality of care provided world-wide and helps to alleviate health care challenges (Rukholm et al., 2009).

Implications for Social Change

Leaders that communicate effectively, and build relationships with staff members have a tremendous impact on the growth, innovation, and the success of their healthcare organization. According to Carlson, Rapp, and Eichler (2012), a health care organization needs leadership who communicate effectively in team meetings, building skills initiatives, quality improvement initiatives, staff development, and monitoring

using clinical outcomes to facilitate the implementation of evidence-based practices. The satisfaction of nurses is a player in health care and clinical outcomes of patients, so management must understand the impact of their leadership styles to continue to have an organization that creates a positive culture. Commitment to excellence is necessary to meet the challenges within health care organizations. With the initiation of the Affordable Care Act (ACA; 2010), a team effort is necessary to facilitate quality workflow processes; build relationship between patients, nurses, and physicians; and to implement evidence-based practices and innovative changes within a health care delivery system (Bajnok et al., 2012).

The ACA (2010) is placing nurses at the forefront of the health care system, and having competent and knowledgeable nurses must be the focus of every health care organization. According to Wakefield (2013), nurses play a role in health policy and access to health care, and they have a well-respected role in providing trusted health information to patient's families and other members of the health care team. Having quality nurses in the health care delivery system is critical to the health care community, both rural and urban (Wakefield, 2013). The ever-changing health care delivery system needs nurses to fulfill the multitude of health care services from inpatient care to outpatient care to help close the gaps in the health care delivery system and to coordinate care across the health care spectrum (Wakefield, 2013).

Nurses need full autonomy and support from healthcare organizations to transform the healthcare system, close gaps in care, and improve patient outcomes. Kunic and Jackson (2013) suggested that, in order for nurses to help transform the health

care system, they must reach their full potential in the new models of health care delivery, and they must contribute to and provide high-quality, cost-effective, and patient-centered care. Health care organizations must also create a positive workplace environment that allow nurses to have input in the decisions that impact their practice at the bedside, support and provide education and training, and work to provide an environment that leads to high levels of nursing satisfaction (Kunic & Jackson, 2013).

Definition of Terms

Affordable Care Act (ACA): A new Patient's Bill of Rights enacted in 2010 by President Barack Obama; this bill was developed to protect consumers from the worst abuses of the insurance industry. It gives all people in the United States open access to affordable health insurance options (Health and Human Services, 2013).

Situational leadership: A method of leadership that a leader uses to manage different situations (Grimm, 2010).

Transactional leadership: A method of leadership that is more task-oriented and is described as controlling type behavior, power-tripping, or closed-minded leadership (Bass, 2008).

Transformation leadership: A leader who empowers their employees to become leaders by developing good relationship with them to meet the organizations goals, with the concept of fulfilling the team's vision (Rolfe as cited in Giltinane, 2013).

Assumptions, Limitations, and delimitations

The theoretical assumption of the project was that leadership styles will determine how nurses will respond to a survey on job satisfaction. I examined and synthesized the

literature to identify strategies that can be used to create leadership styles for nursing managers that may be satisfying to nursing staff. I assumed that the studies reviewed will be representative of the population of nurse leaders. I also assumed that the instruments used in the studies reviewed were reliable and valid. Finally, I assumed I will was able to extend the knowledge on the leadership styles that will promote nursing satisfaction.

Summary

An integrated literature review of nursing satisfaction and leadership styles was completed. This review of the literature can be used to help the nursing leadership workforce better determine what efforts needs to be encouraged and developed to support leadership styles that will enhance nursing satisfaction rates, recruitment and retention rates, and to promote healthy work environment (Cummings et al., 2010).

Health care is a labor-intensive field, and maximizing the use of highly skilled nurses is critical for health care leaders and policy-makers attempting to deliver quality care at the lowest cost (McIntosh & Sheppy, 2013). Using the skills of nurses is the key to better productivity, output, and efficiency to help reduce financial costs and enhance health care (McIntosh & Sheppy, 2013). Effective leaders must create professional growth for nurses and sustain the health care workforce to enhance patient outcomes while also balancing budgets. This process is based on having a nursing staff who can examine and meet the needs of all patient populations. Leaders must place an emphasis on nurse satisfaction and retention to help with the multiple pressures of financial constraint and the growing demand and need to reduce cost and provide high-quality care (McIntosh & Sheppy, 2013).

Section 2: Review of Literature and Theoretical and Conceptual Framework

Background on Leadership Styles

Leadership has been studied in a variety of disciplines such as: healthcare administration, nursing, and business management in terms of its effects on the workplace outcomes (Cummings et al., 2010). Hibbend and Smith suggested that organizations are using theories to place an emphasis on relationships and the leadership styles of managers in terms of building an organization foundation and effecting positive change (as cited in Cummings et al., 2010). Wong and Cummings (2007) stated that leadership practices of formal nurse leaders have been found to positively impact outcomes for organizations, providers, patients, and nurses (Cummings et al., 2005; Upenieks, 2002; Vitello-Cicciu, 2002). According to Grimm (2010) leadership is complex and involves the use of many different qualities. The requirements of a leader is to elicit effective performances, vision, values, and planned goals to improve the effectiveness of their organization. Successful organization develops their leaders to become emotionally intelligent, by improving their social skills, self-awareness, self-management, and emotional intelligence. Emotionally intelligent leaders that can help to control the responses of staff to change, are empathetic, nonjudgmental, allow their staff members to express their concerns, and do not rush to fix, but work to improve poor outcomes, add cohesiveness and promotes teamwork (Feathers, 2009).

Giltinane (2013) names characteristics of a good leader as being capable of adapting to changing environments, and using situational leadership style to deal with different situations presented before them. Porter-O'Grady (2003) describes the nature of

leadership as a complex process that involves identifying goals, motivating other people to act, and providing support and motivation to achieve mutual goals. Feather (2009) says what an organization does to produce good leaders helps to develop their leaders into individuals who are emotionally intelligent, and they help them to have self-awareness, self-management, social awareness, and excellent social skills. Giltinane (2013) describe leadership styles as transformational, transactional, and situational.

Transformational Leadership

Horwitz et al. (2008) described transformational leaders as inspirational and democratic. Inspirational leaders use charismatic communication, intellectual stimulation, and creative thinking to push and motivate their team to achieve their goals. In contrast, Bass (2009) suggested that the democratic approach works in a shared governance type of environment. Transformational leaders allow their followers to be independent and develop their own skills to help reduce burnout and stress. Transformational leaders inspire their employees to go above and beyond the call of duty (Vinkenburg et al., 2011), and they are visible role models who empower their employees to become leaders by developing a good relationship with them to meet the organizations goals and fulfill the team's vision (Rolfe, 2011). Transformational leaders also help their employees to reach their full potential by enhancing their skills, abilities, and self-esteem. This allows the group as a whole to develop shared values and beliefs and promotes a united effort to achieve goals and objectives within the organization (Wang & Howell, 2010).

Transactional Leadership

In contrast, transactional leadership is based upon rewards and can have a positive effect on the employees; however, the shared values of a team concept is difficult to develop. The transactional approach is also more task-oriented and is described as controlling type behavior, power-tripping, or closed-minded leadership (Bass, 2008). This type of leadership leads to defiant employees, creates fear among their workers, and a lack of cohesiveness in terms of a team concept (Bass, 2008). Bassett and Westmore (2012) stated that transactional leadership is often considered problematic because it leads to poor performance, negative patient outcomes, and poor quality of care (Bassett and Westmore, 2012). Horwitz et al. (2008) suggested that transactional leaders can be divided into three types: contingent rewards, in which rewards are offered if certain criteria are met; management by exception-active, in which leaders desire to intervene in followers' behavior before they become problematic; and management by exception-passive, in which leaders do not intervene until followers' behavior becomes problematic (Horwitz et al., 2008, p. 3).

Situational Leadership

Situational leadership is a method of leadership in which a leader manages different situations (Grimm, 2010). This type of leader adopts leaderships styles that are task-oriented when needed (Crevani et al., 2010). Situational leadership is based on supportive behaviors and directive behaviors and allows the leader to maintain open communication and provide support to their employees, while directive behaviors allows the leader to accomplish task-oriented activities by explaining how tasks should be

completed properly (Crevani et al., 2010). According to Grimm (2010) Situational leadership is considered the most popular approach of leadership style, because it allows a leader to respond to different situations, while using different leadership styles. Situational approach encourages leaders to become adaptive. It is also known as a contingency approach because it requires leaders to respond to many different situations using many different leadership styles.

Specific Literature

The future success of health care delivery systems are based upon having effective leaders that can develop interdisciplinary teams to improve patient outcomes, provide quality cost-effective care, and create positive work environments. Gimartin and D'Aun (2007) reviewed 60 studies in health care leadership and determined that leadership was positively associated with turnover, individual work satisfaction, and job performance. However, no researcher has examined and synthesized the findings of the roles of transformational, transactional, and situational leadership styles on nursing satisfaction. In a systematic review study of 53 articles on leadership styles and outcome patterns for nurses and health care environments, Cummings et al. (2010) determined that transformational leaders, also known as relationship leadership or people focused on leadership practices, contributed to improving outcomes for nurses, workforce environments, and the overall productivity and effectiveness of health care organizations. Transactional leadership led to negative outcomes and situational leadership style required more research, and theorization (Cummings et al., 2010). To clarify the findings above, transformational leadership was proven to be more effective in creating a positive

workforce and work environment conditions, which lead to increase nursing satisfaction rates and productivity within the organization. While transactional leadership was determined to create higher rates of nursing dissatisfaction, poor outcomes for the healthcare organization, and lower retention rates. In contrast to both transformational leadership and transactional leadership, situational leadership was proven to be ineffective; lacking support and research documentation of effectiveness; and considered difficult to accomplish due to the rapid changes and challenges within health care delivery systems.

Leadership styles are dynamic, complex, and they are implemented in a variety of ways. Cowden, Cummings, and Profetto-McGrath (2011) conducted a systematic review of 23 articles on leadership practices and nurses' intent to stay and determined that transformational leadership style resulted in greater intentions to stay among nurses, while transactional leadership style resulted in lower intention to stay among nurses. Cowden et al. did not discuss situational leadership style, but suggested that there was a relationship between leadership style and the variables within the practice environment and the way that the nurse manager influence the work environment can have a direct or indirect effect on intentions to stay. Abualrub and Alghamdi (2012) conducted a study on the impact of leadership styles on nurses' satisfaction and intention to stay by giving 308 nurses a job satisfaction survey (the multifactor leadership questionnaire) and the McCain's intent to stay scale. Abualrub and Alghamdi determined that a transformational leadership style enhanced level of nurses' job satisfaction. Transactional leadership style negatively influences nurses' job satisfaction and more

effective strategies are needed to help develop positive leadership characteristics among nurses.

Nurse managers must be aware of how they are perceived by staff nurses, and how their leadership styles impact nursing satisfaction rates. Casida and Parker (2011) conducted an exploratory correlational study to examine staff nurses' perceptions of nurse manager leadership styles and outcomes using the full-range leadership theory. Casida and Parker determined that transformational leadership style had a correlation to a leader's extra effort to improve their organization, leadership satisfaction, and leadership effectiveness. In contrast, transactional leadership style had a weak correlation to a leader's extra effort to improve their organization, leadership satisfaction, and leadership effectiveness (Casida & Parker, 2011). Nursing leaders in magnet organizations displayed exemplary leadership styles, primarily because they used the transformational leadership style approach, and their nurse managers included an integrated structure for their staff nurses, autonomous and collaborative practice, sufficient staffing, and reward and recognition practices (Kramer et al., 2010). Many scholars have supported a transformational leadership style (Kramer et al, 2010; Casida & Parker, 2011; Abualrub & Alghamdi, 2012; & Cowden, Cummings, & Profetto-McGrath, 2011) however, Havig, Skogstad, Veenstra, and Romoren (2011) conducted a multilevel analysis and examined the effects of leadership and ward factors on job satisfaction in a nursing home. Havig et al. determined that both task-oriented (transactional leadership styles) and relational-oriented leadership (transformational leadership style) were independently related to job satisfaction at the individual and ward levels. The strongest effect was for task-oriented

leadership style, and the two styles varied across wards, indicating that staff in different wards benefited from different leadership styles (Havig et al., 2011).

Leadership and job satisfaction in the hospital environment, was also examined by Furtado, Batista, and Silva (2011) and they discovered that job satisfaction among hospital nurses applying the situational leadership model, were subjected to constant change, requiring nursing leaders to have higher levels of versatility in order to maximize efficiency and sustainability. Furtado et al. (2011) suggest that nursing leaders must be able to demonstrate a relatively large spectrum of possible leadership styles to promote cohesion in healthcare environments. Kosinka and Niebro (2003) stated that nursing leaders must assume different roles, and adjust to unexpected issues and scenarios in their healthcare environment. This study stated that significant efforts must be made to decrease the differences between nursing leader's self-perception, and that of their staff nurses, in order to share common goals, language, and sustainability (Furtado et al., 2011).

The overall goal of nursing leaders is to promote competent nurses who provide quality healthcare. According to the American Nurses Association (ANA; 2013), the goal of nurse is to create a safe environment for patients and healthcare providers. These safe environment principles that supports the practice of American nurses, covers these seven issues: (1) collaborative relationship; (2) social networking; (3) pay for quality; (4) principles for nurse staffing ; (5) nursing documentation; (6) delegation by registered nurses to unlicensed assistive personnel; and (7) environmental health for nursing practice with implementation strategies (ANA, 2013).

Theoretical Framework

The theoretical framework for this research project is based upon the American Nurses Credentialing Center magnet model (2009), and Lewin's change theory, which sets the framework for creating exceptional nursing leaders (Grant et al., 2010). From the magnet model (2009) perspective the goals are to build a quality healthcare team; allow members of the team to be active participants in creating positive changes within the healthcare systems, and create a healthcare environment that is successful, innovative, promote positive outcomes, and creates new knowledge (Grant et al., 2010). In contrast, Lewin's change theory is based on the unfreezing or overcoming the existing mindset; moving or allowing for a period of transition to create change, and freezing or creating a new mindset that is successful and stable (Grant et al., 2010). Portoghese et al. (2012), suggests that change expectations and commitment to change is essential in the nursing profession. Effective change in nurses and a healthcare system leads to positive patient outcomes, improved communication, and collaborative relationships, increased job satisfaction rates, and healthier work environments, and a shared vision of change that can influence the entire social informational and organizational systems. The pitfalls of not successfully implementing change is a stagnant healthcare system, negative expectations, poor patient healthcare outcomes, poor communication, and team collaboration, and a lack of innovation and evolution within the healthcare organization (Portoghese et al., 2012). To successfully promote change strategies nurses must develop positive expectations about change, and build quality leadership style that will improve the communication process (Portoghese et al., 2012).

A study by Lee (2006), used the application of Lewin's change theory as a theoretical tool to help nurses that were adopting a personal digital system, and the study determined that the nurses did move through Lewin's three stages of changes. First, they started with unfreezing, which involved resistance to inconveniences or usage difficulties. Second, they progressed to moving, which involved coming around to use the system, and then getting enough practice utilizing the system until they became familiar with it. Lastly, the nurses progressed to re-freezing, which involved working with the personal digital system on a daily basis, and becoming competent at using the system. This study supports the concept that change is easier when staff nurses are part of the implementation process, and they perceived that the use of the system was required to establish work activities, improve clinical practice, and being clear results (Hughes, 2003). Adapting to change and the use of innovative technology thus allows the change process to become effective in the healthcare system (Lee, 2006).

Quality leaders must ensure that their organization has the ability to change and use evidence-based research to improve healthcare practices. Leaders must optimize the performance of their teams that provide various services in pursuit of a shared set of goals, and invest in their workforce to help them achieve their full potential, both individually and as a team in serving their patients. The resulting interpersonal and technical competence can produce the synergies, and improved outcomes that emerge from collaborative work (Institute of Medicine, 2001). Leaders must be responsible for creating and articulating the organization's vision, mission, and goals through policies and procedures. Policy development and improvement, starts with listening to the needs

and aspirations of those working on the front line providing direction, creating incentives for change, aligning, integrating improvement and creating a supportive environment with a culture of continuous improvement that enable success (Douglas & Fredendall, 2004).

Barriers to Leadership Development

There are many factors create barriers and impact leadership development in the workplace. According to Koukkanen and Katajisto (2003) the use of transactional, or autocratic leadership style impedes the nursing empowerment process. This type of leadership makes it difficult for nurse managers to be effective and it leads to a dysfunctional work environment that creates resentment, dissatisfaction, and poor team collaboration among the nurses (Maboko, 2011). Anthony et al. (2005) described authoritarian leadership as ineffective approaches that creates discord, and does not enhance the characteristic required for quality leaders. These characteristics includes being an active listener, empowering and supporting healthcare staff, being capable of adequately resolving conflict, and being an effective communicator, and team builder (Maboko et al., 2011). A qualitative study by Maboko (2011) examined a discussion group of 35 nurses' responses to a nursing leadership within their institution, and found that the nurse managers used a transactional leadership style that created resentment among the nurses. This study also determined that the nurse managers had very little knowledge about transformation leadership, and supporting a work environment and workforce that is caring. The framework for this study was based on Maxwell's framework of leadership which examines relationships equipping leadership abilities, and

altitude (Maboko, 2011). According to Curtis, Devries, and Sheerin (2011) leaderships consists of a variety of thoughts, reflections, and images. These thoughts and images may include power, influences, goals, autocratic behavior, innovation, warmth, kindness, followership, and cleverness. Curtis, Devries, and Sheerin (2011) conducted a systematic review of the literature on developing leadership skills in nursing, and determined that the most important leadership skills for nurses are relational skills, which is more indicative of transformational leadership style. Curtis et al. (2011) pointed out in their study that managers generally controls others, and maintains the status quo, and they display a transactional leadership style. In contrast, true leaders empower others, inspire innovation, and challenge traditional practices, which is more of a transformational leadership style.

Section 3: Methodology

Study Design

For the purpose of this DNP project, the relevant literature consisted primarily of studies on how leadership styles correlated to nursing satisfaction. The method is organized to determine whether the articles reviewed support the use of three different leadership styles: (a) transformational leadership styles, (b) transactional leadership style, and (c) situational leadership. The dates of the studies ranged from 2010 to 2012 and was chosen from the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL) Health Source Consumer Edition, Medline, Health Source Nursing/Academic Edition, and PubMed. The following search terms were used for this project: *leadership styles*, *transformational leadership*, *transformational leadership*, *situational leadership*, *nursing satisfaction*, and *job satisfaction*. The inclusion criteria was based upon the examination of one or more leadership style discussed in the articles and the impact the leadership style had on nursing satisfaction. A total of 25 articles were found during the electronic search that met the criteria of inclusion in this project. However, further reevaluation criteria limited the studies to those on transformational, transactional, and situational leadership styles. Out of the 25 articles chosen for this DNP project, only seven articles met the criteria for analysis using the three key leadership styles, and the impact these styles have on job satisfaction, which ultimately impacts nurse retention rates or intent to stay with a health care organization.

Summary

An integrated review is held to the same standards as research studies that are qualitative or quantitative. They are expected to be clear, concise, and replicable. An integrated review of the literature is used to test hypotheses, establish criteria for inclusion and exclusion, and provide clear evidence-based research for the improvement of nursing practice. An integrated literature review table of seven articles were evaluated and used to evaluate how leadership styles impact nursing satisfaction. This table also determined what leadership style proved to be more effective for improving nursing satisfaction within a health care organization.

Table 1
Integrated Literature Review of Seven Chosen Articles

AUTHORS	SAMPLE/STUDY DESIGN	LEADERSHIP STYLE DISCUSSED	DESCRIPTION	APPROVAL RATING/NURSING SATISFACTION
Abualrub and Alghamdi (2012)	Descriptive correlational design N= 308 nurses	Transformational and Transactional	Transformational described as idealized, inspirational, motivational, intellectual stimulation (Avolio et al. 1999; Bass & Avolio 2004; & Abualrub & Alghamdi, 2011)	Yes, positively associated with job satisfaction and intent to stay in current (as evidenced by The Multifactor Leadership Questionnaire, Job Satisfaction Survey, and the McCain's Intent to Stay Scale)
			Transactional described by Bass (1985) as only providing recognition upon achievement of goals, active management by exception, and passive avoidant or laissez-faire (Abualrub & Alghamdi, 2011)	No, negatively influence nurses job satisfaction, and no effect on intent to stay in current position
Furtado, Batista, and Silva (2011)	Quantitative, descriptive, inferential and correlational N= 266 nurses	Situational	Situational a leader's capability of switching between leadership styles according to a specific situation	No, low levels of job satisfaction among staff nurses were detected (as evidenced by The Leadership Effectiveness and Adaptability Description Questionnaire and a job satisfaction survey created by the author's)
Cummings et al. (2010)	Multidisciplinary systematic review N= 53 included studies	Transformational and Transactional	Transformational described as empowering, encouraging, relational, teambuilding	Yes, promotes healthy work environment, nurse satisfaction, recruitment and retention (as evidenced by the Multifactor Leadership Questionnaire, Leadership Practice Inventory, Leader Behaviour Descriptive Questionnaire Leadership Effectiveness and Adaptability, and Leader Empowering Behaviors)
			Transactional described as task-oriented	No, task completion alone does not help achieve optimum outcomes for the nursing workforce

(*Table continues*)

Integrated Literature Review of Seven Chosen Articles

AUTHORS	SAMPLE/STUDY DESIGN	LEADERSHIP STYLE DISCUSSED	DESCRIPTION	APPROVAL RATING/NURSING SATISFACTION
Casida and Parker (2011)	Exploratory correlational design N=278 staff nurses N=37 leadership style of nurse managers	Transformational and Transactional	Transformational described as idealized influence, inspirational, motivation, intellectual stimulation, and individualized consideration	Yes, found to be a strong predictor for all leadership outcome variables (as evidenced by Multifactor Leadership Questionnaire Form 5x short form)
			Transactional described as management-by-exception, and contingent reward	No, a weak correlational to all leadership outcome noted with this leadership style
Cowden, Cummings, and Protetto-McGrath (2011)	Systematic Review on leadership practices and nurses intent to stay N=23 research articles	Transformational and Transactional	Transformational Kelly and Heidenthal (2004) described as empowering others (Cowden, Cummings, & Profetto-McGrath, 2011)	Yes, had a positive relationship with nurses, work environments, and intent to stay in current position
			Transactional Kelly and Heidenthal (2004) described as task-oriented and centralized decisions making, and the leader having the power (Cowden, Cummings, & Profetto-McGrath, 2011)	No, was negatively correlated with staff nurses work environment conditions and intent to stay
Maboko (2011)	Qualitative design using nominal group technique Phase 1 N=35 nurses in a discussion group Phase 2 N=5 nurse managers using semi-structured interviews	Transformational and Transactional	Transformational described by Mwale (2000) as emphasizing vision, planning, communication, and creative action (Maboko, 2011)	Yes, positive unifying effect on nurses belief and values to achieve measurable goals for both nurses, and the organization (as evidenced by Maxwell's (2005) framework of leadership) (Maboko, 2011)
			Transactional described as lack of listening, conflict management, empowering, teamwork, and ineffective communication (Maboko, 2011)	No, created resentment among the staff nurses

(Table continues)

Integrated Literature Review of Seven Chosen Articles

AUTHORS	SAMPLE/STUDY DESIGN	LEADERSHIP STYLE DISCUSSED	DESCRIPTION	APPROVAL RATING/NURSING SATISFACTION
Havig, Skogstad, Veenstra, & Romoren (2011)	Multilevel analysis approach was used N=444 registered nurses, auxiliary nurses, and unskilled nursing assistants N=40 ward managers N=13 directors, field observation N=40 nursing home wards	Transformational and Transactional	Transformational viewed as having consideration, acceptance, and concerns for needs and feeling of employees building and development of skills, and praising and appreciation forwards employees for desired performance (Yukl, 2010; & Havig et al., 2011)	Yes, significant relationship between job satisfaction, and transformational Leadership style (as evidenced by researcher developed survey interviews, and field observation)
			Transactional the communication plans, policies, job responsibilities, role expectations, requirements and goals, and gathering information performance and individual contributions (Yukl, 2010; & Havig et al., 2011)	Yes, with a stronger effect on nursing job satisfaction (as evidenced by researcher developed survey interviews, and field observations)

Section 4: Findings, Discussion, and Implications

Findings

A total of seven articles were evaluated and used to evaluate how leadership styles impact nursing satisfaction (Table 1). A total of 25 articles were selected during the electronic search that met the criteria of inclusion. Out of the 25 articles chose for this DNP project, only seven articles met the criteria for analysis using the three key leadership styles, which were transformational leadership style, situational leadership style, and transactional leadership style. Inclusion criteria involved the examination of one or more leadership style and the impact the leadership style had on nursing satisfaction. Seven articles met the criteria for analysis using the three key leadership styles and the impact these styles had on job satisfaction, which ultimately impacts nurse retention rates or intent to stay with a health care organization. After reviewing all seven articles, transformational leadership was correlated with enhancing nursing satisfaction rates. Transactional leadership style or task-oriented type of leadership contributed to low levels of nursing satisfaction rates. Situational leadership style was also associated with low level of nurse satisfaction and leadership effectiveness.

This project determined that leadership styles that are based more on socioemotional support behaviors and relational development, and less on structure and task supervision, are more likely to enhance nursing satisfaction (Furtado et al., 2011). By investing time and money into a relationship with nurses, leaders will have a positive effect on nursing satisfaction, retention, and outcomes for patient (Cummings et al., 2010). In this project, I translated nursing existing nursing knowledge because it can help

to change and improve seven key aspects of leadership: (a) relational skills can be improved by using creative and innovative ways to implement the concept of teamwork, collaborative practices, and workplace conflict that will help reduce and eliminate favoritism; (b) incorporating the concept of collaboration can help reduce resistance to change that contributes to participation, productivity, and visibility for the organization; (c) improve communication processes which can help to reduce the competitive possessiveness and horizontal and lateral bullying within the workplace among nurses; (d) decrease the influence of the level of microaggression between novice and experienced nurses by recognizing high performers, team players, and mentors who contribute to a positive and healthy workplace environment; (e) improve the emotional intelligence and maturity level of nurse managers that will help them to resolve conflict and manage difficult situations more effectively; (f) improve the process of change and help to decrease resistance to change by incorporating the concept of a shared governance in decision-making among nurse managers and staff nurses; and (g) improve the understanding of leadership styles and how to effectively incorporate them into clinical practices to improve nursing satisfaction, and work environment conditions.

This competency product is aligned with leadership styles, the actions of a nursing leader directly impacts an organization success, and financial status. These competencies are designed to build, and support a quality workforce, that is currently facing dramatic shortages; it helps to impact social change; and it helps to create a healthcare environment that is adaptive, innovative, and flexible. This competency product is also aligned with leadership styles, because it helps prepare nurse managers to

ensure that their staff is providing quality, cost-effective healthcare; it helps them to improve work environment conditions; it helps to create the concept of team building, and shared decision making environment; and it helps nurse managers to become better leaders by utilizing a leadership style that will grow, and maintain an organization competitiveness, and bottom line.

Leadership Styles

Six out of seven of the studies supported the use of transformational leadership styles for the promotion of nursing satisfaction and positive work environment conditions. These studies described transformational leadership styles empowering others, inspirational motivation, intellectual stimulation, communicative and creative actions, and idealized influence (Maboko, 2011; Casida & Parker, 2011; Cummings et al., 2010; Cowden, Cummings & Profetto-McGrath, 2011; & Abualrub & Alghamdi, 2012) only one out of seven of the studies supported the use of transactional leadership style. This study described transactional leadership style as having a stronger effect on nursing job satisfaction via it communication of plans, policies, job responsibilities, role expectations, organizational performance and meeting organizational goals and requirements (Havig et al., 2011).

However, the stronger effect for transactional leadership style has not been aligned with previous studies evaluating leadership styles, and nursing satisfaction (Stogdill 1974; Fisher & Edwards 1988; Yukl 2010; Havig et al., 2011). Although five of the seven articles described transactional leadership as negatively impacting job satisfaction; task oriented and centralized decision making; management by exception

and contingent reward; and a lack of listening, teamwork, conflict management, and empowerment (Cummings et al., 2010; Maboko, 2011; Casida & Parker, 2011; Cowden, Cummings, & Profetto-McGrath, 2011; & Abualrub & Alghamdi, 2012). None of the seven studies supported the use of situational leadership style. Only one of the studies discussed the use of situational leadership style as a model that could possibly be used to improve nursing satisfaction.

This study determined that important differences existed between nurse managers and staff nurses regarding the perceptions of leadership (Furtado, Batista, & Silva, 2011). This study also revealed that low levels of job satisfaction among staff nurses were detected, and that a nurse manager's capability of switching between leadership styles based upon specific situations did not support relational development and nursing satisfaction (Furtado, Batista, & Silva, 2011).

Discussion

There is no literature that addresses a particular theory that supports the use of a particular leadership style. However, according to Bass and Avolio (2004) healthcare organizations must invest time in teaching and coaching their nurses, provide training for professional development, listen to the compliant and concerns of their nursing staff for self-development, and focus on developing and implementing training modules that improve leadership skills, and promote positive leadership characteristics (Abualrub & Alhamdi, 2011). Healthcare organizations must invest in training areas such as: performance evaluation, nursing care management, recruitment and retention, personnel

integration, organizational structure, and administrative process to effectively and efficiently run their healthcare organization (Furtado et al., 2011).

Bass and Avolio (2004) suggests that healthcare organizations must invest time in teaching and coaching their nurses, provide training for professional developments, listen to the complaints, and concerns of their staff for self-development, and implement training modules that will help to improve leadership skills, and promote positive leadership characteristics (Abualrub & Alghamdi, 2011). Incorporating relational theory into management practices will help to influence nursing satisfaction, promote positive work environment conditions, and intent to stay in current job (Cowden, Cummings, & Profetto-McGrath, 2011). To promote and maintain relational skills, a healthcare organization must invest in training in areas such as performance evaluation, nursing care management, recruitment and retention, personnel integration, organizational structure, and administrative process to effectively and efficiently run their healthcare organization (Furtado et al., 2011).

Implications of Project

According to Rolfe (2011) despite the various studies examining and describing the different leadership styles, not one leadership style is supported by theory as being the most effective. Nursing leaders' must be flexible, adaptive, and selective in their leadership styles to hand many different situations (Giltinane, 2013). Bach and Ellis (2011) states that nursing leaders must be capable of developing a relationship of trust with their followers in order to achieve their organizational goals, vision, mission, and to achieve positive outcomes.. According to Kerfoot (2013) quality leaders challenge

themselves to assemble energized, and accountable to followers' to believe in the organization, mission, and develops shared values together as team. A great leader also build a team of individuals around them that is willing to take on the greater responsibility to deliver positive outcomes (Kerfoot, 2013).

Frish (2012) states that leaders must structure their organizations for excellent outcomes by creating a small trusted group of advisors, and a leadership team to organize the work within their organization to achieve a high-performing, decision-making self-managed interdisciplinary team.. Nursing leaders must celebrate, encourage, and inspire people to grow and excel to facilitate positive outcomes as an organization (Kerfoot, 2013). Nursing leaders must also have leadership training as a basic competency requirement (Casida & Parker, 2011). Healthcare organizations must understand how leadership styles, and relationships between leaders and staff impact patient outcomes and performance measures. Healthcare organizations must develop training models that include multiple leadership techniques, and approaches that will have a positive impact on job satisfaction and retention. These training models must take into consideration various external and internal variables, but be designed to produce positive outcomes (Cummings et al., 2010).

This project can have as significant impact on social change, because The Affordable Care Act is placing nurses at the forefront of the current healthcare system, and having competent and knowledgeable nurses must be the focus of every healthcare organization. This DNP Project can help to: (a) to facilitate quality workflow processes; (b) help to build relationship and the concept of teamwork; (c) implement evidence-based

practices and innovative changes within a healthcare delivery system (Bajnok et al., 2012); (d) improve nursing satisfaction and work environment conditions; (e) improve patient safety and patient health outcomes; and (f) help to close gaps in patient healthcare. This project can also contribute to, and provide high quality, cost-effective, and patient-centered care; create a positive workplace environment that leads to high levels of nursing satisfaction (Kunic & Jackson, 2013); fulfill the multitude of healthcare services by closing the gaps in the healthcare delivery system, and coordinating care across the healthcare spectrum (Wakefield, 2013).

Implications for future studies could include building and developing a team-based approach, and understanding how leadership styles, and relationships between the leader and staff impact patient outcomes and performance measures (Cummings et al. 2010). Future studies could also be conducted to determine what supportive exercises, and relational leadership techniques can be utilize to positive workplace environment conditions are more likely to retain, and satisfy their nursing staff (Cowden, Cummings, & Profetto-McGrath, 2011).

Project Strength and Limitations

The limitations of the project includes biases in interpretation of studies (Havig et al., 2011); validity and reliability of the studies (Maboko, 2011); the fact that reviewing secondary information limits generalizability of review findings (Casida & Parker, 2011); and sample size (Abualrub & Alghamdi, 2012). Also, the variability in the term and measurement of leaderships limits the validity, and generalizability of this project is a limitations (Cummings et al., 2010). The strengths of the project determined that nursing

leaders must be effective communicators, leaders, and innovative in quality improvement initiatives to improve nursing practices and patient outcomes. Quality leaders must ensure that their organization has the ability to change, be innovative, and use evidence-based research to improve healthcare practices (Institute of Medicine, 2001).

Analysis of Self

As a DNP prepared nurse, I believe this project have helped me to utilize evidence-based practice research to create best hospital care environments that display healthy environments, support professional nursing practice, patient safety, and quality patient care (Sherman & Pross, 2010). This project has helped me to get a better understanding of how to collaborative, and communicate effectively to maintain synergy, and interdependence to achieve high quality patient care (Sherman & Pross, 2010). This project will help implement training modules that improve leadership skills, promote social change, and promote positive leadership characteristics (Abualrub & Alhamdi, 2012).

Summary

For the future of healthcare, nursing leaders must be effective communicators, leaders, and innovative in quality improvement initiatives to improve nursing practices and patient outcomes. According to the Nursing Organization Alliance (2004) nine key elements to support the development of a successful work environment includes: (a) a practice culture that collaborates; (b) a culture that communicates effectively; (c) a culture that is accountable for their actions; (d) a culture that has an adequate supply of nurses; (e) a culture that is rick professional practice and continuous growth and

development initiatives; (f) a culture that utilizes a shared governance in decision making at all levels; (g) a culture with a diverse composition of experts, competence, credibility and visible leadership; and a culture that recognizes their nurses qualifications and contributions to healthcare practices (Sherman & Pross, 2010)..

According to Faila and Stichler (2008) the current literature suggests utilizing a transformational style of leadership to improve current and future practices of nursing healthcare (Sherman & Pross, 2010). Sherman and Pross (2010) suggests that transformational leadership style allows leaders to improve staff motivation, morale, and performance. Even the American Credentialing Center (ANCC; 2008) states that components of magnet recognition program status involves the use of a transformational leadership approach. Also, based upon evidence-based practice research the best hospital care environments are those that display healthy environments that support professional nursing practice, patient safety, and quality patient care (Sherman & Pross, 2010).

Quality leaders must be prepared to facilitate daily problems, develop manage conflict resolutions, interventions collaboratively, and communicate issues effectively to maintain synergy, and interdependence to achieve high quality patient care (Sherman & Pross, 2010). Quality leaders can create an environment of mutual respect by recognizing nurses for their efforts making them feel valued and appreciated; acknowledging their accomplishments and professional growth; and by supporting and assisting nurses to achieve professional goals (Perrine, 2009). Strategies for improving the quality and competence of nursing leaders includes competency development,

orientation for nursing managers, utilizing workshops; and leadership development programs (Maryniak, 2013).

With the current nursing shortage, and high turnover rates within healthcare organizations, nurse managers must increase their attention towards nursing satisfaction, and retention of currently employed nursing staff (Cowden, Cummings, & Profetto-McGrath, 2011). Healthcare organizations must design and implement retention strategies, while investigating reasons for dissatisfaction among their nursing staff (Abualrub and Alghamdi, 2011). Organizational influence, and a shared governance work environment that utilizes effective leadership styles can help create positive patient outcomes, staff nurses autonomy, retention, and satisfaction (Casida & Parker, 2011). Healthcare organizations that encourage an environment that has high morals, and collaborative efforts will more than likely achieve a sustainable future, and competitive edge (Cummings et al., 2010). Healthcare organizations that utilizes appropriate leadership styles will enhance job satisfaction (Furtado et al.; 2011).
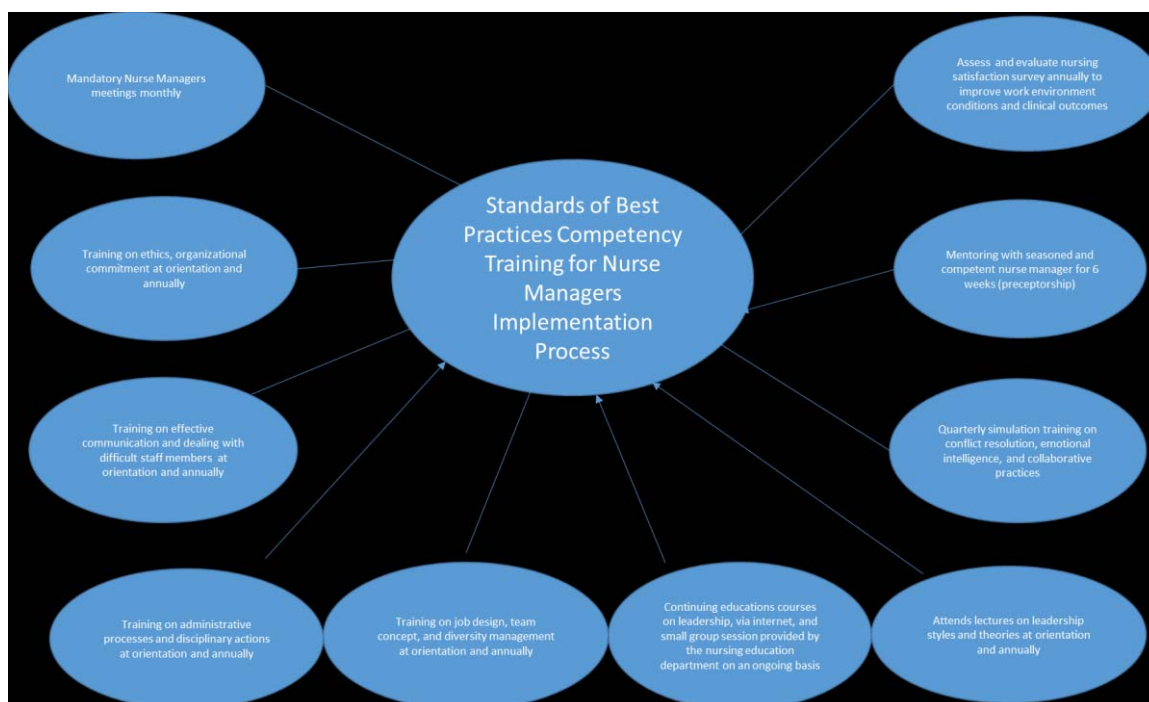
Figure 1. Standards of best practices competency training for nurse managers' implementation process (created by Wilma Jones, 2014).

Section 5: Scholarly Product Manuscript

Abstract

The purpose of this project is to translate evidence-based literature into policy and practice guidelines to improve leadership standards, generating these as products of the DNP project. The project aims to see how the existing literature on leadership styles can be translated into evidence- based practice for the improvement in leadership standards, and skills among nurse managers to promote change within the healthcare environment for the improvement in patient outcomes, and the quality of care. The use of reflection is considered a great way to promote change. Therefore, this method will allow healthcare organizations to assess, and develop standards and strategies that contributes to current and future nursing practices, and help create satisfied leadership styles in nursing managers, which will ultimately allow them to achieve the goals, vision, and mission of their healthcare organization. Creating a healthcare culture that is satisfying to nurses' help to maintain sustainability, flexibility, and adaptability in an ever-changing environment.

Purpose Statement

The purpose of this DNP project is to synthesize the best leadership practices from the literature to develop an evidence-based product for improving the leadership standards of nursing managers to help improve job satisfaction and retention rates for nurses at community hospitals. A leader needs to utilize effective leadership styles to achieve the goals, vision, and mission of a healthcare organization, and based their skills, and knowledge upon theories that are relevant to nursing practice. No theory has a

definitive theory about one leadership style over another, however, given the evolution and recurrent changes associated with healthcare, nurses need a leader that is flexible enough to utilize many leadership styles to fit different circumstances (Giltinane, 2013). The overall goal is to maintain a competent workforce of nurses that will develop, and strengthen partnerships between education, research, practice, and leaders in the healthcare delivery system (King & Erickson, 2006).

Description of the Study

An integrated literature review of nursing satisfaction and leadership styles will be completed. This review of the literature will help the nursing leadership workforce better determined what efforts needs to be encouraged, and developed to support leadership styles that will enhance nursing satisfaction rates, recruitment and retention rates, and to promote healthy work environment (Cummings et al., 2010).

Azaare and Gross (2011), suggests that effective leadership training must be instituted for prospective nurse managers appointments to maintain quality healthcare staff, and staff job satisfaction. My project can help to determine how particular leadership styles, impact the nursing retention rates, and job satisfaction within the VA hospital system. Currently the James A. Haley is suffering from a nursing staff shortage; however, there are many unanswered reasons for the impact of nursing turnover, which in the past has been minimal within community hospital systems. With budget cuts, healthcare reform, economic crisis, and the cutting of occupied beds in the facility all being key factors, understanding what needs to be done to promote job retention and satisfaction rates among the nurses in community hospital systems, which can be helpful

in reducing staffing costs, and promoting quality patient care that leads to positive patient outcomes.

Methodology

For the purpose of this DNP project, the relevant literature consists primarily of studies examining how leadership styles correlated to nursing satisfaction. The method is organized to determine whether the articles reviewed support the use of three different leadership styles: (a) transformational leadership styles, (b) transactional leadership style, and (c) situational leadership. After conducting an extensive electronic search of articles to identify studies to include in this DNP project, 25 articles were identified. The dates of the studies range from 2010 to 2012 and was chosen from the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL) Health Source Consumer Edition, Medline, Health Source Nursing/Academic Edition, and PubMed. The following search terms were used for this project: leadership styles, transformational leadership, transformational leadership, situational leadership, nursing satisfaction, and job satisfaction. The inclusion criteria is based upon the examination of one or more leadership style discussed in the articles, and the impact the leadership style had on nursing satisfaction.

A total of 25 articles were found during the electronic search that met the criteria of inclusion in this project. However, further re-evaluation criteria limited the studies to those that analyzed transformational, transactional, and situational leadership styles. Out of the 25 articles chose for this DNP project, only seven articles met the criteria for analysis using the three key leadership styles, and the impact these styles have on job

satisfaction, which ultimately impacts nurse retention rates or intent to stay with a healthcare organization.

Major Findings

A total of seven articles were evaluated and utilized to evaluate how leadership styles impact nursing satisfaction (Table 1). A total of twenty-five articles were selected during the electronic search that met the criteria of inclusion. Out of the twenty-five articles chose for this DNP project, only seven articles met the criteria for analysis using the three key leadership styles, which were transformational leadership style, situational leadership style, and transactional leadership style. Inclusion criteria involved the examination of one or more leadership style & the impact the leadership style had on nursing satisfaction. Seven articles met the criteria for analysis using the three key leadership styles, and the impact these styles have on job satisfaction, which ultimately impacts nurse retention rates or intent to stay with a healthcare organization. After reviewing all seven articles, transformational leadership was proven to enhance nursing satisfaction rates. Transactional leadership styles or task oriented type of leadership contributed to low levels of nursing satisfaction rates. Situational leadership style was also associated with low level of nurse satisfaction, and leadership effectiveness.

Leadership styles that are based more on socio-emotional support behaviors and relational development, and less on structure and task supervision are more likely to enhance nursing satisfaction (Furtado et al., 2011). Investing time and money into relationship with nurses, competency training for leaders will have a positive effect on

nursing satisfaction, retention, and outcomes for patient (Cummings et al., 2010). The findings of this proposal is capable of contributing, and translating nursing existing nursing knowledge because it can help to change and improve seven key aspects of leadership: (a) relational skills can be improved by utilizing creative and innovative ways to implement the concept of teamwork, collaborative practices, and workplace conflict that will help reduce, and possibly eliminate favoritism; (b) incorporating the concept of collaboration can help reduce resistance to change that contributes to participation, productivity, and visibility for the organization; (c) improve communication processes which can help to reduce the competitive possessiveness, and horizontal and lateral bullying within the workplace among nurses; (d) decrease the influence of the level of micro-aggression between novice, and experience nurses by recognizing high performers, team players, and mentors that contribute to a positive and healthy workplace environment; (e) improve the emotional intelligence and maturity level of nurse managers that will help them to resolve conflict, and manage difficult situations more effectively; (f) improve the process of change, and help to decrease resistance to change by incorporating the concept of a shared governance in decision making among nurse managers and staff nurses; and (g) improve the understanding of leadership styles, and how to effectively incorporate them into clinical practices to improve nursing satisfaction, and work environment conditions. This competency product is aligned with leadership styles, because the actions of a nursing leader directly impacts an organization success, and financial status. These competencies are designed to build, and support a quality workforce, that is currently facing dramatic shortages; it

helps to impact social change; and it helps to create a healthcare environment that is adaptive, innovative, and flexible. This competency product is also aligned with leadership styles, because it helps prepare nurse managers to ensure that their staff is providing quality, cost-effective healthcare; it helps them to improve work environment conditions; it helps to create the concept of team building, and shared decision making environment; and it helps nurse managers to become better leaders by utilizing a leadership style that will grow, and maintain an organization competitiveness, and bottom line.

Project Strength and Limitations

The limitations of the project includes biases in interpretation of studies (Havig et al., 2011); validity and reliability of the studies (Maboko, 2011); the fact that reviewing secondary information limits generalizability of review findings (Casida & Parker, 2011); and sample size (Abualrub & Alghamdi, 2012). Also, the variability in the term and measurement of leaderships limits the validity, and generalizability of this project is a limitations (Cummings et al., 2010). The strengths of the project determined that nursing leaders must be effective communicators, leaders, and innovative in quality improvement initiatives to improve nursing practices and patient outcomes. Quality leaders must ensure that their organization has the ability to change, be innovative, and use evidence-based research to improve healthcare practices (Institute of Medicine, 2001).

Conclusions

For the future of healthcare, nursing leaders must be effective communicators, leaders, and innovative in quality improvement initiatives to improve nursing practices

and patient outcomes. According to the Nursing Organization Alliance (2004) nine key elements to support the development of a successful work environment includes: (a) a practice culture that collaborates; (b) a culture that communicates effectively; (c) a culture that is accountable for their actions; (d) a culture that has an adequate supply of nurses; (e) a culture that is rick professional practice and continuous growth and development initiatives; (f) a culture that utilizes a shared governance in decision making at all levels; (g) a culture with a diverse composition of experts, (h) competence, credibility and visible leadership; and (j) a culture that recognizes their nurses qualifications and contributions to healthcare practices (Sherman & Pross, 2010).

According to Faila and Stichler (2008) the current literature suggests using a transformational style of leadership to improve current and future practices of nursing healthcare (Sherman & Pross, 2010). Sherman and Pross (2010) suggests that transformational leadership style allows leaders to improve staff motivation, morale, and performance. Even the American Credentialing Center (ANCC; 2008) states that components of magnet recognition program status involves the use of a transformational leadership approach. Also, based upon evidence-based practice research the best hospital care environments are those that display healthy environments that support professional nursing practice, patient safety, and quality patient care (Sherman & Pross, 2010). Quality leaders must be prepared to facilitate daily problems, develop manage conflict resolutions, interventions collaboratively, and communicate issues effectively to maintain synergy, and interdependence to achieve high quality patient care (Sherman & Pross, 2010).

Quality leaders can create an environment of mutual respect by recognizing nurses for their efforts making them feel valued and appreciated; acknowledging their accomplishments and professional growth; and by supporting and assisting nurses to achieve professional goals (Perrine, 2009). Strategies for improving the quality and competence of nursing leaders includes competency development, orientation for nursing managers, utilizing workshops; and leadership development programs (Flowers et al., 2004; Flynn et al., 2010; Sherman, 2005; Swearingern, 2009; Maryniak, 2013).

With the current nursing shortage, and high turnover rates within healthcare organizations, nurse managers must increase their attention towards nursing satisfaction, and retention of currently employed nursing staff (Cowden, Cummings, & Profetto-McGrath, 2011). Healthcare organizations must design and implement retention strategies, while investigating reasons for dissatisfaction among their nursing staff (Abualrub and Alghamdi, 2011). Organizational influence, and a shared governance work environment that utilizes effective leadership styles can help create positive patient outcomes, staff nurses autonomy, retention, and satisfaction (Casida & Parker, 2011). Healthcare organizations that encourage an environment that has high morals, and collaborative efforts will more than likely achieve a sustainable future, and competitive edge (Cummings et al., 2010). Healthcare organizations that utilizes appropriate leadership styles will enhance job satisfaction (Furtado et al.; 2011).

Implications for Practice

According to Rolfe (2011) despite the various studies examining and describing the different leadership styles, not one leadership style is supported by theory as being the

most effective. Nursing leaders' must be flexible, adaptive, and selective in their leadership styles to hand many different situations (Giltinane, 2013). Bach and Ellis (2011) states that nursing leaders must be capable of developing a relationship of trust with their followers in order to achieve their organizational goals, vision, mission, and to achieve positive outcomes. . According to Kerfoot (2013) quality leaders challenge themselves to be energized, and accountable to their followers. Quality leaders also assemble their staff members to believe in the organization, mission, and develops shared values together as team. A great leader also build a team of individuals around them that is willing to take on the greater responsibility to deliver positive outcomes (Kerfoot, 2013).

Frish (2012) states that leaders must structure their organizations for excellent outcomes by creating a small trusted group of advisors, and a leadership team to organize the work within their organization to achieve a high-performing, decision-making self-managed interdisciplinary team . Nursing leaders must celebrate, encourage, and inspire people to grow and excel to facilitate positive outcomes as an organization (Kerfoot, 2013). Nursing leaders must also have leadership training as a basic competency requirement (Casida & Parker, 2011).   Healthcare organizations must understand how leadership styles, and relationships between leaders and staff impact patient outcomes and performance measures. Healthcare organizations must develop training models that include multiple leadership techniques, and approaches that will have a positive impact on job satisfaction and retention. These training models must take into consideration

various external and internal variables, but be designed to produce positive outcomes (Cummings et al., 2010).

This project can have as significant impact on social change, because The Affordable Care Act is placing nurses at the forefront of the current healthcare system, and having competent and knowledgeable nurses must be the focus of every healthcare organization. The results of this DNP Project can help to: (a) to facilitate quality workflow processes; (b) help to build relationship and the concept of teamwork; (c) implement evidence-based practices and innovative changes within a healthcare delivery system (Bajnok et al., 2012); (d) improve nursing satisfaction and work environment conditions; (e) improve patient safety and patient health outcomes; and (f) help to close gaps in patient healthcare. This project can also contribute to, and provide high quality, cost-effective, and patient-centered care; create a positive workplace environment that leads to high levels of nursing satisfaction (Kunic & Jackson, 2013); fulfill the multitude of healthcare services by closing the gaps in the healthcare delivery system, and coordinating care across the healthcare spectrum (Wakefield, 2013).

Implications for future studies could include building and developing a team-based approach, and understanding how leadership styles, and relationships between the leader and staff impact patient outcomes and performance measures (Cummings et al. 2010). Future implications for practice could focus on the research of leadership styles, and it's implication for nursing practice, since there were limited research available on different leadership styles. Future studies could also be conducted to determine what supportive exercises, and relational leadership techniques can be utilize to positive

workplace environment conditions are more likely to retain, and satisfy their nursing staff (Cowden, Cummings, & Profetto-McGrath, 2011).

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Appendix A: Title of Appendix

Table 2: Standards of Best Practices Competency Product

Competency Standard: Nurse managers must receive formal educational sessions on the different types of leadership styles, and how each leadership style impact work environment outcomes (Cummings et al. 2010; & Maboko 2011).	Rationale: Focused leadership practices contributes to improved outcomes for the nursing workforce, work environment conditions, productivity, and effectiveness of healthcare organizations (Cummings et al., 2010).
Competency Standard: Nurse managers should be given educational and simulation training on emotional intelligence, and conflict resolution.	Rationale: Knowledge about job attitudes, personality changes, learning styles, and self-efficacy can help managers improve competence, knowledge, skills, and abilities to deal with difficult situations, which will contribute to organizational growth (Tourigny & Pulich, 2006).
Competency Standard: Healthcare organizations should utilize valid, and reliable annual anonymous surveys to evaluate the leadership skills of their nurse managers. This survey should be presented to staff nurses, but given by the department of nursing education to reduce conflict of interest with managers. Healthcare organizations should also offer incentives to nursing staff willing to complete this survey (i.e. gift cards, iPad, etc.).	Rationale: This allows healthcare organizations to identify areas of leadership strength, and weaknesses; it helps them identify ways of improving work environment conditions, and nursing satisfaction (Tourighy & Pulich, 2006).
Competency Standard: A nursing satisfaction survey should be presented anonymously to all staff nurses annually.	Rationale: The results can be utilized to help administration, and nurse managers identify what factors are contributing to dissatisfaction, turnover rates, and retention rates (Jahangir & Shokrpour, 2009).

(Table continues)

Table 2: Standards of Best Practices Competency Product

Competency Standard: Nurse managers should have monthly staff meetings to discuss administrative and workflow processes issues within the healthcare organizations.	Rationale: Creates collaborative care building; opportunities for workflow processes, and outcomes improvement; improves innovative abilities within a healthcare environment; and it allows them to learn from other nursing managers (Smith et al., 2010).
Competency Standards: Nurse managers should have training on ethics, and organizational commitment.	Rationale: Understanding performance commitment among nurses, and organizational citizenship behavior among nurses can improve job satisfaction retention rates, and the quality of care provided to patients (Jahangir & Shokrpour, 2009).
Competency Standard: Nurse managers should have training on effective communication and administrative processes such as, counseling, and disciplinary actions.	Rationale: Managers that institute morals, follow policies, and utilize appropriate communication styles are more beneficial to their healthcare organization. The nurse managers are better equipped to demonstrate the vision of the organization; utilize appropriate strategies in their decision making processes; and achieve their desired goals (Maboko, 2011).
Competency Standard: Nurse managers should have training on team management, job redesign, and diversity management.	Rationale: Allows the nurse managers to make appropriate use of their staff; enhances their human skills; and it helps increase the retention, satisfaction, and performance of their staff (Tourigny & Pulich, 2006).
Competency Standard: Nurse managers should have continuing education courses on leadership annually.	Rationale: Improves their competence, knowledge, skills, abilities, and helps them to expand and grow professionally in their career (Furtado et al., 2010).

Table 3: Annual Competency Evaluation for Nurse Managers

Annual Competency Evaluation for Nurse Managers	Satisfactory	Needs Improvement	Unsatisfactory
1. Did the nurse manager demonstrate appropriate communication techniques, and conflict resolution skills on their units, and during the simulation exercises?			
2. Did the nurse manager successfully demonstrate leadership practices that promotes a positive workforce environment?			
3. Did the nurse manager leadership practices contribute to collaborative care practices, team building, and innovative healthcare practices?			
4. Did the nurse manager demonstrate ethical practices, morals, and organizational commitment?			
5. Did the nurse manager demonstrate proper use of staff in terms of job redesign, turnovers, absenteeism, and diversity management?			

(Table continues)

Table 3: Annual Competency Evaluation for Nurse Managers

Annual Competency Evaluation for Nurse Managers	Satisfactory	Needs Improvement	Unsatisfactory
6. Did the nurse manager attend any continuing educational courses, or leadership training on the management of a diverse workforce?			
7. Did the nurse manager attend monthly nurse manager meetings? Did the nurse manager also hold staff meetings or lunch and learns on their units at least quarterly?			

Curriculum Vitae

WILMA JONES
5615 FOREST RIDGE DRIVE
WINTER HAVEN, FLORIDA 33881
BUSINESS PHONE 863-594-0089
HOME PHONE 863-293-2017
EMAIL wjonesarnp@verizon.net

Education:

2012 to present Doctoral Student Walden University area of specialization is Doctor of Nursing Practice

2012 Master in Healthcare Administration
Capella University
Minneapolis, MN

2001 Master of Science in nursing with a specialty as a Family Nurse Practitioner
    Barry University
    Miami Shores, Florida
1996 Bachelor of Science in Nursing
    Barry University
    Miami Shores, Florida
1995 Bachelor of Science in Psychology
    Jacksonville University
    Jacksonville, Florida

Licensure and Certification

Emergency room course, April 4, 2000
Basic EKG course, February 8, 2000
Cardiopulmonary Resuscitation, expiration: 01/2011
Florida License RN/ARNP3193802, expiration: April 30, 2013
Family Nurse Practitioner Recertification, Certification number 0369305, expiration 2/28/2013
PICC Line insertion course, December 6, 2003

Extra Activities and Honor

National Health Service Corps Scholar
Sigma Theta Tau International Honor Society
Miami Heart Scholarship Grant
Nurse trainee Grant

Current Nurse Practitioner and Nursing Experience:

10/10 to present Inspiris Inc/Optum/United healthcare, per-diem provider but works full-time hours providing complex care and care management to the chronically ill and medically complex via home health assessments, chronic disease management, health promotion and illnesses prevention and patient education. The major focus is on providing quality cost effective care and prevention of hospitalization and

02/10 to 7/10 Armor Correctional Health Services/Hillsborough County Jail working 3 days per week per diem, while completing doctorate dissertation online, provided acute and chronic care to inmates at local jail. Managed chronic diseases like diabetes, asthma, hypertension, GERD, seizures. Treated acute illnesses of upper respiratory systems, genital-urinary system, and gastrointestinal system. Completed I&D of abscesses and sutured simple lacerations.

06/2009 to 01/2010 Osceola County Health Department working in the Osceola Health Connection programs which aims to direct patient from the emergency room, by providing acute care, episodic care, and health screenings.

01/2009 to 04/2009 Fulltime student Capella University Online, working on PhD in Healthcare Administration

4/2009 to 6/2009 Longwood Cardiology Group provided acute and chronic care in a primary healthcare setting. Filled in to help MD on Maternity leave

10/2007 to 01/2009 working at Takecare Health System, a retail health clinic providing acute care, physical examinations, immunizations, and episodic care to individual from age 18 months and up.

09/2006-7/2007 Polk County Health Department, working primarily in an HIV clinic providing acute and chronic care, and physical examination to individuals infected with the AIDS/HIV virus. Also filled helped with the family practice, pediatric clinic and sexually transmitted clinic when needed providing acute, episodic, and chronic care.

5/2005-6/2006 Caresouth Carolina working at a community health center providing acute, episodic, physical examination, wellness and prevention care and chronic care to patients of all ages in a family practice clinic.

02/2004-4/2005 Department of Juvenile Justice, providing acute and chronic care to youths, completing physical assessments as required by DJJ policy, managing all the immunizations to the youths, and providing student education to the youths on various community health issues, also completing minor surgical procedures like the application of sutures or staples for lacerations.

09/2003-01/2004 Complete Careplus. Working part-time on a temporary basis providing physical assessments, acute and chronic care to patient with muscular skeletal problems.

03/2003- 09/2003 Pediatric Partners/Hillsborough county health department, a member of a group of Nurse Practitioners that are independently contracted to staff the pediatric clinics for Hillsborough county health departments. Working as a self-employed provider for the group. Providing episodic care, chronic care and wellness and prevention care for children from birth to 22 years of age.

05/2002-01/2004 Mediflex Staffing Agency/Promed in Winter Haven, Florida working float pool at various hospitals on their progressive care units, intensive care units, correctional facilities and emergency rooms.

12/2001- 05/2002Winter Haven Hospital working per diem on the cardiology floor taking care of telemetry and med-surgical patients.

11/2001-10/2000 Memorial Regional Hospital working staff float pool program per diem 24-32 hours per week, working on the cardiac units, telemetry units, and medical surgical units and the emergency chest pain units, and oncology pain management units, Hollywood, Florida.

08/2000-09/1999 Parkway regional Medical Center, Miami Florida, working float pool on Medical-surgical units, which included pain management of sickle cell and oncology patients, intensive care units, telemetry units & psychiatric units.
01/1999- 08/1999 unemployed due to high risk pregnancy and birth of first child. Enrolled in Nurse Practitioner program full time starting August 1999.

11/1998-01/1999 Highlands Regional Medical Center, Sebring, Florida, working full-time on the progressive care units at the medical surgical units

04/1998- 11/1998 Dorns Veterans Hospital, Columbia, South Carolina, working full-time on the intermediate care units, was charge/staff nurse

10/1997-05/1998 Central Carolina Health and Rehabilitation, Columbia, South Carolina, working as charge/staff nurse per diem 16 hours per week providing care to geriatric patients.