Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies
Collection

2017

Registered Nurse Job Satisfaction and Nursing Leadership

Maria Candida Libano
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Nursing Commons

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Maria Libano

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Robert McWhirt, Committee Chairperson, Nursing Faculty
Dr. Francisca Farrar, Committee Member, Nursing Faculty
Dr. Oscar Lee, University Reviewer, Nursing Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Registered Nurse Job Satisfaction and Nursing Leadership

By

Maria Candida Libano

MS, Walden University, 2012

BS, University of Phoenix, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2017

Abstract

Job dissatisfaction among nurses may contribute to disengagement and withdrawal from the profession. The degree of leadership support in the workplace influences job satisfaction, and when nurses are satisfied with their job, they provide better patient care. Guided by the social cognitive theory, which asserts a relationship between behavior change and one's surroundings, this quantitative, exploratory project sought to determine the type of nursing leadership practiced in the facility where the project took place, whether nurses were satisfied with their job, and if patients were satisfied with their care. Participants in the project included 55 registered nurses and 5 nurse managers. Three surveys of demographics, job satisfaction, and leadership styles were administered to 60 RN participants; patient satisfaction data were obtained from the hospital's last reported Hospital Consumer Assessment of Healthcare Providers and Systems survey. Descriptive statistics from the nurse surveys showed 75% were female, 56.7% had a bachelor's degree, and, most were under the age of 50 years. Results showed that 90.8% of nurses enjoyed working for the hospital, leaders primarily used transformational leadership styles, and 80.2 to 89.7% of patients were satisfied with their care. This project has implications for positive social change because healthy, transformative leadership leads to staff satisfaction and improved patient satisfaction.

Registered Nurse Job Satisfaction and Nursing Leadership

by

Maria Candida Libano

MSN, Walden University, 2012

BSN, University of Phoenix, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2017

Dedication

This project is dedicated to my past, current, and future patients. I have a strong desire of providing them and their families with the best quality and safe nursing care. I hope this project in quality improvement enhances the care many patients receive, and promotes future improvement in nursing care.

Acknowledgments

Thank you to my family for their continued support through my personal and professional journey. Without the love and support from my husband and children I would never have accomplished my goals. Thank you to Dr. Robert McWhirt for his support during this doctoral project.

Table of Contents

Section 1: Overview of the Evidence-Based Project

Introduction

In the United States healthcare, registered nurses face multiple challenges. Some problems include working understaffed and the expectation to do more than time allows. I am a registered nurse who works in an acute care hospital in the medical, surgical, telemetry, and pediatric units. Due to the Affordable Care Act of 2010, more Americans are covered by health insurance, pay reduced premiums for healthcare, and go to hospitals to receive health services (U.S. Department of Health and Human Services, 2015). In the hospital where I work, more patients are seeking healthcare services and registered nurses work under pressure of admitting and discharging multiple patients on an eight or 12-hour shift. Assistant nurse managers remind the nurses to discharge patients as soon as they see an order so that we can admit new patients.

Patients in the emergency room in our hospital have 60 minutes to be admitted to a patient's room once the physician places an order. A patient needs to be admitted to a bed on time to meet quality indicators and core measures. When a patient waits too long for a hospital bed, patients and nurses in the emergency room express dissatisfaction. It is a burden on patients and families, as reflected by the quality of medical care patients receive, and the adverse experience of obtaining and receiving care (Brandenburg, Gabow, Steele, Toussaint, & Tyson, 2015). In the medical, surgical, telemetry, and pediatric units in the hospital where I work, nurses release and accept new patients while caring for an assignment of four to five patients. In California, nurses are protected under the Registered Nurse Safe Staffing Act of 2004, to care for a safe number of patients

(National Nurses United, 2016). The California Nurses Association fought and won a 12-year campaign to secure safe nurse staffing ratios and financial penalties for violations of the Act. Safe staffing standards include any safe staffing laws (National Nurses United, 2016).

In California, Medicare participating hospitals are required to establish nurse staffing committees to oversee safe staffing ratios so nurses can deliver safe and quality care (Hertel, 2012). The findings of a study showed that for every 20% decrease in staffing below the staffing minimum, medication errors increased by 18% (American Nurses Association, 2014b). Preventing adverse effects and medication errors require safe staffing ratios, and it should be a priority for all hospitals in the United States and other nations as well.

Nurse managers and leaders face challenges as well. They struggle with uncertainty, change, and chaos regardless of their practice setting. They face challenges regarding values, integrity, failure, attitude, adversity, and criticism (Shellenbarger & Chunta, 2015). These principles influence the professional role and decision-making process of nurse managers and leaders. They also need to make appropriate decisions to obtain positive outcomes.

Another challenge is caring for patients who are obese, confused, immobile, and incontinent. Registered nurses in this hospital try hard to keep patients clean, dry, and repositioned at least every two hours but sometimes there is not enough help on the floor to assist the nurse care for those patients. Hospital administrators try hard to keep the hospital well-staffed. They use travel nurses to cover the nursing shortage, but sometimes

nurses are still working short-staffed. With an invigorated national economy and millions of people gaining health coverage under the Affordable Care Act, demand for travel nurses is at the 20-year high (Galewitz, 2015).

Nurses want to provide excellent, safe, and quality care but without leadership support nurses feel dissatisfied and when they have better opportunities they leave. In this hospital, it is everyone's responsibility to create a healthy work environment.

Nursing leadership must embrace healthy work environments, authentically live it, and engage others in the journey (Ives Erickson, 2010). The Joint Commission on accreditation of healthcare organizations (The Joint Commission, 2010) mandates that healthcare organizations of the future have healthy work environments to ensure patient safety, nurse recruitment and retention, and organizational financial viability (Ives Erickson, 2010). When nurse leaders appreciate nurses in their hospital units, work with enough nurses and support staff to provide excellent care to all patients, all the time, they experience job satisfaction.

Problem Statement

Registered nurses who work in the acute care hospital where I work provide nursing care to multiple patients with a variety of different medical problems and conditions. To provide high quality and safe care, staff nurses need the time and resources to meet the many care needs of these multiple patients. However, it is not uncommon for staff nurses to feel rushed in carrying out their responsibilities. Our work environment has pressures involving overload and constantly changing practices, where nurses almost never finish one task before starting a new one (Van Bogaert et al., 2014).

For example, assistant nurse managers often pressure nurses to discharge patients while admitting new ones. The release process is complicated and entails particular challenges that take time (El-Eid, Kaddoum, Tamim, & Hitti., 2015).

A lack of support from nursing managers can also occur when we have multiple requests for tasks and need more than one person to perform high-quality care that is safe. Nurse managers and leaders are not always aware of how these situations affect the job satisfaction of staff nurses working on hospital units (McGlynn, Griffin, Donahue, & Fitzpatrick, 2012). In our effort to provide efficient and excellent care to every patient, staff nurses need to feel valued and supported by nursing leadership. When nurses are satisfied with their job, they are more engaged; they work better as a team, and provide high-quality patient care leading to improved patient outcomes (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011).

Recent researchers have shown that job satisfaction in nursing is not always high, particularly for nurses who provide direct patient care. McHugh, Kutney-Lee, Cimiotti, Sloane, and Aiken (2011) found that nearly 25% of hospital nurses were dissatisfied with their jobs compared to only 13% in nurses whose jobs did not provide direct patient care. Nassar, Abdou, and Mohmoud (2011) found that nurses do not view nursing leadership as supportive. Patients also notice when nurses are not satisfied with their jobs and rate the hospital low as demonstrated by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores. The HCAHPS survey is based on patient's perspectives in how they rate the care they received in the hospital. The most important nine topics in the survey are: communication with the doctors, communication

with the nurses, responsiveness of hospital staff, pain management, communication about

medicines, discharge information, cleanliness of the hospital environment, quietness of

the hospital environment, and transition of care (HCAHPS, 2013). From May 2015 to

May 2016, patients rated the hospital between, 72.3 to 78.9, communication with nurses,

66.7 to 69.7, and handoff communication in nurse knowledge exchange, 61.9 to 58.3.

Purpose Statement and Project Objectives

The purpose of this project was to improve registered nurse job satisfaction by

empowering support and appreciation by their nursing leaders. The project objectives

were:

1. Nurses and managers from the medical, surgical, telemetry, pediatrics, and
   nurses from other departments, and leadership formed a new committee for
   processes improvement, build relationships, and the concept of teamwork.

2. Data analysis outcomes from the HCAHPS scores were used as a practice task
   for the committee development and handoff tool.

3. Implemented an evidence-based practice handoff tool and guidelines to
   increase patient safety, prevent medication errors, and adverse effects in the
   care of patients.

4. Facilitated quality workflow processes by using clinical guidelines and
   handoff tools to improve communication during patient transfers.

5. Implemented the handoff communication process using principles identified
   by the Joint Commission. These principles are: Standardize critical content,
   hardwire within your system, allow opportunities to ask questions, reinforce

quality and measurement, educate and coach (The Joint Commission, 2012), a bedside report involving the patient, and a handoff tool based on situation, background, assessment, and recommendation (SBAR) (Institute for Healthcare Improvement, 2016) to improve communication between nurses and patients.

6. Registered nurses, managers, leaders, and director of nursing participated in committee work to improve workflow, patient care, and improve nurse job satisfaction.

7. Registered nurses from different departments participated in committee work and informed other nurses within their departments information learned in the committee.

8. I developed an education program for improvement in patient handoff, provided a patient handoff tool, and educated staff nurses how to use the tool when admitting new patients.

9. I created a survey with 10 questions to evaluate the handoff tool. I also interviewed nurses face to face and asked what they thought about the tool.

10. I analyzed the data using descriptive analysis and hospital chart reviews were conducted to evaluate completeness and improvement in patient handoff.

11. Nurses from different departments worked as a team and felt appreciation and support by their nursing leaders.

12. After three months, I evaluated the implementation of the handoff tool and reeducated nurses when there was need.

Significance/Relevance to Practice

Job dissatisfaction is significant and relevant to nursing practice because of what nurses expect and what they experience from the work environment contributes to a "disengagement and withdrawal from the profession of nursing" (McGlynn, Griffin, Donahue, & Fitzpatrick, 2012). It is important for nurse managers and leaders to learn what helps with nurse job satisfaction, what parts of the job need improvement, and "specific components of job satisfaction that are important to nurses working on any type of unit" (McGlynn, et al., 2012). The American Nurses Association (ANA) announced that the United States needs to produce 1.1 million of new registered nurses by 2022, to replace the soon to be retirees, and fill newly created jobs (American Nurses Association, 2014a). ANA also recommends federal funding programs, nursing education, and hiring practices to ensure there are enough nurses to meet the demand (Georgia Nurses Association, 2015).

Project Question

The primary research question for this project was: How can nursing leadership contribute to improved job satisfaction among staff nurses and ultimately affect patient outcomes?

Evidence-Based Significance of the Project

This project is significant to nursing practice because it was designed to show evidence-based practice, where the job satisfaction of registered nurses is affected by leadership support. The problem of patient clinical outcomes, nurses leaving their job and hiring new ones, and keeping nurses on the job "impacts healthcare on a local, national,

and global level" (Hunt, 2014). The United States has a shortage of registered nurses with a "national vacancy rate of 8.1% and a turnover rate of 14.1%" (Hunt, 2014). The Institute of Medicine, in collaboration with the Robert Wood Johnson Foundation, has called for the transformation of the nursing profession through the development of competent leaders (The National Academies of Science, Engineering, and Medicine, 2010). According to these guidelines, nurse leaders need to have at least a bachelor's degree in nursing, have exposure to leadership and management competencies through their academic and clinical experience, but require additional clinical experience and leadership training before acquiring these leader positions (Bormann & Abrahamson, 2014).

Additional assessment reveals gaps in opportunity for promotion, shared decision making, lack of transformational behaviors, and too many passive-avoidant behaviors (Bormann & Abrahamson, 2014). In the hospital where I work, assistant nurse managers, who are our direct supervisors, have three months of training before working by themselves. They take leadership classes and orient with other assistant nurse managers in the hospital nursing units.

Nurse Managers utilize a variety of leadership behaviors to manage the day-to-day activities in the hospital but have a tendency to exhibit more of one leadership style (Bormann & Abrahamson, 2014). Competencies for nurse managers must include team leading skills that are necessary to engage and motivate staff nurses, as well as a healthy balance of transactional leadership skills that are required for meeting the detailed aspects

required to address the complexities in the healthcare delivery environment, and not simply focus on assessing technical skills (Bormann & Abrahamson, 2014).

Implications for Social Change in Clinical Practice

When nurses have autonomy in clinical practice, their job satisfaction increases, and patients have positive outcomes, "both elements of a healthy work environment" (Weston, 2010). The scope of the registered nurse is legally defined based on the educational qualifications, professional, and the expectations set by the organization (Weston, 2010). Autonomy should be given based on clear expectations for autonomous clinical decision making and providing support for increasing the knowledge and expertise of nurses (Weston, 2010). Autonomy refers to the ability to act according to one's knowledge and judgment, providing nursing care within the full scope of practice as defined by existing professional, regulatory, and organizational rules (Weston, 2010).

Nurses can enhance autonomy by clearly communicating and organizing their work to ensure that they have the freedom to act on nursing decisions using sound clinical judgment (Weston, 2010). Both autonomy and control of nursing practice have been associated with job satisfaction and nurse retention (Weston, 2010). Because clinical decisions or actions arise from clinical reasoning and judgment, understanding clinical judgment and reasoning allows for the improvement of these skills (Cappelletti, Engel, & Prentice, 2014). Being able to make sound judgments is important for clinical practice because effective decisions are more likely to result in positive patient outcomes which include building strong relationships with patients and facilitating patient health (Cappelletti et al., 2014).

Describing expected behaviors involves communicating that nurses are expected and encouraged to make decisions about clinical patient care that are based on the science and art of nursing (Weston, 2010). This involves setting an expectation of independent nursing action and supporting decision making within the scope of nursing practice (Weston, 2010). Leadership can come from any nurse but designated leaders remain extremely influential for enhancing both autonomy and control over nursing practice and strong, visible nursing leadership in the nursing department and at the unit level increases autonomy and control over nursing practice (Weston, 2010).

Definitions of Terms

Autonomy: Agreement to respect another's right to self-determine a course of action; support of independent decision making (ANA, 2016).

Consumer Assessment of Healthcare Providers and Systems: This is a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care (HCAHPS, 2016).

Control over nursing practice: A nurses' ability to shape departmental and organizational policies and practices related to nursing care (Weston, 2010). Nurses with high levels of control over nursing practice have the responsibility and opportunity to provide input and make decisions related to their practice, including policies and personnel issues affecting the context of the care they deliver (Weston, 2010).

Clinical decision making: A continuous and evolving process in which data are gathered, interpreted, and evaluated in order to apply evidence to formulate a decision (Tiffen et al, 2014).

Clinical judgment: The cognitive processes involved in making judgments, which includes making sense of data and cues and is defined as an interpretation about a patient's needs, concerns, or health problem followed by a determined course of action (Cappelletti et al., 2014). Making sound clinical judgments is essential to providing appropriate patient care (Cappelletti et al., 2014).

Leadership: Leading others by increasingly devoting their energies to helping others to adapt to the new rules for thriving in the world of work. (Dyess et al., 2016).

Nurse job satisfaction: A complex phenomenon that is described as an intrinsic feeling, with individual meaning, and impacts multiple aspects within a given work environment (Castaneda & Scanlan, 2014). Job satisfaction influences productivity, performance, absenteeism, retention, recruitment, organizational commitment, patient satisfaction, and patient care (Castaneda & Scanlan, 2014).

SHARE: Principles identified by the Joint Commission to implement a standardized handoff communication process. It stands for: standardize critical content, hardwire new methods into the system, allow opportunities to ask questions, reinforce quality and measurement, and educate (Joint Commission, 2012).

SBAR: Situation, background, assessment, and recommendation. This is an effective and efficient way to communicate important information, helps to standardize communication, and allows parties to have common expectations related to what is to be communicated and how the communication is structured (Institute for Healthcare Improvement, 2016).

Assumptions and Limitations

There are multiple scholarly articles and journals written and published on registered nurse job satisfaction but there are still questions unanswered. More research needs to be done to find out why nurses experience dissatisfaction in nursing. In the present literature reviews, there are two positions that I was trying to explore. One is from the nurse's perspective, myself and other nurses, who work in the same hospital where I work, and also from annual surveys included in the People Pulse Surveys of hospital employees and available in the intranet of the hospital. Another position was from the literature reviews. Researchers have studied why nurses experience job dissatisfaction for a long time but they still do not have a definite answer to that question. These questions can be answered in two different ways. One is from the variety and complexity of how different nurses perceive job satisfaction, its components, and its correlates. The other is the "confusion and contradiction that exist in the literature related to job satisfaction in nursing" (Castaneda & Scanlan, 2014).

Future research needs to focus on the nurse's knowledge about nursing, what they think nursing really is for them, and how this affects nurse job satisfaction. Before entering in nursing schools, students should learn about the role of the nurse, and nursing. If the students want to be nurses because they like to help people, when they graduate they want to have the opportunity to help people, and with leadership support they stay in their jobs for a long time. When nurse managers evaluate nurses on annual reviews, their focus is on how well they perform tasks, and not on how well they use critical thinking to solve problems in nursing. Instead of evaluating nurse's performance by measuring the

tasks they do, performance should be evaluated by the way nurses use evidence-based practice when caring for patients, and how well they solve problems in nursing. Positive patient outcomes result from nursing excellence in nursing practice. Nurse leaders can affect nurse job satisfaction and patient positive outcomes by being visible on the nursing units and evaluating nurses on their interaction with patients.

Using different evaluation methods to evaluate nurses, will give a better answer to the question: How can nursing leadership contribute to improved job satisfaction among staff nurses and ultimately affect patient outcomes? When nurses have leadership support by working with enough nurses caring for patients, have assistive nursing personnel to help the patients with activities of daily living, patients will have positive outcomes. Consideration of other methods to evaluate nurses such as concept-based learning, maintain openness to newer evaluation methods based on best practices, provide best evidence about the development of reasoning and judgment skills in nursing (Cappelletti et al, 2014). A limitation of this study was that some studies that I examined were conducted outside of North America and some studies were conducted in other countries. When trying to compare studies on registered nurse job satisfaction from different countries, researchers must take into account the education nurses receive, their clinical practice, and work environment (Cappelletti et al., 2014). However, this study's literature review is limited to written articles in English language.

The assumption is that if other article reviews were conducted in other languages it could have an impact on the results (Cappelletti et al., 2014). It is important to note that studies from different cultural settings may be impacted by different educational and

clinical practices and, therefore, their applicability to settings outside their own must be considered carefully (Cappelletti et al, 2014). It is also important to note that to solve nursing shortage in the United States, there has been an increase in the numbers of nurses recruited from other countries to join the nursing workforce. Some of the nurses speak limited English which could affect patient satisfaction. Nursing core values of professional nursing are the same universally but delivery of nursing care is affected by the education nurses receive in their countries (Jose, 2011). Registered nurses come to the United States from the Philippines, India, Nigeria, and other countries looking for better jobs and obtain nurse job satisfaction (Jose, 2011). When they join the nursing workforce in the United States, they suffer from a shocking reality of initial difficulties associated with their journeys and become overwhelmed by their new life and work situations. Due to language barriers and culture shock, they experience job dissatisfaction (Jose, 2011).

Summary

In Section 1, of the project, I researched 16 articles on registered nurse job satisfaction. Key terms used were: nurse job satisfaction and nursing leadership. All the articles accessed were peer reviewed. Job satisfaction in nursing and leadership that is supportive and caring creates an environment that is healthy. The hospital where I work offers opportunities for nurses to work as a team and patients in the hospital benefit from teamwork. When nurses are satisfied with their job, they provide excellent care to their patients, and provide quality and safe care. Without leadership support, nurses feel disengaged, they work under stress, and they don't care if all patient care needs are taken care of.

Section 2: Review of Scholastic Evidence

Introduction

A literature review was done to compare and contrast current evidence to support how job satisfaction is dependent on nursing leadership. Multiple databases were searched for electronic literature referencing registered nurse job satisfaction and leadership support. An advanced search was conducted using peer-reviewed articles from the Walden University Library and Online Resources from 2010 to 2016. Search engines used were CINAHL Plus with Full Text, Wiley, MEDLINE with Full Text, ProQuest Nursing & Allied, and Health Source, and ScienceDirect. Key words used to search articles included: registered nurse job satisfaction and leadership support. A general literature was conducted to find definitions for key words, demonstrate what nurse job satisfaction mean in healthcare, how it is identified and measured, and how nurse leaders need to influence new leaders to replace them when they retire. A specific literature review was conducted on methods used to show that transformational and transitional leadership styles of nurse managers were positively related to overall job satisfaction of staff nurses.

General Literature

A general literature review was conducted to find definitions for key words, show that job satisfaction is an affective reaction to a job, and describe how current nurse leaders need to be replaced in the future with emerging leaders. The American Nurses Association is a credible site for nurses and it is useful to find short definitions of ethical principles and theories (ANA, 2016). Autonomy was one of the words searched and it

gives the nurses the right to make independent decisions while caring for patients. Job satisfaction in nursing: A concept analysis and growing nurse leaders, their perspectives on nursing leadership and today's practice environments was reviewed.

Job Satisfaction in Nursing: A Concept Analysis

The most important part of a concept analysis is to identify previously unrecognized or poorly understood events (Castaneda & Scanlan, 2014). Walker and Avant's concept analysis is used to examine and clarify the phenomenon of job satisfaction. The Walker and Avant's method is an appropriate guide to describe the meaning of job satisfaction in nursing. Their eight-step process of concept analysis consist of selecting the concept analysis, determining the aim of analysis, identifying all uses of the concept, determining the defining attributes, constructing a model case, constructing additional cases, identifying the antecedents and consequences of the concept, and defining the empirical referents for the concept (Liu, Aungsuroch, & Yunibhand, 2015). Walker and Avant's framework is the most frequently used methodology used in recent nursing literature (Castaneda & Scanlan, 2014). When nurses are satisfied with their job, they treat patients with dignity and respect, and advocate for the patient and family in a patient-centered, holistic manner to include healing, spirituality, empathy, and compassion (KP, 2015).

The aim and purpose of the analysis is to clarify the concept of job satisfaction in nursing, understand the different uses of the concept, and consider the consequences of job satisfaction (Ozkara San, 2015). Many researchers have been studying the terms of job satisfaction in nursing. A review of selected articles revealed that job satisfaction in

nursing depends on the Maslow's hierarchy of needs theory or Herzberg's two-factor theory (Liu, Aungsuroch, & Yunibhand, 2015). These theories analyze how individuals identify their needs and motives. Based on Maslow's hierarchy of needs theory, job satisfaction is the unique matching of a person's needs to the perceived potential of the occupation for satisfying those needs. Herzberg's two-factor theory, job satisfaction studies focus on the motivation of employees, positive feelings about their work, and their importance in job satisfaction (Lambrou, Kontodimopoulos, & Niakas, 2010). The defining attributes of job satisfaction depend on external variables like having a job, being married, being in good health, and having a religion or a belief in a higher power. Internal factors depending on individual factors such as genetics, optimism, self-esteem, and a sense of personal control, and demographic variables such as age, gender, income, race, education, and mental status (Ozkara San, 2015).

A model case example is: Promoting moral courage in the workplace by including a professional model of care that exemplifies nursing's goal of enhancing the lives of patients and colleagues (LaSala & Bjarnason, 2010). Professional practice models illustrate the alignment and integration of nursing practice with the mission, vision, and values that nursing has adapted (LaSala & Bjarnason, 2010). Professional nursing practice is based on trust and compassion and is supported by a health care team and inter-professional process that helps our members achieve their health and wellness goals (KP, 2015). Professional practice models include reward and recognition systems acknowledging performance improvement, and nurses' commitment to uphold high standards of practice predicated on a strong value system, moral courage, and quality

professional relationships, along with empowerment and engagement in the workplace (LaSala & Bjarnason, 2010).

Defining attributes of a related concept is demonstrated by identifying a case that is contrary to the model case (Ozkara San, 2015). Job dissatisfaction among nurses contributes to costly labor disputes, turnover, and risk to patients. Examining survey data from 95,499 nurses, researchers found much higher job dissatisfaction and burnout among nurses who were directly caring for patients in hospitals and nursing homes than among nurses working in other jobs or settings, such as the pharmaceutical industry (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). The two cases provide evidence that when nurses are satisfied with their job, they provide quality care to their patients and when nurses are not happy with their job, they do not care about the care their patients receive by not repositioning their patients or getting their patients up to prevent pressure ulcers. In adjusted models, the percentage of patients who would definitely recommend the hospital to friends or family decreased by about 2% for every 10% of nurses at the hospital. Registered nurses report dissatisfaction with their job, even after the effects of the environment and nurse staffing, which has a significant effect, and a variety of hospital characteristics (McHugh, Kutney-Lee, Cimiotti, Slone, & Aiken, 2011).

The concept analysis identifies the antecedents and consequences of nurses' job satisfaction. Antecedents are those events or incidents that must occur before the occurrence of the concept (Walker & Avant, 2011). The antecedents of nurses' job satisfaction include demographic variables, emotional variables, work character

variables, and environment variables. The first implied antecedents are personal factors, such as age, gender, marital status, race, culture, educational level, and work experience. Second, to create and maintain job satisfaction, ethical, moral support, and professional working conditions must be provided to nurses by institutions. Third is based on the work character variables, such as nurse staffing, routine, autonomy, work demands, workload, and organizational structure. The fourth antecedents of nurses' job satisfaction are implied as environment variables, which represent the nurses working in a supportive practice setting with collaboration and excellent communication, professional development, and transformational leadership (Liu, Aungsuroch, & Yunibhand, 2015). After extensive review, the consequences of low job satisfaction can have an impact on both nurses and patients.

Studies show that when nurses are not satisfied with their job, they experience intention to leave, absenteeism, turnover, quality of life, burnout, work stress, and job performance (Courvoisier et al., 2011). The consequences can also have an impact on patient outcomes, which include quality of care and patient satisfaction (Liu, Aungsuroch, & Yunibhand, 2015). Defining empirical referents is the last step of concept analysis. Walker and Avant state that 'empirical referents are classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself' (Walker & Avant 2011). The defining attributes of nurses' job satisfaction concept are abstract; so, empirical referents are needed to make the concept measurable. Empirical referents to nurses 'job satisfaction is described according to the fulfillment of desired needs within the work settings, happiness or gratifying emotional responses

towards working conditions, and job value or equity (Liu, Aungsuroch, & Yunibhand, 2015). This concept analysis provides a deeper understanding of the meaning of nurses' job satisfaction (Alghamdi, 2016). Regarding the consequences of nurse's job satisfaction, this analysis confirms that when nurses are satisfied with their job, their performance, quality of life, and the condition of their health are increased and burnout, absenteeism, and intentions to leave are reduced (Liu, Aungsuroch, & Yunibhand, 2016).

In a hospital setting, job satisfaction in nursing affects the way nurses practice nursing, and influences the way they care for patients, their productivity, performance, absenteeism, retention, recruitment, their commitment to the organization, patient care, and patient satisfaction (Castaneda & Scanlan, 2014). Job dissatisfaction is one of the causes nurses leave their jobs. In a hospital setting, job satisfaction can be identified and measured by the way nurses perform nursing care. Retaining nurses in their roles makes fiscal sense in any organization. Costs to retrain a specialty nurse have been estimated as being as high as $80,000. Not only patient care and outcomes improve with additional nurses, but also cost savings may result (Hairr, Salisbury, Johannsson, & Redfern-Vance, 2014). Job satisfaction is comprised of three attributes which are very important to nurses. They are autonomy in decision making, interpersonal relationships with other members of the healthcare team, and how they perform patient care. The McCloskey/Mueller Satisfaction Scale (MMSS) (1990) is one of the most commonly used tools to measure nurses' attitudes toward their jobs, and is used to identify job satisfaction in a variety of clinical and geographical settings. The three attributes of job

satisfaction-autonomy, interpersonal relationships, and patient care can be tested using the MMSS (Castaneda & Scanlan, 2014).

Perspectives on Nursing Leadership and Today's Practice Environment

When nurses have leadership support, healthy work environments, and active interprofessional relationships, they want to stay in their current job, and one day become leaders. Current leaders are getting older and will need to be replaced with new leaders (Dyess, Sherman, Pratt, & Chiang-Hanisko, 2016). New leaders will replace current leaders when they retire and continue the critical work being done to improve nursing practice environments, and most importantly, patient outcomes (Spiva, Hart, & McVay, 2011). Healthcare environments are fast-paced and always changing. Current nurse leaders are consumed with their day to day work and are unaware of the impressions that young emerging leaders may have about their roles and impact (Dyess et al., 2016). When leaders are present in the hospital units and are part of a team, it increases nurses job satisfaction and enhances the desire of nurses to become leaders.

Nursing leaders and professional organizations have made it clear that nursing leaders are responsible for creating cultures that support acts of courage in nursing (Edmondson, 2010). The American Organization of Nurse Executives has advocated for the creation of healthful work environments that support moral courage by identifying nine elements/principles for nurse leaders to integrate into member organizations. Principle Five calls for leadership to be competent, credible, visible, expert, and demonstrate moral courage (Edmonson, 2010). Nurse leaders who are morally fit to do what is right in the face of obstacles, barriers, and limited power, and who do so despite

significant personal and professional risk, are celebrated, respected, and followed (McCloughen, O'Brien, & Jackson, 2014). Building such leaders in nursing with the courage to act and support acts of courage in today's complex healthcare environment while maintaining a moral foundation from which to work in politically and ethically charged situations, is one of our profession's greatest challenges (Edmonson, 2010).

Nurses' control over practice is essential to nursing care quality and fosters teamwork at the point of care delivery (Castner, Ceravolo, Foltz-Ramos, & Wu, 2013). Empowered decision-making over team structure and resources needed in clinical practice are essential to nursing control over practice (McCloughen et al., 2014). High performing hospitals demonstrate not only higher levels of nursing control over practice at the point of care, but also within the governance of the organization (Castner et al., 2013).

Teamwork is essential to new leaders. When registered nurses work together as team players and work together to accomplish goals it is essential to nurses. The consistency of team players working together is also important to nurses (Dyess et al., 2016). Effective teamwork is an important component of nursing care safety and quality (Castner et al., 2013). When nurses are satisfied with their job, they want to become leaders and are willing to take leadership roles because they see the potential to change their environments through better teamwork, a healthier work environment, and a secure connection to front line staff (Dyess et al., 2016). The most significant contribution today's leaders can make for the future is to mentor and develop their successors so they will adapt, prosper, and grow (McCloughen et al., 2014). In the hospital where I work, I

helped to create the process improvement committee to promote collaboration and teamwork in nursing. Nurses from different departments worked as a team to improve patient handoff communication during patient transfers to promote positive patient outcomes.

<div align="center">**Specific Literature**</div>

A literature review was done to compare and contrast current evidence to support how job satisfaction is dependent on nursing leadership, clinical judgment and reasoning in nursing, strategies to enhance job satisfaction, and job dissatisfaction. Multiple databases were searched for electronic literature referencing registered nurse job satisfaction and leadership support. Topics included leadership and management styles and leadership support, manager's work related stress, well-being, and mental health of nurses, six sigma methodology to improve discharge time, professional practice model on job satisfaction, and strategies to enhance job satisfaction and prevent job dissatisfaction.

Leadership, Management Styles, and Leadership Support

In a study, using a descriptive correlational design using a self-report survey with convenience sampling, the authors demonstrated how the perceptions of staff nurses are related to leadership behaviors, and how these practices affect staff nurse job satisfaction (Bormann & Abrahamson, 2014). The objective of this study was to examine the perceptions of staff nurses related to manager's behaviors and how these behaviors influence staff nurse job satisfaction (Moneke & Umeth, 2016). The results of quantitative research studies showed that transformational and transitional leadership styles of nurse managers were positively related to overall job satisfaction of staff nurses.

Both leadership styles should be taught and encouraged to nurse managers positively to influence the job satisfaction of staff nurses (Bormann & Abrahamson, 2014).

Nassar et al. (2011) conducted a study to determine the relationship between management styles and nurses' retention at private hospitals. The method used was a descriptive correlational study in 16 patient units at three private hospitals. The findings of this study showed that the majority of nurses perceived their manager to have a consultative management style (Nassar et al., 2011). Hospital leaders need to have and plan effective strategies to promote nurse retention by creating work environments that are caring and supportive to the nurses professional practice (Moneke & Umeth, 2016). Staff nurses prefer proactive, articulate, and independent leaders who will advocate in the interest of nursing. Such a form of leadership supports staff nurses for the course of healing rather than seen to team up with management to tame nurse employees (Azaare & Gross, 2011).

If nursing continues to pursue its image as a noble profession successfully, then nurse managers may need to go beyond just being managers, to becoming transformational leaders aimed at propelling their staff to provide quality, evidence-based practice (Moneke & Umeth, 2016). In a study conducted by Hunt with 92 registered nurses and 21 managers, he examined the relationship of congruency of leadership support and value of patient outcomes between nurses and nurse managers and nurse's job satisfaction and turnover intent. The results showed the value congruence of leadership support is related to job satisfaction, and it may be a factor for nurse turnover intent (Hunt, 2013). When nurse managers adopt a transformational leadership style, they inspire others, act as role

models, encourage open communication and decision making. The findings of another study showed that job satisfaction correlates with several perceived leadership practices: Leaders who model the way, leaders who inspire and share a vision, and leaders who enable others to act (Moneke & Umeth, 2016).

Manager's Work Related Stress, Well-Being, and Mental Health of Nurses

A cross-sectional survey of the nurse manager's work related stress and well-being with a sample of 365 were carried out, between December 2011 and March 2012, (Van Bogaert et al., 2014). The results of the study showed that one out of six nurse unit managers have high to very high feelings of emotional exhaustion and two out of three respondents have high to very high work engagement. Van Bogaert et al. (2014) identified several risk factors and stimulating factors which influence unit manager's work related stress and well-being (Zastocki, 2010). Proper interventions and strategies are necessary to support nurse managers so they can help their team in daily practices to deliver the best and safest care to their patients (Van Bogaert et al., 2014).

Lin, MacLennan, Hunt, and Cox (2015) examined the relationship between transformational leadership style and the mental health of nurses, organizational commitment, and job satisfaction (Lin et al., 2015). The method used was a cross-sectional quantitative study. Using a sample of 807 participants contacted and 651 questionnaires returned, the results showed that transformational leadership contributes significantly to supervisor support (Smith, 2011). The study findings provided information about the nurse's perceptions of transformational nursing leadership styles and mental health outcomes of staff nurses. It also identified organizational factors that

could improve the quality of nurses' working lives (Lin et al., 2015). Transformational

leaders have qualities that promote healthy work environments for nurses and other

hospital staff members, which improve job satisfaction, retention, and patient satisfaction

(Smith, 2011).

Cappelletti, Engel, and Prentice (2014) conducted a systematic review of the

clinical judgment and reasoning in nursing. Electronic databases were searched to locate

primary research studies about clinical judgment and reasoning in nursing (Cappelletti et

al., 2014). In the consideration of the sixth conclusion on clinical judgment and reasoning

in nursing education strategies to improve clinical judgment may influence what a nurse

brings to the situation (Cappelletti et al., 2014). When nurses have mental health issues,

they might have problems concentrating and making decisions in life and death

situations. Patients can have adverse events if a nurse doesn't make the right choices in

an emergency situation. Nurses need to critically think when caring for patients. The

process of critical thinking integrates the essential knowledge, experiences, and clinical

reasoning that support professional practice (Benner et al., 2008).

The results of a study in Japan showed that shortly there will be an increase in the

number of nurses with mental illnesses by 90% of the participants (Tei-Tominaga,

Asakura, & Asakura, 2014). The stigma towards nurses with mental illnesses is related to

individual experience (e.g. having worked with or supported nurses who had mental

illnesses), rather than sociodemographic and organizational characteristics.

Understanding nurse's experiences and recognizing the need to help them in their times

of need must be a priority for organizations (Nursing Matters, 2016). Addressing mental

illnesses is suggested in study findings because these are critical issues concerning nurse absenteeism in the workplace. Organizational interventions and practical approaches to decrease prejudice and stigma among nurses and nurse managers are needed (Tei-Tominaga et al., 2014), not only in Japan but in the United States as well to create supportive work environments.

Six Sigma Methodology to Improve Hospital Discharge Time

Six Sigma methodology can be an effective change management tool to improve discharge time. El-Eid, Kaddoum, Tamim, and Hitti (2015) conducted a study with the objective to assess the effectiveness of using Six Sigma methods to improve the discharge process from the hospital and emergency department. It was a quantitative pre- and post-intervention study over a 10-month period (El-Eid et al., 2015). The results of the survey showed that Six Sigma is an effective methodology to improve patient discharges. In acute care hospitals, nurses admit and discharge multiple patients, and sometimes this process causes job dissatisfaction. Using efficient methods like Six Sigma can improve the release process and enhance job satisfaction. Effective discharge planning also ensures that health and social care systems can be proactive in supporting individuals and their families and caregivers to either return home or transfer to another healthcare facility and that resources are used efficiently (Hocking & Capers, 2015).

Researchers have supported the need for better discharge planning by hospitals and better coordination of care between acute care hospitals and post-acute providers (Edelman, 2016). Often patients require additional equipment to support their safe discharge, and hospitals are unable to release them until this provision is in place

(Hocking & Capers, 2015). If patients are discharged without the additional equipment or written issued instructions, they are readmitted to the hospital which creates more problems. Actively reducing hospital readmissions is seen as a route to lower Medicare spending and improved patient care (Edelman, 2016).

Improvements in discharge procedures not only benefit the health-care system financially but have a huge impression on a patient's experience (Hocking & Capers, 2015). Effective discharge planning should start on admission to the hospital. When teaching begins on admission prevents release delays.

Professional Practice Model on Job Satisfaction

Using the professional practice model, McGlynn, Griffin, Donahue, and Fitzpatrick (2012) conducted a study on the initial assessment of job satisfaction in nursing using a professional practice model. The method used was a descriptive, cross-sectional design with 101 participants from four patient units (McGlynn et al., 2015). The results showed the nurses were satisfied with the professional practice environment but had overall low job satisfaction. Low job satisfaction is somewhat disconcerting given that research suggests that 'employees with low levels of job satisfaction are most likely to experience emotional burnout, to have reduced levels of self-esteem, and to have raised levels of both anxiety and depression' (Curtis & Glacken, 2014). With the introduction of this model, nurses became aware of the components of job satisfaction and became more knowledgeable about the potential needs in these areas (McGlynn et al., 2015).

Hunt (2013) conducted a study to examine the relationship of congruency of leadership support and value of patient outcomes between nurses and nurse managers and nurses' job satisfaction and turnover intent. Job stress is a predictor of anticipated turnover for nurses, which operates through organizational and professional job satisfaction (Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2010). The method used was a quantitative non-experimental study with 92 registered nurses and 21 nurse managers in five non-magnet hospitals in the United States. The results showed the value congruence of leadership support is related to job satisfaction, and it may be a factor for nurse turnover intent (Hunt, 2013).

Strategies to Enhance Job Satisfaction and Prevent Job Dissatisfaction in Nursing

When nurses have control over nursing practice, they are more satisfied with their job and provide better patient care resulting in improved patient outcomes (Weston, 2010). Setting clear expectations for autonomous decision making are strategies for enhancing autonomy and provides support for increasing knowledge, and increases nurse's expertise. Nurse leaders need to find creative ways of improving the factors that contribute to job satisfaction and address robustly those factors that result in low job satisfaction (Tourangeau et al., 2010). Establishing effective structures and processes to enhance nurse autonomy provides for the engagement, inclusion, and ownership of nurses over their clinical practice, and thereby improves the health of the work environment (Weston, 2010).

Some nurses are dissatisfied with their job due to multiple factors. Some of the factors are burnout and frustration with their health benefits. In a survey of 95,499 nurses,

the authors found much higher job dissatisfaction and burnout among nurses who were directly caring for patients in the hospital and nursing homes (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). Nurses strike because they are not satisfied with their health benefits and giving benefits comparable to those of other white-collar employees will help with nurse's job satisfaction. Job satisfaction can be explored either from a global perspective or a faceted approach. The global perspective views job satisfaction as an overall feeling a person has about their job based on work experiences. The faceted approach considers how people feel about different aspects of their job, such as pay, co-workers, the nature of work, and work or organizational conditions (Curtis & Glacken, 2014).

When nurses are dissatisfied with their job, it signals problems in quality care (McHugh et al., 2011). Improving nurses 'working conditions may improve quality care and improve nurses and patients' satisfaction.

Summary

After exploring different approaches in nursing research, there is strong evidence suggesting that job satisfaction depends on the leadership and management styles. When nurses have autonomy over their practice, they are more satisfied with their jobs, and when they receive medical benefits, they are more satisfied and provide better patient care. In the general literature, job satisfaction was described by using the Walker and Avant's concept analysis and perspectives on nursing leadership in today's practice environments. In the particular publications, leadership, management styles, and

leadership styles were explored to provide evidence that nurse job satisfaction is related to leadership support.

By using the Six Sigma methodology will improve hospital discharge time and provide nurse and patient satisfaction. The professional practice model showed that nurses are satisfied in using this method but learned that some components of the job satisfaction are not being met, and learned about potential needs in these areas. The author also described strategies to enhance job satisfaction and prevent job dissatisfaction. When nurses are satisfied with their job, they provide safe and quality care to their patients.

Conceptual Modules and Theoretical Framework

The theory most appropriate for the registered nurse job satisfaction is the social cognitive theory (SCT). I chose this approach because it asserts that a behavior arises from the continuous, interaction of people, their situations, and those resulting actions. In turn, affect individuals and their environments (Hodges & Videto, 2011). Nursing is about caring, and nurses become nurses because they care about helping people. Leaders will realize that providing support to nurses will promote safe nursing care. According to the SCT, confidence in one's ability to engage in a particular behavior, goals, and expectations that the behavior will have positive outcomes are the primary contributors to health behavior (Hodges & Videto, 2011). SCT has been applied broadly to such diverse areas of human functioning as a career choice, organizational behavior, athletics, and mental and physical health (Denler, Wolters, & Benzon, 2014).

Social cognitive theory includes the construct of self-efficacy (Kennedy, Murphy, Misener, & Alder, 2015). Self-efficacy is having confidence in one's capability to succeed in a particular context or a given situation. In this hospital, most of the nurses have confidence in themselves and their nursing knowledge and this is the reason why they stay. Unfortunately, not all the nurses feel confident concerning their nursing practice and when they have better opportunities they leave. Registered nurses may leave the profession due to a lack of confidence in their current and future practice ability (Kennedy et al., 2015). The general review of literature includes several studies reporting that employees with strong self-efficacy tend to cope effectively with adversity, persist in the face of failure, and are more likely to feel satisfied with the outcomes of their work (Kennedy et al, 2015).

Summary

The social cognitive theory is used in this project to demonstrate the confidence and self-efficacy of the nurses working for this acute care hospital and the reasons why they stay. Having confidence in the work they do, registered nurses take better care of patients, work better as a team, and care about each other. In situations when there is a code, or rapid response in their unit, nurses assist each other to help their patients in emergency situations. When nurses feel confident in their skills, they are not afraid to help each other, and tend to stay in their job longer.

Section 3: Approach

Project Design/ Methods

The first step in the development of this project involved conducting a systematic literature review and using the results obtained to define and analyze the concept of job satisfaction (Kvist et al., 2012). The method chosen for this project includes literature reviews, between January 2010 to December 2016, and surveys on multiple nursing units in a non-designated magnet acute care hospital in California, United States. The design of this study includes a mixed research design, non-experimental research design to explore the relationship between leadership support, nurse job satisfaction, and patient outcomes. Performing three surveys was used as supporting evidence for this project.

One survey asked the nurses: Overall, how do you rate your job satisfaction in your present position? Using a one -to five on a five-point Likert-type scale that measures satisfaction with the quality of care, enjoyment on the job and satisfaction with a number of time nurses have to do their work. The author used standardized survey tools on job satisfaction and the answers from the People Pulse Survey that is done once a year in the hospital where the author works. Another survey was given to managers asking about their leadership style. The author used a standardized tool for managers and nurse leaders. Another survey had demographic questions and included items such as level of nurses and managers' education, employment status, gender, age, years of experience, interaction time, the length of time employed in the organization and period on the unit (Hunt, 2014). The author used standardized tools on demographic data. The author also collected patient surveys posted on the intranet of the hospital on patient satisfaction on

the hospital consumer assessment of healthcare providers and systems that measure patient satisfaction in the hospital survey (HCAHPS). After the author collected all the surveys, a statistical analysis was done to show the results are valid and reliable.

Population and Sampling

The population were the nurses, nurse leaders, and patients from an acute care hospital in California. The convenient sample included 200 registered nurses and 20 nurse managers. Nurses and managers had to be employed in this organization greater than six months. Patient surveys from HCAHPS were from the last reported Surveys. Patients included are the patients who answered the HCAHPS survey and were admitted and discharged from the acute care hospital where the study took place.

Data Collection

After the institutional review board (IRB) approval was granted from Walden University the recruitment process began. Before asking Walden University for support, an initial meeting took place with the administration to discuss the feasibility of conducting the study in the organization (Hunt, 2014). After approval from the administrator, IRB approval was obtained from each agency (Hunt, 2014). Before distributing the study packets, a separate informational meeting was held to explain the purpose of the survey. Placed in each unit was a color-coded container to maintain anonymity and confidentiality. The color-coded container had an informational letter and an implied consent to maintain anonymity. In each envelope, was a consent form from each registered nurse and each nurse manager to conduct the survey. In the envelope, there was a date when the surveys were due. The author kept all the information

confidential by leaving the surveys in a locked cabinet in the hospital. Nurses, managers, and patients remained anonymous to protect them and follow the privacy and confidentiality laws at the hospital where the study took place. After all the surveys were collected, the author analyzed the data, and demonstrated with statistical analysis the validity and reliability of the data.

Data Analysis

The data was analyzed using SPSS statistical software package (SPSS Inc., Chicago, IL, USA). Descriptive statistics were utilized to examine the demographic findings. For the patient satisfaction, the author used the last HCAHPS scores available in the intranet of the hospital. The reliability of the data of the Job Satisfaction Scale was assessed by evaluating its internal consistency using Cronbach's alpha values (Kvist et al., 2012). For the results of a factor analysis to be reliable, it should be conducted on a dataset obtained from a sample containing at least five subjects per item on the scale, according to Watson and Thompson and perhaps as many as ten (Kvist et al., 2012). Cronbach alpha values indicate that the instrument is internally consistent and therefore credible (Kvist et al., 2012). If all the results obtained meet all the requirements of the research method, then the answers for the survey must be valid and reliable. Approval for the studies was made by submitting a request to the Hospital Ethics Committee and Walden University.

Project Evaluation Plan

Theories and models can be useful in planning, implementing, and evaluating interventions. For this project, the logic model was used to guide the theoretical

underpinnings that delineate specific characteristics, theoretical constructs, and theory concepts (Villanueva, 2015). The logic model assists in the principles and processes that lead to specific and expected behavior changes, assists in mapping the resources, objectives, and activities that are needed to reach the short and long term goals, desired outcomes, and health determinants during the planning process of the project (Villanueva, 2015). Evaluation starts during the planning phase and continues until the final plan of the project (Laureate Education, Inc., 2012c). As an evaluation tool, the logic model allows evaluation to occur throughout every phase of the project (Villanueva, 2015).

Summary

Nurse job satisfaction is a strong indicator of patient positive outcomes. When nurses do not feel appreciation and support by their nurse leaders they leave their jobs or feel dissatisfied. Nurse leaders who are visible and present on the nursing units promote job satisfaction of staff nurses. Nurse leaders who listen to concerns of staff nurses and observe the nursing workflow on their units provide support and understand what is happening on the hospital units. If a nurse is discharging a patient, he or she needs time to admit a new patient instead of being pressured to do two jobs at the same time. Registered Nurse job satisfaction depends on leadership support. When staff nurses feel valued and support by their leaders, they feel engaged, and provide quality and safe care to the patients in their care.

Section 4: Findings and Recommendations

Introduction

The purpose of this doctoral project was to find the relationship between nurse job satisfaction and leadership support and demonstrate how nurse job satisfaction affects patient outcomes. Before the author started this study, an initial meeting took place with the hospital administrators to discuss the feasibility of conducting the study in the organization where the author works. Permission was obtained to conduct the study and use the last reported people pulse survey results from the nurses on job satisfaction and the last reported HCAHPS scores from the patient surveys. HCAHPS scores used were from October 2015 to October 2016. The author also obtained approval from the Walden University institutional review board (IRB). This approval can be found in Appendix A of this project.

Practice Focused Question

The practice focused question for this doctoral project is: How can nursing leadership contribute to improved job satisfaction among staff nurses and ultimately affect patient outcomes? To improve job satisfaction in the hospital where the author works, she helped form a new committee with nurses and managers to build cooperation and teamwork. The name of the committee is Process Improvement Committee. She was involved in the development and planning for quality improvement in nursing practice. She implemented a new program for patient handoff by providing a new handoff tool based on SBAR and taught nurses how to use the tool.

Sources of Evidence

In the literature review, the author demonstrated how leadership support influences nurse job satisfaction. In a study, using a descriptive correlational design using a self-report survey with convenience sampling, the authors demonstrated how the perceptions of staff nurses are related to leadership behaviors, and how these practices affect staff nurse job satisfaction (Bormann & Abrahamson, 2014). The objective of this study was to examine the perceptions of staff nurses related to manager's behaviors and how these behaviors influence staff nurse job satisfaction (Moneke & Umeth, 2016). The results of quantitative research studies showed that transformational and transitional leadership styles of nurse managers were positively related to overall job satisfaction of staff nurses.

Published Outcomes and Research

In the general literature review, the author described published outcomes and research on job satisfaction. She used the Walker and Avant 's concept analysis to identify previously unrecognized or poorly understood events (Castaneda & Scanlan, 2014). Walker and Avant's concept analysis is used to examine and clarify the phenomenon of job satisfaction. The Walker and Avant's method is an appropriate guide to describe the meaning of job satisfaction in nursing. Their eight-step process of concept analysis consist of selecting the concept analysis, determining the aim of analysis, identifying all uses of the concept, determining the defining attributes, constructing a model case, constructing additional cases, identifying the antecedents and consequences of the concept, and defining the empirical referents for the concept (Liu, Aungsuroch, &

Yunibhand, 2015). Walker and Avant's framework is the most frequently used methodology used in recent nursing literature (Castaneda & Scanlan, 2014).

Evidence Generated for the Doctoral Project

For this doctoral project, a study was conducted in the hospital where the author works. After approval from the California hospital administration and Walden University IRB, the author had an informational meeting with nurses and managers to explain the purpose of the study. A color-coded packet was given to each unit. In the packet, she had an informational letter to explain the purpose of the study for the nurses and managers who were not present at the meeting. She placed a color coded locked box in each unit of the hospital. She asked permission to the nurses and managers before she gave them an envelope with a survey and an implied consent to maintain anonymity. By returning the survey with questions answered their consent was implied.

Participants

Two hundredth surveys were given to nurses and 20 surveys were given to nurse leaders. From the 220 surveys given, some of the participants were excluded because they have been working for the hospital where the study took place less than six months and some of the nurses and managers decided not to participate in the study. A sample of 55 nurses and 5 managers from an acute care hospital in California, participated in the study. The implied consent explained to the nurses and managers that if they were not comfortable answering the questions, they could withdraw from the study. None of the nurses or managers explained why they decided not to participate in the study. Because

the surveys were anonymous there is no way to know who participated in the study or

not. To conduct statistical analysis the IBM SPSS Statistics 24 was used.

Demographic Data

Of the participants in the sample, four were Hispanic, 13 were non-Hispanic, 13

were White, and 30 were another race (Filipino, Asian, African-American, and Black).

Participants ranged in age from 28 to 64 years. One of the participants was older than 60

years of age. 75% of the participants were females and 15% were males. 91.7% were

nurses and 8.3% were managers. 70% of the participants were married, 21.7% were

single, and 8.3% were other (engaged and divorced/single mom).

Table 1

Frequency and Percentage Distributions: *Frequency Table*

Statistics

		Nurse's and Manager's Age	Nurse's and Manager's Marital Status	Nurse's and Manager's Gender	Nurse's and Manager's Race
N	Valid	60	60	60	60
	Missing	0	0	0	0

Nurse's and Manager's Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-29	2	3.3	3.3	3.3
	30-39	19	31.7	31.7	35.0
	40-49	30	50.0	50.0	85.0
	50-59	8	13.3	13.3	98.3
	60-69	1	1.7	1.7	100.0
	Total	60	100.0	100.0	

(table continues)

30 Nurses and Managers (50%) were between 40-49 years old.

Nurse's and Manager's Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	41	68.3	68.3	68.3
	Single	12	20.0	20.0	88.3
	Other	7	11.7	11.7	100.0
	Total	60	100.0	100.0	

Nurse's and Manager's Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	15	25.0	25.0	25.0
	Female	45	75.0	75.0	100.0
	Total	60	100.0	100.0	

Nurse's and Manager's Race

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hispanic	4	6.7	6.7	6.7
	Non-Hispanic	12	20.0	20.0	26.7
	White	15	25.0	25.0	51.7
	Other	29	48.3	48.3	100.0
	Total	60	100.0	100.0	

N= 60

Forty-one participants were married, 12 were single, and 7 were either divorced or engaged. One of the participants was divorced and single mom. Fifty five participants were nurses and 5 were nurse managers. Forty five were female and 15 were male. The following table shows the descritive statistics on the nurse's manager's age, gender,

marital status, and race. Descriptive statistics are used to show the realiability of the

questions, and the mean and standard deviation are used. According to DataStar (2013),

the standard deviation provides an indication of how far the individual responses to a

question vary from the mean.The reliabilty evidence of this questionnaire is demonstrated

by the mean of 2.78 with a SD of 0.783 for the participants age. Mean of 1.75 and SD of

0.437 for the participants gender. Mean of 1.43 and SD of 0.698 for the particpants

marital status. Mean of 3.15 with a SD of 0.971 for the nurses and managers race.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Nurse's and Manager's Age	60	1	5	2.78	.783
Nurse's and Manager's Gender	60	1	2	1.75	.437
Nurse's and Manager's Marital Status	60	1	3	1.43	.698
Nurse's and Manager's Race	60	1	4	3.15	.971
Valid N (listwise)	60				

Most of the participants in the study had a bachelor of science in nursing.

Eighteen nurses or managers (30%) had an associate degree in nursing. Thirty-four

nurses or managers (56.7%) had a bachelor of science in nursing. Six nurses or managers

(10%) had a master of science in nursing. Two nurses or managers had other degrees.

One had a masters of business administration and another had a doctor of nursing

practice. Most of the nurses or managers worked part time. Fifteen nurses (25%) worked

full time (40 hours a week), forty nurses or managers (66.7%) worked part time (20 to 36

hours a week). Five nurses or managers (5%) worked on call (eight or 16 hours a month),

and two nurses or managers work other shift (10 hours a week) (Table 2).

Table 2

Employment Status Frequency and Percentage Distribution

Level of Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Associate Degree in Nursing (ADN)	18	30.0	30.0	30.0
	Bachelor of Science in Nursing (BSN)	34	56.7	56.7	86.7
	Master of Science in Nursing (MSN)	6	10.0	10.0	96.7
	Other	2	3.3	3.3	100.0
	Total	60	100.0	100.0	

Employment Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Full Time	15	25.0	25.0	25.0
	Part-time	40	66.7	66.7	91.7
	On call	3	5.0	5.0	96.7
	Other	1	1.7	1.7	98.3
	5	1	1.7	1.7	100.0
	Total	60	100.0	100.0	

Note. $N = 60$.
Forty participants (66.7%) work part time (20 to 36 hours a week).

The participants had six months to 35 years of experience in nursing. Only three

nurses or managers had six to eleven months of experience in nursing (5%) and 53 nurses

or managers had longer than two years and 11 months of experience in nursing (93.3%). Seven nurses or managers reported that they rarely interact with their manager (11.7%) and 53 nurses or managers reported that they interact with their manager (88.3%) an adequate amount of time.

Forty-five nurses or managers worked in the medical, surgical, and telemetry units (75%). Four nurses or managers worked in the clinical decision area (6.7%), four nurses or managers worked in the intensive care unit (6.7%, and seven nurses or managers (11.7%) worked in other departments (continuing care, coordination of care, and float between medical, surgical, telemetry, and pediatric departments) (Table 3).

Table 3

Unit Frequency and Percentage Distribution

Years of experience as a nurse or manager

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Six months to 11 months	3	5.0	5.0	5.0
	Two years to 11 months	1	1.7	1.7	6.7
	Longer	56	93.3	93.3	100.0
	Total	60	100.0	100.0	

Interaction time working with manager

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Six months	7	11.7	11.7	11.7
	Other	53	88.3	88.3	100.0
	Total	60	100.0	100.0	

Department where the participant works

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Medical Surgical and Telemetry	45	75.0	75.0	75.0
	Clinical Decision Area	4	6.7	6.7	81.7
	Intensive Care Unit	4	6.7	6.7	88.3
	Other	7	11.7	11.7	100.0
	Total	60	100.0	100.0	

How long working in this department

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Six months	8	13.3	13.3	13.3
	Longer	52	86.7	86.7	100.0
	Total	60	100.0	100.0	

Shift the participant works

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Day shift	34	56.7	56.7	56.7
	Evening shift	13	21.7	21.7	78.3
	Night shift	10	16.7	16.7	95.0
	Other	3	5.0	5.0	100.0
	Total	60	100.0	100.0	

How long working for this employer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Six months	5	8.3	8.3	8.3
	Other	55	91.7	91.7	100.0
	Total	60	100.0	100.0	

Type of hospital the participant works

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not for Profit	60	100.0	100.0	100.0

One sample statistics was used to evaluate the reliability of the answers. For Question 1: How often do you ask for different perspectives on solving a problem? The mean was 3.80 with a *SD* of 0.837. Question 2: How often do you spend supporting, coaching, and teaching others? The Mean was 3.80 with a *SD* of 0.837. Question 3: How often do you tend to concentrate your full attention on complaints and failures? The mean was 3.80 and *SD* of 1.304. For Question 4: How often do you try to avoid making decisions? The Mean was 3.20 with a *SD* of 1.643. Question 5: How often do you help others develop their strengths? The Mean was 4.40 with a *SD* of 0.548.

The results are very consistent except for Question 5. The author conducted an analysis on the nurse manager's leadership style and the majority of the nurse managers follow a transformational leadership style as demonstrated in Appendix E. The transformational leadership style is preferred because they are role models who influence and motivate others to follow the vision of the organization (Dawes, 2015).

The confidence interval (*CI*) is a range of values for a population parameter, estimated to lie at a specific level of probability, and provide useful information on the clinical importance of the results (Polit, 2010). When asking for different perspectives on solving problems, the mean is 3.80 and the 95% *CI* around this mean difference is 2.76 and 4.84. In supporting, teaching, and coaching others, the mean is 3.80 and the 95% *CI* around this mean difference is 2.76 and 4.84. On concentrating full attention on complaints and failures, the mean is 3.80 and the 95% *CI* around this mean is 2.18 and 5.42. On avoiding to make decisions, the mean is 3.20 and the 95% *CI* around this mean

difference is 1.16 and 5.24. On helping others develop their strengths, the mean is 4.40

and the 95% *CI* around this mean is 3.72 and 5.08.

Table 4

T-Test-1

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
How often do you ask for different perspectives on solving a problem?	5	3.80	.837	.374
How often do you spend supporting, coaching, and teaching others?	5	3.80	.837	.374
How often do you tend to concentrate your full attention on complaints and failures?	5	3.80	1.304	.583
How often do you try to avoid making decisions?	5	3.20	1.643	.735
How often do you help others develop their strengths?	5	4.40	.548	.245

Descriptive statistics were used to show the Mean, SD, and the Std. Error Mean.

The mean is used in statistics to show the arithmetic average and is the most

commonly used number reported (Polit, 2010). From the one-sample statistics, questions

1, 2, and 3 have a mean of 3.80, question 4 has a mean of 3.20, and the most significant is

question 5, with a mean of 4.40. When the nurse managers answered this question, three

nurse managers answered "most of the time" and two nurse managers answered

"always". The standard deviation captures on average how much scores deviate from the

mean (Polit, 2010). In the one-sample statistics, the most significant *SD* is Question 4

with a *SD* of 1.643. In the questionnaire, three nurse managers answered "rarely" and two

nurse managers answered "always."

Table 5

T-Test-2

One-Sample Test

| | Test Value = 0 | | | | | |
| | | | | | 95% Confidence Interval of the Difference | |
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
How often do you ask for different perspectives on solving a problem?	10.156	4	.001	3.800	2.76	4.84
How often do you spend supporting, coaching, and teaching others?	10.156	4	.001	3.800	2.76	4.84
How often do you tend to concentrate your full attention on complaints and failures?	6.517	4	.003	3.800	2.18	5.42
How often do you try to avoid making decisions?	4.355	4	.012	3.200	1.16	5.24
How often do you help others develop their strengths?	17.963	4	.000	4.400	3.72	5.08

Table 6

Case Processing Summary-1

Case Processing Summary

		N	%
Cases	Valid	5	100.0
	Excluded[a]	0	.0
	Total	5	100.0

a. Listwise deletion based on all variables in the procedure.

Table 7

Reliability Statistics-1

Reliability Statistics

Cronbach's Alpha	N of Items
.403	5

Cronbach's alpha coefficient is a reliability test to show the internal consistency of the answers (Grove, Burns, & Gray (2013). The Cronbach's alpha is 0.403 which shows the tool is valid and reliable. According to Grove et al (2013) Cronbach's alpha coefficients can range from 0.00 indicating no internal consistency or reliability, to 1.00, indicating perfect internal reliability. The variety of the answers can give some reliability but not a perfect internal reliability.

The survey for the nurses was compared to the last People Pulse Survey on nurse job satisfaction. Results on the most relevant questions were chosen from Appendix F. Participants from this survey were 240 respondents (83% nurses and managers).

This was the most recent published survey available to the administration at this California Hospital, which is from the People Pulse Survey 2015 (Appendix F).

- Question 1: In my department or work unit, I am comfortable voicing my opinions, even when they are different from others; 77% of the participants said Yes.

- Question 2: The culture from my department or work unit makes it easy to learn from the errors of others; 71% said yes.

- Question 3: How much do you know about the mission and vision of this organization? 75% of the participants responded positively.

- Question 4: I am proud to work for this organization; 92% said they are proud to work for this organization.

- Question 5: I would recommend this hospital to a close friend as a good place to work; 85% said yes.

- Question 6: I would prefer to remain with this hospital even if a similar job were available in another organization; 90% of the participants said yes.

- Question 7: In my department or work unit, people go the extra mile to help this hospital succeed; 75% of the participants said yes.

- Question 8: Errors and mistakes are handled appropriately in my department or work unit; 76% of the participants said yes.

The answers from this survey demonstrated the nurse job satisfaction. Most of the nurses are satisfied with their job.

Table 8

T-Test-3

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
How satisfied are you in your current position?	55	3.36	.847	.114
How often do you feel supported by your nurse manager?	55	3.18	1.219	.164
Do you enjoy working in this hospital?	55	3.47	1.034	.139
Are you satisfied with the quality of care provided to your patients?	55	3.13	.963	.130
Do you get assistance to care for your patients when you need it?	55	2.89	.956	.129

From the descriptive statistics, the answers from the nurses showed consistency with a mean of 3.36 and *SD* 0.847 for Question 1. Mean of 3.18 and *SD* of 1.219 for Question 2. Mean of 3.47 and *SD* of 3.13 for Question 3. Mean of 3.13 and *SD* of 0.963 for Question 4. Mean of 2.89 and *SD* of 0.129 for Question 5.

Table 9

Case Processing Summary-2

Case Processing Summary

		N	%
Cases	Valid	55	100.0
	Excluded[a]	0	.0
	Total	55	100.0

a. Listwise deletion based on all variables in the procedure.

Table 10

Reliability Statistics-2

Reliability Statistics

Cronbach's Alpha	N of Items
.880	5

The Cronbach's Alpha is 0.880 which is close to 1.0 indicating internal consistency and reliability. Patient satisfaction of the care received from the nurses was demonstrated from the last survey on how patients rate the hospital (Appendix G and Tables 14.1, 14.2, 14.3, 14.4, and 14.5). According to the HCAHPS scores available on the intranet of the hospital, from October 2015 to October 2016, the confidence and trust on the nurses was 73.9 (Table 14.1), patients rate the hospital between 80.2 to 81.2 (Table 14.2). Nurses explained things understandably from 80.2 decreased to 78.5 (Table 14.3). Pain was well controlled during stay from 67.9 decreased to 63.7 (Table 14.4), and treated with courtesy and respect by nurses from 83.8 increased to 89.7 (Table 14.5). This survey is given to the patients or mailed one to two weeks after they have been admitted

to the hospital. Most of the questions are positive. This survey score is mentioned in huddles to the nurses once a month.

Implications

This study was conducted in an acute care hospital with 100 beds. The results showed what the author was hoping for. There was an improvement in nurse job satisfaction from the beginning to the completion of this project. Nurse leaders are more supportive to nurses by choosing a transformational leadership style and patients are having better positive outcomes. On October 2015, patients rated the hospital 80.2 on a zero to 100 scale and on October 2016 the rate increased to 81.2 (Table 14.2).

Recommendations

More research needs to be done on nurse job satisfaction. When nurse managers learn what the problems are before nurses leave the hospitals, they can offer support and help nurses deal with problems. When nurses have autonomy and support in nursing practice they tend to stay in the same job for a long time and provide better patient care.

Strengths and Limitations

The strengths of this project were the open communication on a topic that was not mentioned in the hospital where the author works. In the beginning of this project, nurses did not work well as a team and there was frustration when patients were admitted to the hospital without the proper handoff communication. According to the People Pulse Survey of 2015, on nurse job satisfaction the results improved from 2014. Results from the People Pulse Survey from 2016 are still not available and are not mentioned in this project. The project had limitations, the author tried to educate all the nurses on the

proper handoff communication but some of the nurses only work on call and were not available when she tried to educate them in huddles or in the clinical education department. However, she created a poster on patient handoff communication which was available on the hospital units. After she educated nurses on the proper handoff communication, sometimes there was not enough time to do surveys and when she gave them surveys, their answers were oral and not written. This study was limited to 55 registered nurses and 5 nurse managers because nurses and managers had to be employed in this organization more than six months and many nurses and managers worked in this hospital less than six months.

Summary

The findings of this study demonstrated that nurse job satisfaction is dependent on leadership support. In the beginning of this project, there were nurse leaders who were not supportive to nurses but most of these leaders left and were replaced with more supportive leaders. By having nurse leaders who adopted a transformational leadership style, registered nurses are more satisfied and stay on the job longer. The organization also benefits when the nurses stay on their job longer. There is less turnover and nurses do not work short staffed.

Section 5: Dissemination Plan

After this project is published in ProQuest, I will write a summary of the findings and post it in the breakroom of the hospital. I will also report the findings to the nurse managers so they can continue to be supportive to nurses. The initial plan was to give a copy of this project to each participant of the study but because the participants are anonymous I do not know who participated. I will also make my project available to other nursing journals like the Sigma Theta Tau International. I am a member of the Sigma Theta Tau International, the honor society of nursing, which is one of the largest nursing organizations in the world. As a future DNP graduate, I apply knowledge to solve problems via the scholarship of application (AACN, 2006). This application involves the translation of research into practice and the dissemination and integration of new knowledge (AACN, 2006, p.11).

Self-Analysis

According to the AACN (2006) scholarship and research are the hallmarks of the doctoral education (p. 11). By participating in research and disseminate the findings, I am participating in the scholarship of application. While doing this project, I conducted research and learned how to apply knowledge to solve problems in nursing practice. One of the problems was the improper handoff communication during patient transfers. I helped to start a new committee to engage nurses and managers in process improvement to improve patient handoff. I educated nurses on the use of standardized handoff tools based on SBAR, SHARE principles by the Joint Commission, and bedside report involving the patient.

By completing this project and the DNP program, I have the knowledge to solve problems in nursing practice. As a nurse practitioner, I use evidence based practice and provide quality and safe care to all my patients. This program has given me the knowledge and confidence to provide the best nursing care based on research and best practices.

In the hospital where I work, I have a better relationship with all the nurses and managers and I like to participate in committee work to improve the care my patients receive.

Summary

The completion of this project involved research, surveys, and the application of knowledge. By disseminating this knowledge, I will help others achieve their goals as I am achieving mine. As a nurse practitioner, my patients benefit from my education because I am able to use the best evidence in nursing practice to care for their needs. I am also a resource to other nurses when they have questions or concerns related to evidence-based practice.

References

Alghamdi, M.G. (2016). Nursing workload: A concept analysis. *Journal of Nurse*

    Management, *24*(4); 449-57. doi:10.1111/jonm. Retrieved from

     http://www.ncbi.nlm.nih.gov/pubmed/26749124

American Association of Colleges of Nursing. (2006). The essentials of doctoral

    education for advanced nursing practice. Retrieved from

    http://www.aacn.nche.edu/dnp/Essentials.pdf

American Nurses Association (2014a). Increased investment needed to produce 1.1

    million RNs, handoff nursing shortage. *News Release.* Retrieved from

    http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressR

    eleases/2014-PR/Increased-Investment-Needed-to-Produce-11-Million-RNs-

    Head-off-Nursing-Shortage-2.html

American Nurses Association. (2014b). Safe staffing literature review. *Key findings from*

    research studies on safe registered nurse staffing. Retrieved from

    http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNu

    rsing/NurseStaffing/2014-Nurse-Staffing-Updated-Literature-Review.pdf

American Nurses Association. (2016). Short definitions of ethical principles and theories

    familiar words. What do they mean? *Nursing World*. Retrieved from

    http://www.nursingworld.org

Azaare, J., & Gross, J. (2011). The nature of leadership style in nursing management.

    British Journal of Nursing, 20(11), 672-680.

Benner, P., Hughes, R.G., & Sutphen, M. (2008). Clinical reasoning, decision making,

and action: Thinking critically and clinically. In: Hughes RG, editor. Patient

safety and quality: *An Evidence-Based Handbook for Nurses*. Rockville (MD):

Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 6.

Available from: http://www.ncbi.nlm.nih.gov/books/NBK2643

Bormann L., & Abrahamson K. (2014). Do staff nurse perceptions of nurse leadership

behaviors influence staff nurse job satisfaction? The case of a hospital applying

for magnet designation. *Journal of Nursing Administration, 44*(4):219-225.

Brandenburg, L., Gabow, P., Steele, G., Toussaint, J., & Tyson, B.J. (2015). Innovation

and best practices in healthcare scheduling. *National Academy of Sciences (US).*

Retrieved from https://nam.edu/wp-

content/uploads/2015/06/SchedulingBestPractices.pdf

Cappelletti, A., Engel, J. K., & Prentice, D. (2014). Systematic review of clinical

judgment and reasoning in nursing. *Journal of Nursing Education, 53*(8), 453-

458. doi: http://dx.doi.org/10.3928/01484834-20140724-01

Castaneda, G. A., & Scanlan, J. M. (2014). Job satisfaction in nursing: A Concept

Analysis. *Nursing Forum, 49*(2), 130-138. doi:10.1111/nuf.12056

Castner, J., Ceravolo, D., Foltz-Ramos, K., & Wu, Y. (2013). Nursing control over

practice and teamwork. *Online Journal of Issues in Nursing, 18*(2), Manuscript 3.

doi:10.3912/OJIN.Vol18No02Man03. Retrieved from

http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/

OJIN/TableofContents/Vol-18-2013/No2-May-2013/Control-over-Practice-and-

Teamwork.htm

Courvoisier, D. S., Agoritsas, T., Perneger, T. V., Schmidt, R. E., & Cullati, S. (2011).

Regrets associated with providing healthcare: Qualitative study of experiences of

hospital-based physicians and nurses. *PLOS ONE, 6*(8), e23138.

http://doi.org/10.1371/journal.pone.

0023138. Retrieved from

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3149073/

Curtis, E. A., & Glacken, M. (2014). Job satisfaction among public health nurses: A

national survey. *Journal of Nursing Management, 22*(5), 653-663.

doi:10.1111/jonm.12026

Data Star (2013). Startips: A resource for survey researchers. Retrieved from

http://www.surveystar.com/startips/jan2013.pdf.

Dawes, D. (2015). Leadership development. What is your leadership style? *The*

Foundation of Nursing Leadership. Retrieved from http://www.nursing

leadership.org.uk/test

Denler, H., Wolters, C., & Benzon, M. (2014). Social Cognitive Theory. Retrieved from

http://www.education.com/reference/article/social-cognitive-theory/

Department for Professional Employees. (2016). Safe-staffing ratios: Benefiting nurses

and patients. *Fact Sheet 2016*. Retrieved from http://dpeaflcio.org/programs-

publications/issue-fact-sheets/safe-staffing-ratios-benefiting-nurses-and-patients/

Dyess, S.M., Sherman, R.O., Pratt, B.A., & Chiang-Hanisko, L. (2016). Growing nurse

      leaders: Their perspectives on nursing leadership and today's practice

      environment. *Online Journal of Issues in Nursing, 21*(1), 3-3.

      doi:10.3912/OJIN.Vol21No01PPT04

Edelman, T. (2016). Reducing hospital readmissions by addressing the causes. *Center for*

      Medicare Advocacy. Retrieved from http://www.medicareadvocacy.org/reducing-

      hospital-readmissions-by-addressing-the-causes/

Edmonson, C. (2010). Moral courage and the nurse leader. *Online Journal of Issues in*

      Nursing, 15 (3), Manuscript 5. doi:10.3912/OJIN.Vol15No03Man05. Retrieved

      from

      http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Courage-

      and-Distress/Moral-Courage-for-Nurse-Leaders.html

El-Eid, G.R., Kaddoum., Tamim, H., & Hitti, E.A. (2015). Improving hospital discharge

      time: A successful implementation of Six Sigma methodology. *Medicine, 94*(12),

      e633-e633.doi: 10.1097/MD.0000000000000633

Galewitz, P. (2015). Demand for travel nurses hits a 20-year high. *Kaiser Health News.*

      USA Today. Retrieved from

      http://www.usatoday.com/story/news/2015/05/24/kaiser-growth-traveling-

      nurses/27708517/

Georgia Nurses Association. (2015). ANA- more nurses are needed. *Workforce*

      Academy: Georgia Nursing, 74(4), 1-11. Retrieved from

http://web.b.ebscohost.com.ezp.waldenulibrary.org/ehost/pdfviewer/pdfviewer?vi

d=6&sid=2b7c8cbb-dad7-4cf5-98b1-fd56f0cdd43c%40sessionmgr105&hid=125

Grove, S.K., Burns, N., & Gray, J. R. (2013). The practice of nursing research. Appraisal,

Synthesis, and Generation of Evidence. Seventh Edition. Elsevier.

Hairr, D. C., Salisbury, H., Johannsson, M., & Redfern-Vance, N. (2014). Nurse staffing

and the relationship to job satisfaction and retention. *Nursing Economic$, 32*(3),

142-147. Retrieved from http://web.b.ebscohost.com.ezp.waldenulibrary.org

Hertel, R. (2012). Regulating patient staffing: A complex issue. *Medical Surgical*

Matters, 21(1), 3-7. Retrieved from

https://www.amsn.org/sites/default/files/documents/practice-resources/healthy-

work-environment/resources/MSM-Hertel-Jan12.pdf

Hocking, L., & Capers, H. (2015). How equipment services can help with safe and

effective discharge from hospital. *Equipment Services,* 70-72. Retrieved from

eb.a.ebscohost.com.ezp.waldenulibrary.org

Hodges, B. C., & Videto, D. M. (2011). Assessment and planning in health programs

(2nd ed.). Sudbury, MA: Jones & Bartlett Learning.

Hospital Consumer Assessment of Healthcare Providers and Systems (2013). HCAPS

Survey. A Step by Step Guide to Calculating the Patient Experience of Care

Domain Score in the Hospital Value-Based Purchasing FY 2013 Actual

Percentage Payment Summary Report. Retrieved from

http://www.hcahpsonline.org/Files/Hospital%20VBP%20Domain%20Score%20C

alculation%20Step-by-Step%20Guide_V2.pdf.

Hunt, D. (2014). Does value congruence between nurses and supervisors effect job

   satisfaction and turnover? *Journal of Nursing Management, 22*(5), 572-582.

   doi:10.1111/jonm.12055

Institute for Healthcare Improvement (2016). *SBAR toolkit.* Retrieved from

   http://www.ihi.org/resources/pages/tools/sbartoolkit.aspx?nl=1

Ives Erickson, J., (2010). Overview and summary: Promoting healthy work

   environments: A shared responsibility. *Online Journal of Issues in Nursing, 15*(1),

   Manuscript Overview. doi:10.3912/OJIN.Vol15No01ManOS.

Kaiser Permanente. (2015). Kaiser Permanente nursing professional practice introduction

   to the voice of nursing. Retrieved from

   http://kpnursing.org/nursingstrategy/toolkit/KP%20Nursing%20Professional%20

   Practice%20Introduction%20to%20the%20Voice%20of%20Nursing.pdf

Kennedy, E., Murphy, G. T., Misener, R. M., & Alder, R. (2015). Development and

   psychometric assessment of the nursing competence self-efficacy scale. *Journal*

   of Nursing Education, 54(10), 550-558. doi: http://dx.doi.org/10.3928/01484834-

   20150916

Kvist, T., Mäntynen, R., Partanen, P., Turunen, H., Miettinen, M., & Vehviläinen-

   Julkunen, K. (2012). The job satisfaction of Finnish nursing staff: The

   development of a job satisfaction scale and survey results. *Nursing Research and*

   Practice. Article ID 210509, 11 p. doi:10.1155/2012/210509. Retrieved from

   http://www.hindawi.com/journals/nrp/2012/210509/cta/

Lambrou, P., Kontodimopoulos, N., & Niakas, D. (2010). Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. *Human Resources for Health, 8(*26). http://doi.org/10.1186/1478-4491-8-26

LaSala, C.A., & Bjarnason, D. (2010). Creating workplace environments that support moral courage. *The Online Journal of Issues in Nursing, 15* (3), Manuscript 4. doi: 10.3912/OJIN.Vol15No03Man04

Laureate Education, Inc. (Executive Producer) (2012c). Evaluating an evidence-based practice project. Baltimore, MD: Author.

Lin, P-Y., MacLennan, S., Hunt, N., & Cox, T. (2015). The influences of nursing transformational leadership style on the quality of nurses 'working lives in Taiwan: A cross-sectional quantitative study. *Biomed Central*. doi: 10.1186/s12912-015-0082-x. Retrieved from http://bmcnurs.biomedcentral.com

Liu, Y., Aungsuroch, Y, & Yunibhand, J. (2015). Job satisfaction in nursing: A concept analysis study. *International Nursing Review, 63*(1), 84-91. doi: 10.1111/inr.12215. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/inr.12215/full

McCloughen, A., O'Brien, L., & Jackson, D. (2014). Journey to become a nurse leader mentor: past, present and future influences. *Nursing Inquiry, 21*(4), 301-310. doi:10.1111/nin.12053

McGlynn, K., Griffin, M.Q., Donahue, M., & Fitzpatrick, J.J. (2012). Registered nurse job satisfaction and satisfaction with the professional practice model. *Journal of Nursing Management, 20*(2), 260-265.

McHugh, M.D., Kutney-Lee, A., Cimiotti, J.P., Sloane, D.M., & Aiken, L.H. (2011).
Nurses' widespread job dissatisfaction, burnout, and frustration with health
benefits signal problems for patient care. *Health Affairs (Project Hope), 30*(2),
202-210. http://doi.org/10.1377/hlthaff.2010.0100

Moneke, N. & Umeth, O.J. (2016). Leadership practices influence job satisfaction.
Nursing 2016 Critical Care. Retrieved from
http://www.nursingcenter.com/pdfjournal?AID=1702628&an=01244666-
201403000-00008&Journal_ID=606913&Issue_ID=1702528

Nassar, M.E., Abdou, H.A., & Mohmoud, N.A. (2011). Relationship between
management styles and nurses' retention at private hospitals. *Alexandria Journal
of Medicine*, *47*(3), 243-249. doi: 10.1016/j.ajme.2011.06.003

National Nurses United (2016). Essential "DOs" and "Don'ts" for any RN association
considering the sponsorship or promotion of RN safe staffing legislation.
California Nurses Association. Retrieved from
http://www.nationalnursesunited.org/pages/3850/

Nursing Matters (2016). Mental health now a serious concern for hard working nurses.
Retrieved from http://nursing-matters.com/increasing-mental-health-problems-
for-nurses/

Ozkara San, E. (2015). Concept analysis of nurses' happiness. *Nursing Forum, 50*(1), 55-
62. doi:10.1111/nuf.12099.

Polit, D.F. (2010). Statistics and data analysis for nursing research. Second Edition.
Pearson.

Shellenbarger, T. & Chunta, K. S. (2015). Addressing leadership challenges. *Sigma Theta Tau International, The Honor Society of Nursing*. Retrieved from http://www.nursinglibrary.org/vhl/handle/10755/601899

Smith, M.A. (2011). Are you a transformational leader? *Nursing Management, 42*(9), 44-50. doi: 10.1097/01.NUMA.0000403279.6A. Retrieved from http://journals.lww.com/nursingmanagement/Fulltext/2011/09000/Are_you_a_transformational_leader_.8.aspx

Spiva, L., Hart, P., & McVay, F. (2011). Discovering ways that influence the older nurse to continue bedside practice. *Nursing Research and Practice*. Retrieved from http://www.hindawi.com/journals/nrp/2011/840120/cta/

Tei-Tominaga, M., Asakura, T., & Asakura, K. (2014). Stigma towards nurses with mental illnesses: A study of nurses and nurse managers in hospitals in Japan. *International Journal of Mental Health Nursing, 23*(4), 316-325 10p. doi:10.1111/inm.12052

The Joint Commission (2010). Over a century of quality and safety. Retrieved from https://www.jointcommission.org/assets/1/6/TJC-history-timeline_through_20161.PDF

The Joint Commission (2012). Joint Commission Center for transforming healthcare releases targeted solutions tool for hand-off communications: SHARE Solutions. *Joint Commission on Accreditation of Healthcare Organizations*, *32*(8), 1-3. Retrieved from http://www.jointcommission.org/assets/1/6/tst_hoc_persp_08_12.pdf

The National Academies of Science, Engineering, and Medicine (2010). The future of

nursing: Leading change, advancing health. *Health and Medicine Division.*

Retrieved from http://nationalacademies.org/hmd/reports/2010/the-future-of-

nursing-leading-change-advancing-health.aspx

Tiffen, J., Corbridge, S.J., & Slimmer, L. (2014). Enhancing clinical decision making:

Development of a continuous definition and conceptual framework. *Journal of*

Professional Nursing, 30(5), p. 399-405. Doi: 10.1016/j.profnurs.2014.01.006

Tourangeau, A. E., Cummings, G., Cranley, L. A., Ferron, E. M., & Harvey, S. (2010).

Determinants of hospital nurse intention to remain employed: broadening our

understanding. *Journal of Advanced Nursing, 66*(1), 22–32.

http://doi.org/10.1111/j.1365-2648.2009.05190.x

U.S. Department of Health and Human Services. (2015). Read the law. *The Affordable*

Care Act. Retrieved from http://www.hhs.gov/healthcare/about-the-law/read-the-

law/

Van Bogaert, P., Adriaenssens, J., Dilles, T., Martins, D., Van Rompaey, B., &

Timmermans, O. (2014). Impact of nurse's role, job satisfaction, and

organizational characteristics on nursing unit manager's work related stress and

well-being. *Journal of Advanced Nursing, 70*(11), 2622-2633 12 p. doi:

10.1111/jan.12449

Villanueva, E. (2015). Evidence-based mentorship program: Overview, review, and

approach. *Walden University Scholar Works*. Retrieved from

http://scholarworks.waldenu.edu

Walker, L.O. & Avant, K.C (2011). Strategies for theory construction in nursing, 5th edn.

    Prentice Hall, Englewood Cliffs, N.J.

Weston, M.J. (2010). Strategies for enhancing autonomy and control over nursing

    practice. *The Online Journal of Issues in Nursing (OJIN), 15*(1), Manuscript 2.

    DOI: 10.3912/OJIN.Vol15No01Man02. Retrieved from

    http://www.nursingworld.org

Zastocki, D. (2010). Retaining nurse managers. *American Nurse Today, 5*(12). Retrieved

    from https://americannursetoday.com/retaining-nurse-managers/

Institutional Review Board (IRB) Approval

Dear Ms. Libano,

This email is to notify you that the Institutional Review Board (IRB) has approved your

application for the study entitled, "Registered Nurse Job Satisfaction and Nursing

Leadership."

Your approval # is 11-07-16-0201131. You will need to reference this number in your

dissertation and in any future funding or publication submissions. Also, attached to this e-

mail is the IRB approved consent form. Please note, if this is already in an on-line format,

you will need to update that consent document to include the IRB approval number and

expiration date.

Your IRB approval expires on November 6, 2017. One month before this expiration date,

you will be sent a Continuing Review Form, which must be submitted if you wish to

collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described

in the final version of the IRB application document that has been submitted as of this

date. This includes maintaining your current status with the university. Your IRB

approval is only valid while you are an actively enrolled student at Walden University. If

you need to take a leave of absence or are otherwise unable to remain actively enrolled,

your IRB approval is suspended. Absolutely NO participant recruitment or data collection

may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain

IRB approval by submitting the IRB Request for Change in Procedures Form. You will

receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher. Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website:

http://academicguides.waldenu.edu/researchcenter/orec

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Sincerely,

Libby Munson, Research Ethics Support Specialist

Office of Research Ethics and Compliance. Email: irb@waldenu.edu

Fax: 626-605-0472, Phone: 612-312-1283, and office address for Walden University: 100 Washington Avenue South, Suite 900, Minneapolis, MN 55401.

Appendix B

Registered Nurse and Manager Demographic Questions

Please, answer the following questions by filling in the blank. It is important to answer all

the questions for this study. All the answers will remain confidential and the only person

who will see the answers is the researcher.

1.- Age: _____.

2.- Gender: _____Female _____Male.

3.- Marital Status: _____Married_____Single_____Other (Please, specify).

4- Race: _____Hispanic____Non-Hispanic_____White_____Other (Please, specify).

5.- Level of Nurses and Manager's Education:

_____ADN_____BSN_____MSN_____DNP_____PhD_____Other.

6.- Employment Status:

_____Full Time____Part Time_____On Call_____Other (Please, specify).

7.- Years of experience as a nurse or manager_____.

8.-_____Interaction time working with your manager in months or years.

9.- In what department do you work? Please, specify: _____.

10.- How long have you worked in that department?

_____.

11.- What shift do you work?

_____ .

12.- How long have you worked for this employer?

_____.

Table 11

Descriptive Statistics

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Level of Education	60	1	4	1.87	.724
Employment Status	60	1	5	1.88	.715
Years of experience as a nurse or manager	60	1	5	4.77	.909
Interaction time working with manager	60	1	2	1.88	.324
Department where the participant works	60	1	5	1.80	1.459
How long working in this department	60	1	2	1.87	.343
Shift the participant works	60	1	4	1.70	.926
How long working for this employer	60	1	2	1.92	.279
Type of hospital the participant works	60	2	2	2.00	.000
Valid N (listwise)	60				

Descriptive statistics are used to describe and summarize data and make data more comprehensible (Polit, 2010). In this table, the mean is consistent in most of the answers. The most significant is in the years of experience as a nurse or manager with a mean of 4.77 and SD of 0.909. This is due to the average of the years of experience as a nurse or manager. Some nurses and managers only have more than six months of experience but other nurses and managers have more than 30 years of experience.

Appendix C

Survey Questions for Nurse Leaders

Survey Questions for Nurse Leaders

What is your Leadership Style?

1- How often do you ask for different perspectives when solving a problem?				
Never	Rarely	Sometimes	Most of the Time	Always
1	2	3	4	5
2- How often do you spend time supporting, coaching, and teaching others?				
Never	Rarely	Sometimes	Most of the Time	Always
1	2	3	4	5
3- How often do you tend to concentrate your full attention on complaints and failures?				
Never	Rarely	Sometimes	Most of the Time	Always
1	2	3	4	5
4- How often do you try to avoid making decisions?				
Never	Rarely	Sometimes	Most of the Time	Always
1	2	3	4	5
5- How often do you help others develop their strengths?				
Never	Rarely	Sometimes	Most of the Time	Always
1	2	3	4	5

Table 12

Descriptive Statistics on Survey Questions.

How often do you ask for different perspectives on solving a problem?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sometimes	2	40.0	40.0	40.0
	Most of the Time	2	40.0	40.0	80.0
	Always	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

How often do you spend supporting, coaching, and teaching others?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sometimes	2	40.0	40.0	40.0
	Most of the Time	2	40.0	40.0	80.0
	Always	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

How often do you tend to concentrate your full attention on complaints and failures?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rarely	1	20.0	20.0	20.0
	Sometimes	1	20.0	20.0	40.0
	Most of the Time	1	20.0	20.0	60.0
	Always	2	40.0	40.0	100.0
	Total	5	100.0	100.0	

(table continues)

How often do you try to avoid making decisions?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rarely	3	60.0	60.0	60.0
	Always	2	40.0	40.0	100.0
	Total	5	100.0	100.0	

How often do you help others develop their strengths?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Most of the Time	3	60.0	60.0	60.0
	Always	2	40.0	40.0	100.0
	Total	5	100.0	100.0	

Appendix D

Survey Questions for Registered Nurses

Survey Questions for Registered Nurses

Overall, how do you rate your job satisfaction in your present job?

Choose the scale from 1 to 5 to indicate your overall job satisfaction for this employer.

1-How satisfied are you in your current position?				
Not Satisfied	Somewhat Satisfied	Satisfied	Very satisfied	Extremely Satisfied
1	2	3	4	5
2- How often do you feel supported by your nurse manager?				
Not often	Sometimes	All the Time	Most of the Time	Always
1	2	3	4	5
3- Do you enjoy working in this hospital?				
Do not enjoy working for this hospital	Sometimes enjoy working for this hospital	Enjoy working for this hospital	Enjoy working for this hospital most of the time.	Enjoy working for this hospital very much.
1	2	3	4	5
4- Are you satisfied with the quality of care provided to your patients?				
Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Extremely Satisfied
1	2	3	4	5
5- Do you get assistance to care for your patients when you need it?				
Never	Sometimes	Yes	Most of the Time	Always
1	2	3	4	5

Table 13

Descriptive Statistics on the Nurses Survey

How satisfied are you in your current position?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not satisfied	1	1.8	1.8	1.8
	Somewhat satisfied	5	9.1	9.1	10.9
	Satisfied	27	49.1	49.1	60.0
	Very satisfied	17	30.9	30.9	90.9
	Extremely satisfied	5	9.1	9.1	100.0
	Total	55	100.0	100.0	

How often do you feel supported by your nurse manager?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not often	5	9.1	9.1	9.1
	Sometimes	15	27.3	27.3	36.4
	All the time	6	10.9	10.9	47.3
	Most of the time	23	41.8	41.8	89.1
	Always	6	10.9	10.9	100.0
	Total	55	100.0	100.0	

Are you satisfied with the quality of care provided to your patients?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not satisfied	4	7.3	7.3	7.3
	Somewhat satisfied	8	14.5	14.5	21.8
	Satisfied	22	40.0	40.0	61.8
	Very satisfied	19	34.5	34.5	96.4
	Extremely satisfied	2	3.6	3.6	100.0
	Total	55	100.0	100.0	

(table continues)

Do you enjoy working in this hospital?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Do not enjoy working for this hospital	1	1.8	1.8	1.8
	Sometimes enjoy working for this hospital	9	16.4	16.4	18.2
	Enjoy working for this hospital	18	32.7	32.7	50.9
	Enjoy working for this hospital most of the time	17	30.9	30.9	81.8
	Enjoy working for this hospital very much	10	18.2	18.2	100.0
	Total	55	100.0	100.0	

Do you get assistance to care for your patients when you need it?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	1	1.8	1.8	1.8
	Sometimes	24	43.6	43.6	45.5
	Yes	11	20.0	20.0	65.5
	Most of the time	18	32.7	32.7	98.2
	Always	1	1.8	1.8	100.0
	Total	55	100.0	100.0	

Appendix E

Leadership Styles of Nurse Managers

Leadership Styles

The purpose of this questionnaire was to find out what type of leadership style of the nurse leaders in the hospital where I work and compare to the results of the nurse's job satisfaction. According to Dawes (2015), the Foundation of Nursing Leadership has a questionnaire to help leaders find out what leadership style they follow to help them decide what is the best environment for them to be successful and work with others. By following their recommendations, I created a questionnaire to find out about the leadership style of the nursing leaders in the hospital where I work. I gave them five questions with five different answers and the rate of these issues are:

1-Never

2-Rarely

3- Sometimes

4- Most of the Time

5- Always

By adding all the points from their answers, I tried to find out if their style was transformational, transactional, or laissez-faire. By adding all the points from their answers, between 20 and 25, they have a transformational leadership style, between 14 and 19 they have a transactional style, and less than 13 they have a laissez-faire style. Transformational style leaders are preferred because they are role models who influence and motivate others to follow the vision of the organization (Dawes, 2015).

Transactional style leaders recognize others for their performance but do not change the existing work environment as long as they are meeting goals (Dawes, 2015). Laissez-faire style leaders are the least preferred because they do not act until something goes wrong and do not exercise control over their team (Dawes, 2015).

When I gave the questionnaire to 20 leaders, only five leaders were included because most of the nurse leaders in my organization have less than six months of experience in nursing leadership, and some of the leaders decided not to participate in the study. From the nurse leaders who were included in the survey, their answers showed:

Leader One- 23 = Transformational style leader.

Leader Two- 20 = Transformational style leader.

Leader Three-16 = Transactional style leader.

Leader Four- 17= Transactional style leader.

Leader Five- 20 = Transformational style leader.

From the answers to this questionnaire, I believe the majority of the leaders in my place of work have a transformational leadership style, and this result have an actual relationship to the registered nurse's job satisfaction. But because only 25 % of the leaders participated in this study this result cannot be confirmed. Nurse leaders in the hospital where I work do not function for an extended period, and this is the reason why we have so many new leaders, who are working for the organization less than six months. Some leaders leave because they retire, some leaders move to another location, and some leaders find better job opportunities in other hospitals.

Appendix F

People Pulse 2015
Your Results

Your results are based on employees who were in your MyOrg hierarchy as of August 1, 2015. Click on "Reports" for additional results, "Slides" to download results, and "Actions" to plan actions.

The results deck, which you can print by going to the "Slides" icon at the top of the page, has been redesigned as of April 25 with a focus on taking action.

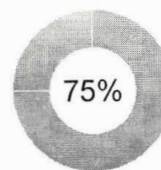| Response Rate	Results vs. [ ] Organizat...	Work Unit Index
240 Respondents (83%)	10 Out Of 15 Themes/Indices Have Improved	
83%	(3, 2, 10) More »	75%

Your Strengths and Opportunities were identified by comparing your 2015 scores with your comparators and your 2014 scores.

Strengths

			% Point Difference From		
Item		% Favorable	2014	Next Level Up	External Norm
63	Errors and mistakes are handled appropriately in my department or work unit.	75	14*	-3	-9*
26	In my department or work unit, I feel comfortable voicing my opinions, even when they are different from others'.	77	8	2	-4
64	The culture in my department or work unit makes it easy to learn from the errors of others.	71	11	-1	-7

Opportunities

			% Point Difference From		
Item		% Favorable	2014	Next Level Up	External Norm
43	I have the support I need from others in my department or work unit to do my work (e.g., care for patients, satisfy members/customers, etc.).	64	-11	-11*	-24*
50	How much do you know about the Mission/Vision of [ ]	75	-13*	1	n/a
45	I receive the support I need from other departments or work units to provide high quality service to members, patients, and customers.	68	-5	-6	-10*

All Items
Click here to   Collapse All Themes/Indices   More »

Themes/Indices		% Favorable	2014	Next Level Up	External Norm
Commitment Theme		86	3	-2	-3
1	I am proud to work for [ ]	92	-4	-2	-3
14	I would prefer to remain with [ ] even if a similar job were available in another organization.	90	3	-1	6
15	I would recommend [ ] to a close friend as a good place to work.	85	1	-4	-6*
20	[ ] offers a level of job security as good or better than job security in most other health care organizations.	88	9	-1	n/a
35	In my department or work unit, people go the extra mile to help [ ] succeed.	76	6	-2	-10*
Line of Sight Theme		83	-5	1	7*

Appendix G: Table 13.1

Catalyst Trend by Questions -

Nov 30, 2016

	NRC Average	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016
	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive
IP-A_TR: How often did you get interpreter	60.4	0.0µ	50.0µ	60.0µ	100.0µ	50.0µ	100.0µ	57.1µ	66.7µ	50.0µ

	NRC Average	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Total
	Positive	Positive	Positive	Positive	Positive	Positive
HCAHPS: Did everything to help your pain	79.6	84.3	75.3	75.9	90.0µ	80.4
HCAHPS: Drs explained things understandably	76.4	77.8	78.0	78.7	72.7µ	76.5
HCAHPS: Drs listened carefully to you	79.3	78.9	78.9	82.4	72.7µ	79.1
HCAHPS: Got help as soon as wanted	63.1	64.8	68.0	70.2	63.6µ	67.6
HCAHPS: Help going to bathroom as soon as wanted	69.1	66.7	70.6	79.7	83.3µ	69.5
HCAHPS: Nurses explained things understandably	75.3	65.8	73.4	78.5	70.0µ	73.2
HCAHPS: Nurses listened carefully to you	76.2	68.7	70.7	83.2	80.0µ	74.5
HCAHPS: Pain well controlled during stay	64.6	65.7	64.0	63.7	70.0µ	68.1
HCAHPS: Quiet around room at night	59.0	55.1	58.8	52.0	55.6µ	54.5
HCAHPS: Rate hospital	73.3	71.6	75.8	81.2	60.0µ	75.2
HCAHPS: Received info re: symptoms to look for	90.9	90.4	95.5	91.8	100.0µ	90.9
HCAHPS: Room kept clean during stay	72.5	70.9	70.0	68.9	70.0µ	72.8
HCAHPS: Staff described med side effects	50.4	43.4	36.9	49.1	28.6µ	45.4
HCAHPS: Staff took preferences into account	44.7	48.9	50.0	47.5	40.0µ	46.1
HCAHPS: Talked about help you would need	85.6	83.3	78.4	80.6	80.0µ	79.2
HCAHPS: Told what medicine was for	77.6	69.0	64.6	83.3	71.4µ	74.5
HCAHPS: Treated w/courtesy/respect by Drs	87.0	85.6	82.0	89.6	72.7µ	86.7
HCAHPS: Treated w/courtesy/respect by Nurses	85.9	80.8	81.5	89.7	80.0µ	83.0
HCAHPS: Understood managing of health	53.3	57.0	55.0	55.6	30.0µ	51.9
HCAHPS: Understood purpose of medications	61.8	59.2	60.4	69.1	50.0µ	62.4
HCAHPS: Would recommend hospital to family	75.4	73.2	84.0	79.0	90.0µ	79.8
IP: Doctors/Nurses communication	61.0	56.6	55.3	65.4	60.0µ	57.9
IP: Doctors/Nurses consistency	70.7	63.3	65.1	76.7	66.7µ	67.2
IP: Enough info in ED re: condition/treatment	53.0	50.0	70.4	67.4		56.7
IP: Family inclusion in discussions	55.5	58.2	58.0	62.4	40.0µ	57.5
IP: Nurses discussed worries/concerns	68.1	62.2	70.5	72.4	37.5µ	67.1
IP: Nurses, confidence/trust in	73.9	70.0	65.5	77.2	40.0µ	71.3

Green - score is equal to or greater than the NRC Average   Yellow - score is less than the NRC Average   µ - Warning: n-size is under 30!

Appendix G: Table 13.2

Appendix G: Table 13.3

Catalyst Control Chart - [REDACTED] - *HCAHPS: Nurses explained things understandably*

Nov 30, 2016

HCAHPS: Nurses explained things understandably

Data points: 80.2, 72.2, 77.5, 74.9, 78.1, 72.5, 75.3, 67.5, 71.0, 71.4, 65.8, 73.4, 78.5

Legend: [REDACTED] | Vascular Repair Diagnoses Average | Average (73.8) | Upper Limit | Lower Limit

NATIONAL RESEARCH Corporation ©2016 National Research Corporation   Page 1 of 2

Appendix G: Table 13.4

Appendix G: Table 13.5