

A QUANTITATIVE EXAMINATION OF THE RELATIONSHIP BETWEEN LEADERSHIP  
STYLE AND EMPLOYEE JOB SATISFACTION IN REGISTERED NURSES IN THE  
PITTSBURGH MSA REGION

by

Jeffrey Belsky

Doctoral Study Submitted in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Business Administration

Liberty University

December 2017

## **Abstract**

Healthcare worker jobs, particularly in the nursing profession, are among the fastest growing occupations in the United States. However, the nursing field is overwhelmed with an aging workforce, low morale, ineffective leadership practices, employee dissatisfaction, and increased worker turnover. Healthcare organizations have witnessed an increase in employee job dissatisfaction amongst nurses, which ultimately has led to increased employment turnover among other negative consequences such as lack of organizational commitment, absenteeism, reduced patient care, and disgruntled employees. This quantitative, nonexperimental, correlational research examined the relationship between perceived Registered Nurse (RN) job satisfaction and leadership styles in the Pittsburgh Metropolitan Statistical Area (MSA). The results of this research supports earlier research and demonstrates a statistically significant positive relationship existing between perceived job satisfaction and leadership style in the Pittsburgh MSA. The results may serve beneficial to healthcare organization leaders for influencing employee leadership development programs, individualized professional coaching, and consulting processes targeted at increasing retention, reducing turnover, and improved patient healthcare.

*Keywords:* Job Satisfaction, Leadership Style, Healthcare Organization, Pittsburgh MSA

A QUANTITATIVE EXAMINATION OF THE RELATIONSHIP BETWEEN LEADERSHIP  
STYLE AND EMPLOYEE JOB SATISFACTION IN REGISTERED NURSES IN THE  
PITTSBURGH MSA

by

Jeffrey Belsky

Doctoral Study in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Business Administration

Liberty University

December 2017

\_\_\_\_\_ Date: \_\_\_\_\_

Dr. Eric Richardson, Chair

\_\_\_\_\_ Date: \_\_\_\_\_

Dr. Scott Ehrhorn, Committee Member

\_\_\_\_\_ Date: \_\_\_\_\_

Dr. Gene Sullivan, DBA Program Director

\_\_\_\_\_ Date: \_\_\_\_\_

Dr. Dave Calland, Dean, School of Business

## Dedication

I would like to dedicate this project to my wonderful partner in life, my wife, Johnene. You have stood by me each step of the way with everlasting love and endurance, and have provided me with relentless encouragement, drive, strength, and perseverance. For over 30 years we have walked the path of life, hand-in-hand, through good times and bad. I would never change what I have, and I thank God for you every day of my life – you are my Rock! Without you, I could never have endured. I will always remember your words stating, “Put one foot in front of the other, and soon you will be walking out the door!” Those words have continually encouraged me to succeed. Some day we will most definitely skip on the beach hand in hand!

I would also like to dedicate this project to my three children, Jordan, Michaela, and Aaron who have also encouraged me throughout this journey and understanding the time commitment involved – each of you continued to push me toward greatness.

## Acknowledgments

To my Lord and savior Jesus Christ. I give praise and honor for giving me the strength and courage to fulfill this lifelong dream. It is with His guidance, that I remained focused and faithful throughout this journey.

My sincerest appreciation to my wife Johnene, and three children, Jordan, Michaela, and Aaron. Each of you have remained by my side through good times and bad. Your encouragement and dedication to my success has allowed me to fulfill a lifelong dream. Johnene, your loving and patient heart, your overwhelming strength to persist, and your dedication to our family, gave me the encouragement and motivation to never quit – even when all energy was lost and the power of frustration was at its peak.

Many thanks to my father and one of my best friends, Mike Belsky who past 20 years ago, and my mother, Ann Belsky who is 90 years old and still going strong, for their dedication to me as their son. Both instilled a sense of ethics, hard work, faith, and persistence throughout my childhood. These characteristics and qualities have remained with me throughout my life. I thank them for providing me with strong Christian guidance that has been the foundation of my life for over 50 years. To my sister, Laureen Godshall for her assistance with editing this project.

Final thank you goes to those at Liberty University who assisted me with this project. Dr. Sullivan for his continual guidance, advice, and unwavering honesty. Dr. Richardson for his ability to remain calm during my most stressful situations and his ability to effectively lead me through this process in a timely manner, and finally Dr. Candy, my editor, who continually provided honest feedback, assistance and clarity – and a few laughs along the way – as I progressed on this project. These individuals have my deepest gratitude for their enduring leadership and guidance.

## Table of Contents

List of Tables .....	v
List of Figures .....	vi
Section 1: Foundation of Study .....	1
Background of Problem.....	1
Problem Statement .....	4
Purpose Statement .....	6
Nature of Study .....	7
Research Questions .....	10
Hypothesis .....	10
Theoretical Framework .....	10
Leadership Style.....	12
Transformational Leadership .....	12
Transactional Leadership .....	15
Job Satisfaction .....	18
Motivation.....	19
Organizational Commitment.....	20
Definition of Terms .....	21
Assumptions, Limitations and Delimitations.....	22
Assumptions .....	22
Limitations .....	22
Delimitations .....	24
Significance of Research .....	24
Reduction of Gaps .....	27
Implications for Biblical Integration .....	28
Relationship to Field of Study .....	30

A Review of the Professional and Academic Literature .....	32
The Nursing Process.....	32
Employment Need .....	33
Employee Turnover .....	35
Job Satisfaction of Nurses.....	36
Work Motivation Theory .....	38
Maslow’s Hierarchy of Needs Theory.....	38
Hertzberg’s Motivation-Hygiene Theory .....	40
Job Characteristics Model.....	41
McClelland Motivation Theory.....	42
Alderfer’s ERG Theory .....	43
Locke’s Goal-Setting Theory.....	43
Organizational Commitment Model/Theory .....	44
Leadership and Leadership Theories.....	46
Leadership Styles .....	47
Autocratic Leadership.....	47
Democratic Leadership .....	48
Laissez-Fair Leadership.....	48
Contingency Theories.....	49
Fielder’s Contingency Theory.....	49
Hersey-Blanchard Situational Leadership Model .....	51
House’s Path-Goal Theory.....	52
Vroom-Yetton Decision Making Model of Leadership.....	54
Transactional Leadership Theories .....	56
Leader-Member Exchange (LMX).....	57
Transformational Leadership Theories.....	58
Kouzes and Posner’s Leadership Participation Inventory.....	59
Servant Leadership Theory .....	61

Transition and Summary .....	64
Section 2: The Project .....	67
Purpose Statement.....	67
Role of Researcher .....	68
Participants .....	70
Research Methods and Design.....	72
Research Method .....	72
Research Design.....	73
Population and Sampling.....	74
Data Collection .....	76
Instruments .....	76
Multifactor Leadership Questionnaire (MLQ-5X).....	76
Job Satisfaction Survey .....	78
Data Collection Technique .....	79
Data Organization Techniques .....	80
Data Analysis Techniques .....	81
Reliability and Validity .....	82
Reliability .....	82
Validity .....	84
Transition and Summary .....	85
Section 3: Application of Professional Practice and Implications for Change.....	86
Overview of Study .....	86
Presentation of Findings .....	87
Demographic Data and Characteristics .....	87
Pearson Correlation Coefficient Analysis .....	97
Mean and Standard Deviation .....	104
Application to Professional Practice .....	108
Recommendation for Action .....	109



Recommendation for Further Study.....	109
Reflections .....	111
References.....	114
Appendix A: IRB Approval Letter.....	149
Appendix B: Informed Consent .....	150
Appendix C: MLQ 5-X Survey Sample and Approval .....	152
Appendix D: Spector Job Satisfaction Survey Sample Questionnaire .....	153
Appendix E: Demographic Questionnaire Sample .....	156
Appendix F: Spector Job Satisfaction Survey Approval for Use.....	157

## List of Tables

Table 1. Gender Frequency Distribution .....	88
Table 1a. Pearson Correlation between Gender and Overall Job Satisfaction.....	89
Table 2. Ethnicity Frequency Distribution .....	89
Table 2a. Pearson Correlation between Ethnicity and Overall Job Satisfaction.....	90
Table 3. Age Frequency Distribution .....	90
Table 3a. Pearson Correlation between Age and Overall Job Satisfaction .....	91
Table 4. Work Status Frequency Distribution .....	91
Table 4a. Pearson Correlation between Work Status and Overall Job Satisfaction.....	92
Table 5. Employment Category Frequency Distribution .....	92
Table 5a. Pearson Correlation between Employment Category and Overall Job Satisfaction.....	93
Table 6. Location Frequency Distribution.....	93
Table 6a. Pearson Correlation between Employment Location and Overall Job Satisfaction.....	95
Table 7. Years Employed Frequency Distribution.....	95
Table 7a. Pearson Correlation between Years Employed and Overall Job Satisfaction ..	96
Table 8. Commitment Frequency Distribution .....	96
Table 8a. Pearson Correlation between Commitment and Overall Job Satisfaction.....	97
Table 9. K-S Test of Normality .....	98
Table 10. Pearson's Coefficient of Transformational Leadership Style Factors and Job Satisfaction Levels .....	103
Table 11. Spearman's <i>rho</i> Non-Parametric Coefficient .....	104
Table 12. Mean and Standard Deviation Analysis MLQ Leadership Style .....	104
Table 13. Descriptive Statistics MLQ and JSS .....	107

## List of Figures

Figure 1. Theoretical Framework.....	11
Figure 2. Q-Q Plots for Transformational and Transactional Leadership Styles .....	98
Figure 3. Detrending Q-Q Plots Job Satisfaction, Transformational and Transactional .....	100
Figure 4. Box Plots Job Satisfaction, transformational and Transactional Leadership .....	101
Figure 5. Transformational Leadership Histogram.....	106
Figure 6. Transactional Leadership Histogram.....	106

## Section 1: FOUNDATION OF THE STUDY

This research examined the correlation between leadership style and job satisfaction of Registered Nurses (RN). Numerous healthcare organizations, including hospitals, doctor's offices, clinics, senior living communities, home health, and community health centers, were utilized for this research. According to Weberg (2010), more than 40% of the registered nurses in Pennsylvania stated that they were dissatisfied with their current positions. In order to understand nurse job satisfaction, investigators and researchers should examine the role that healthcare leaders play in creating an environment which is motivating and satisfying for their employees. The results of this research can complement previous similar studies, and assist in improving leadership style and job satisfaction of registered nurses.

### **Background of the Problem**

Healthcare worker jobs, particularly in the nursing profession, are among the fastest growing occupations in the United States. Their expansion is due in large part to the aging population, the increasing number of those who have access to health insurance because of healthcare reform, and the increasing demand for health services. Additionally, the nursing field is overwhelmed with an aging workforce, low morale, ineffective leadership, employee dissatisfaction, and increased worker turnover (Dill, Kallenberg, & Morgan, 2013; Jefferson, Klass, Lord, Nowak, & Thomas, 2014). According to the U.S. Bureau of Labor Statistics, employment of registered nurses in the United States is projected to grow by 16 percent from 2014 to 2024, much faster than the average for all occupations.

Over the last several years, the healthcare sector has been consumed specifically with issues surrounding worker job satisfaction. Healthcare workers have displayed their unhappiness through numerous outlets including employee strikes and walkouts, negative publications, and

undesirable public social media communications. (Aiken, Cimiotti, Kutney-Lee, & McHugh, 2011). Job satisfaction can be characterized as an expression of one's emotional state of mind, principles, affections, and feelings resulting from one's discernment that his/her job is sustaining important personal values (Ali & Reisel, 2014), as well as how employees view different aspects of their job and the environment they work (Maqbali, 2015).

Contributing aspects to the current state of affairs in healthcare are the result of several factors. These factors can include leadership style, communication competency, employee conflict, employee diversity, status difference, heavy patient workloads, increased stress, job burnout, reduced personal accomplishment, emotional exhaustion, depersonalization (Wright, 2011), healthcare benefits, and work schedules (McHugh et al., 2011). Registered nurses have also highlighted negative work environments (Wright, 2011) associated with understaffing which is characterized by physical and emotional exhaustion, high job stress, and low job satisfaction. These negative work environments are the results of poor managerial support for nursing, unprofessional treatment from supervisors, responsiveness of management to correcting problems in care at the bedside identified by nurses, and doctor-nurse relations (McHugh et al., 2011).

Ultimately, the result of nurse job dissatisfaction has increased employment turnover among other negative consequences (i.e., lack of organizational commitment, absenteeism, reduced patient care, and employee sabotage) (Maqbali, 2015). Nurse retention has been identified as one of the most significant issues in healthcare, as a consequence of the national nurse shortage (Jefferson et al., 2014). Currently, the average rate of retention of newly hired nurses after one year of employment is between 40% and 60%; and one of the key factors

identified as driving such low retention statistics is the supervisor's un-accommodative behavior and lack of effective leadership skills (Dasgupta, 2014).

The administration of healthcare is in need of several important changes. Most significantly is the philosophical approach of healthcare leadership. Despite the fact that nursing leadership has been researched for over two decades, there still remains the point that failures of nurse leadership continues to influence clinical outcomes, employee turnover, and quality of work environment for nurses (Hutchinson & Jackson, 2013). The focus in nursing leadership has traditionally concentrated on understanding what is good for the leader (i.e. nurse supervisor or manager), not the follower. Followers (i.e. floor nurses) are recognized as simply passive individuals that are dependent variables associated with leadership behaviors and characteristics (Jackson & Parry, 2011). Little attention has been dedicated to understanding the implications of leadership style to follower contributions, motivation, or job satisfaction. This myopic approach to understanding nurse leadership has manifested into a systemic problem of decreased nurse satisfaction. (Hutchinson & Jackson, 2013; Jackson et al., 2012).

Modern health care is technologically complex (Buell, 2012; Thorne, 2013) and consists of intense human interactions. The building blocks of successful healthcare leadership are the technical and personal skills of healthcare workers. Healthcare leaders must foster the abilities and knowledge of highly specialized team members to help them to contribute to the success of the organization (Ibrahim, 2011). The healthcare industry is unique, and successful leadership concepts are not simply derivatives from successful organizations such as Microsoft, Apple or Proctor & Gamble, Co. There are complexities in the healthcare industry that do not exist in other industries (Buell, 2012). Healthcare leadership places significant emphasis on patient care and outcomes, however, they also have a rational consideration for numerous stakeholders,

profitability, and competitiveness. Stakeholders include doctors, nurses, administrators, allied health staff (e.g., physical therapy staff, occupational therapists, respiratory therapist, etc.), communities, clinics, outpatient centers, and government systems all working together to provide quality healthcare services (Trastek, 2014).

Trastek (2014) outlines four possible leadership models that healthcare organizations can implement: transactional leadership, adaptive leadership, transformational leadership, and servant leadership. Over the years, organizations have shifted their attention to a more rational and employee focused style leadership approach (i.e. adaptive, transformational, and servant), and away from styles that are based on an individualistic and self-serving mentality such as a transactional leadership style. The hierarchical and cultural organizational structure of healthcare traditionally dictates a more transactional leadership style approach. Nonetheless, there has been a movement toward developing a transformational leadership presence in healthcare which has been regarded as more effective and has been used as a basis for leadership development activity, including the national 2010 Medical Leadership Competency Framework. (Chapman, Johnson, & Kilner, 2014). Additionally, The American Nursing Credentialing Center (ANCC) has recognized transformational leadership as a major element to attaining excellence in nursing and increasing overall job satisfaction (Brady-Schwartz et al., 2011).

### **Problem Statement**

The problem to be addressed is the high job dissatisfaction within the registered nursing profession. Weberg (2010) contends that more than 40% of the nurses in Pennsylvania are dissatisfied with their positions. A cross-sectional survey consisting of over 33,000 nurses in over 480 hospitals throughout Europe and over 27,000 nurses in over 600 hospitals in the United States showed that job dissatisfaction ranged from 21% to 56% depending on the country being

surveyed (Maqbali, 2015, Aiken et al, 2012). A positive supervisor/employee relationship leads to increased morale and the retention of nurses. Supervisor/employee relations, confidence in management, communication, and administrative effectiveness are all related to morale and employee satisfaction (Weberg, 2010; Hutchinson & Jackson, 2013). As in other types of professions, a “one-size-fits-all” leadership approach is not conducive for the nurse profession. The best approach to leadership depends upon the situation at hand and the individuals involved. Leaders must have flexibility in their leadership approach and the ability to confront human situations independently (Olden, 2016).

The lifeblood to delivering quality healthcare correlates to the satisfaction of healthcare professionals. Registered nurses who are prone to stress, work overload, burnout, physical and emotional exhaustion, and cognitive weariness may give rise to dissatisfaction with organizational leaders. The result will be negative job attitudes, adverse self-concepts, reduced service quality and concern for patients, and serious consequences for the personal lives of workers (Humphries et al., 2014). Studies have shown that nurse leader behavior can directly impact the work climate in healthcare organizations (Moneke & Umeh, 2013) and develop healthy work environments where nurse job satisfaction exists (Havens & Warshawsky, 2014).

Additionally, since the nursing profession is expected to be one of the fastest growing job fields through 2020, nurse retention has become a priority in healthcare organizations (Litwiller, Nei, & Snyder, 2015). According to the National Healthcare and Registered Nurse Retention Report from Nursing Solutions, the hospital turnover rates for nurses in 2013 ranged from 8.7 percent to 31.7 percent nationwide. The majority of those leaving their positions were related to those not finding satisfaction with their manager (Orr, 2014).



The costs associated with nurse turnover is estimated at 1.3 times the salary of the departing nurse, which could be as high as \$95,000. This is a significant impact to the financial bottom line of healthcare organizations (Richards, 2016). In order to understand nurse job satisfaction, investigators and researchers should examine the role that healthcare leaders play in creating an environment which is motivating and satisfying. Egenes (2012) stated that nurse dissatisfaction and high levels of turnover will continue to cause impeding issues in healthcare (i.e., nurse shortage) unless healthcare organizations improve nurse satisfaction and retain quality nurse talent.

### **Purpose Statement**

The purpose of this non-experimental quantitative correlational study was to examine the relationship between leadership style and job satisfaction of registered nurses in the Pittsburgh MSA. The independent variable was job satisfaction and the dependent was leadership style (i.e. transformational or transactional). The result of improved nurse satisfaction in the healthcare industry may increase employee retention, decrease stress, improve employee performance, improved work attitude, and enhance patient care satisfaction levels (Miradipta & Susanty, 2013). Furthermore, according to Ibrahim (2011), low nurse satisfaction is costly to a healthcare organization, contributes to numerous issues including medical miscalculations that can result in serious injury or patient death.

The passage of health reform legislation has stimulated an increased focus on patient-centered care and the importance of patient satisfaction. However, nurses have long reported that their work conditions are undesirable and not conducive to providing patient-centered care that is safe and of high quality. Working conditions, which directly influence job satisfaction,

can be measured in terms of salaries, benefits, opportunities for advancement, work schedules, independence, leadership styles, and treatment (McHugh et al., 2011).

The level of nurse satisfaction is attributable to the work environment determined by healthcare leadership (McHugh et al., 2011). The healthcare industry is labor intensive and based on powerful knowledge management. The central factor for success in achieving goals in healthcare organizations is nurse leadership (Miradipta & Susanty, 2013). Since leadership affects essentially everything in an organization, the leadership style of nurse supervisors and managers significantly impact the satisfaction of subordinates (Kanste, Kyngäs & Miettunen, 2007). According to Trastek (2014), healthcare organizations can consider four possible leadership styles to evaluate and implement: Adaptive, Servant, Transactional or Transformational. These leadership styles fluctuate within distinct levels of directive and supportive human behavior, and can potentially result in variable job satisfaction levels within healthcare organizations. This research will be used to reveal whether nurse job satisfaction is impacted by the presumed leadership practice existing within healthcare organizations.

### **Nature of Study**

This quantitative research utilized a survey methodology to investigate the correlation between organizational leadership style and nurse job satisfaction within healthcare organizations in the Pittsburgh Metropolitan Statistical Area (MSA). The Pittsburgh MSA consists of the City of Pittsburgh in the Commonwealth of Pennsylvania and surrounding counties. The U.S. Census Bureau defines the Pittsburgh MSA as seven Western Pennsylvania counties anchored by the City of Pittsburgh. The MSA definition includes the city proper and the Pennsylvania counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Washington, and

Westmoreland. It is the largest population center in both the Ohio River Valley and Appalachia with a population in 2015 of 2,353,045 (U.S. Census Bureau).

This quantitative research will include participation from Registered Nurses (RN's) throughout the Pittsburgh MSA. The total population of Registered Nurses in the Pittsburgh MSA is approximately 30,000 (U.S. Department of Labor, Bureau of Labor Statistics, May 2015, Pennsylvania State Board of Nursing, 2017). Two survey tools were utilized to obtain valid data for this research. First, Spector's Job Satisfaction Survey (JSS) was utilized to measure the job satisfaction of registered nurses. The JSS evaluates nine aspects of job satisfaction, including overall satisfaction. The JSS scale contains 36 separate items and employs a summated rating scale format. Each of the nine aspects contain four separate items which when combined, produce a total satisfaction score. The nine aspects of the JSS are: pay, promotional opportunities, fringe benefits, supervision, contingent rewards, operating conditions, coworkers, nature of research, and communications (Spector, 1997).

The second quantitative research instrument utilized was The Multifactor Leadership Questionnaire (MLQ-5X), which is the standard research instrument for assessing transformational and transactional leadership style (Avolio & Bass, 2004). The MLQ encompasses various components of transformational, transactional and non-leadership characteristics (i.e. laissez-faire leadership) along with three measures of leadership effectiveness. MLQ-5X is one of the most widely used and authoritative instruments for establishing the constructs of leadership style, and is highly reliable (Hutchinson & Jackson, 2013).

The MLQ-5X is a self-report measure that contains 78 items (Kanste et al, 2007) and five transformational scales (Inspirational Motivation (IM), Idealized Influence (IIA/B), Intellectual

Stimulation (IS), Individualized Consideration (IC), and Inspirational Motivation (IM)), three transactional scales (Contingent Reward (CR), Active Management-by Exception (MBEA), and Passive Management by Exception (MBEP)), and one Laissez-Faire (LF) scale. The outcome scales of the MLQ-5X are followers' Extra Effort (EEF), the Effectiveness of leader's behavior (EFF), and followers' Satisfaction (SAT) with their respective leader. The MLQ-5X is a multidimensional instrument and a 360-degree evaluation measure of leader behavior from the viewpoints of subordinates and managers at all levels. The instrument is appropriate for both the leader's self-evaluation and subordinates' evaluations of their leader (Bass & Avolio 1997)

The quantitative method was chosen since it is an approach utilized for testing objective theories by examining the relationship among variables. These variables, in turn, can be measured, typically on instruments, so that numbered data can be analyzed using statistical procedures (Creswell, 2014), linear attributes, measurements, and statistical analysis; essentially objective measurements (Stake, 2010).

The qualitative method was not selected since it relies more on open-ended questions rather than quantitative instrument-based questions (Creswell, 2014), and the researcher is an instrument, observing action and contexts, often intentionally playing a subjective role in the research, using his or her own personal experience in making interpretations. Contrarily, the quantitative researcher makes methodological and other choices based partly on personal preference but usually tries to gather data objectively rather than subjectively (Stake, 2010). Furthermore, this particular research will be heavily dependent on statistical analysis and interpretation (Creswell, 2014).

## **Research Questions**

1. Is there a relationship between transactional leadership (as measured by the MLQ-5X) and job satisfaction (measured by Spector's Job Satisfaction Survey JSS) for Registered Nurses in a healthcare organization?
2. Is there a relationship between transformational leadership (as measured by the MLQ-5X) and job satisfaction (measured by Spector's Job Satisfaction Survey JSS) for Registered Nurses in a healthcare organization?

## **Hypotheses**

H<sub>0</sub>1: There is no significant relationship between transactional leadership (as measured by the MLQ-5X) and job satisfaction (measured by Spector's Job Satisfaction Survey JSS) for Registered Nurses in a healthcare organization.

H<sub>1</sub>1: There is a significant relationship between transactional leadership (as measured by the MLQ-5X) and job satisfaction (measured by Spector's Job Satisfaction Survey JSS) for Registered Nurses in a healthcare organization.

H<sub>0</sub>2: There is no significant relationship between transformational leadership (as measured by the MLQ-5X) and job satisfaction (measured by Spector's Job Satisfaction Survey JSS) Registered Nurses in a healthcare organization.

H<sub>1</sub>2: There is a significant relationship between transformational leadership (as measured by the MLQ-5X) and job satisfaction (measured by Spector's Job Satisfaction Survey JSS) for Registered Nurses in a healthcare organization.

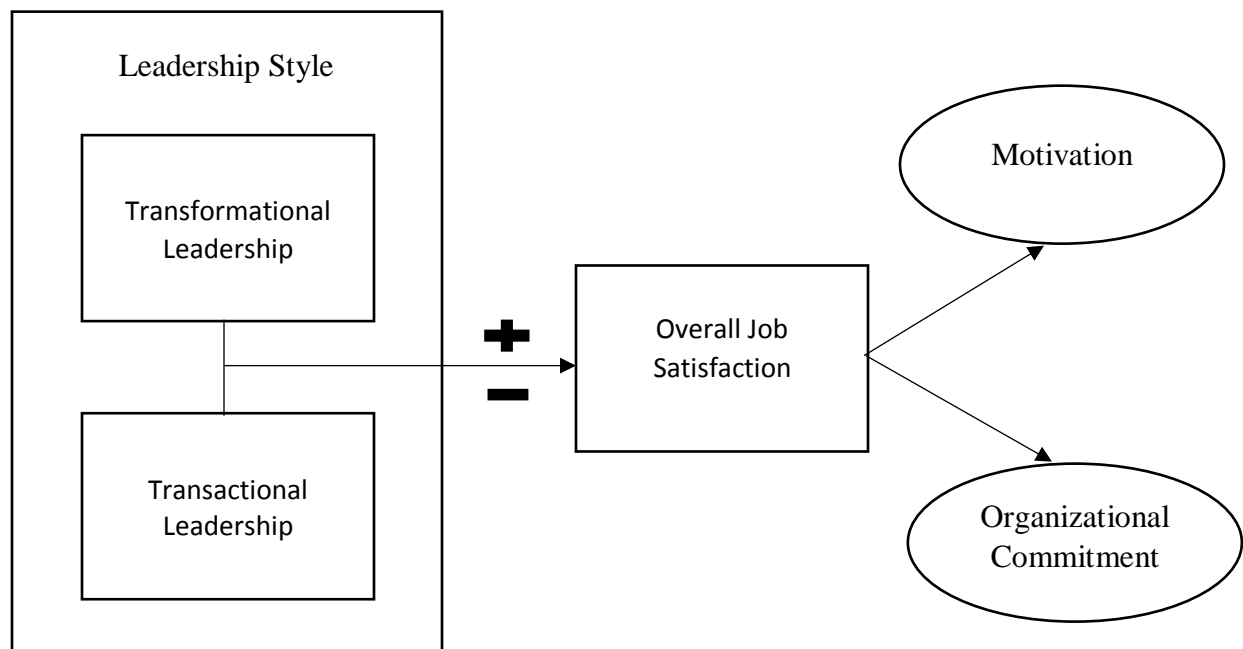
## **Theoretical Framework**

The theoretical framework (Figure 1.) of this research was based on Bass' (2003) theory of transformational leadership. Bass (2003) asserts that transformational leadership is most

effective over other leadership styles. Therefore, this study evaluated the relationship between the independent variable of job satisfaction and the dependent variables of leadership styles (i.e. transformational and transactional) of registered nurses working in healthcare organizations. There are several leadership styles that organizations can choose to implement. For purposes of this research, two leadership styles analyzed: transactional leadership and transformational leadership (Trastek, 2014).

There are two parts to the theoretical framework of this research: the leadership style and job satisfaction. The hypotheses suggested that by implementing a particular leadership style in the healthcare industry, overall job satisfaction of nurses will increase or decrease. Therefore, increasing job satisfaction will aggregate the ancillary benefits associated with employee motivation and organizational commitment. (Malik, 2015).

Figure 1. Theoretical Framework



## **Leadership Style**

Leadership styles can significantly influence the behaviors and motivations of employees, which would include employee job satisfaction, motivation, and organizational commitment (Hamstra et al, 2014). Although several leadership styles exist, two distinct leadership theories will be the focus of this study: transformational and transactional.

### **Transformational Leadership**

The basic philosophy of transformational leadership is the practice where leaders focus on transforming followers into leaders. Transformational leaders attempt to challenge and morally strengthen followers to become individual leaders. There is a significant amount of trust required between a leader and follower because both parties are vulnerable. Transformational leaders are patient, and understand that it takes time to get to know followers, and what is required to achieve the best results for them (Yahaya & Ebrahim, 2016).

Transformational leadership requires both the leader and follower to raise each other to a higher level of morality and motivation. This often requires a more charismatic approach to leadership where higher level ideals and values are warranted (Burns, 1978). Burns (1978) also believed that transformational leadership was more effective than transactional leadership because it appeals more to the followers' spiritual needs rather than individual concerns for the particular organization. Collaborative environments are promoted with transformational leaders, whereas transactional leaders focus more on individual transactions. According to Hamstra et al (2014), transformational leaders influence followers by effectively communicating an uncompromising vision of the organization's future. They understand the individual needs and abilities of the follower and can stimulate their individual growth and development.

Transformational leaders have the ability to transform the focus of followers from a self-interest mindset to one which inspires a collective vision to perform beyond their potential (Jain & Duggal, 2016). Followers tend to have high moral standards and values, maintain an ethical code of conduct, and possess admiration and respect for their leader (Mittal & Dhar, 2015). Additionally, transformational leaders not only manage work tasks and initiatives, they are very successful in pulling together followers to have shared work processes and building a culture of trust among team members (McKnight, 2013).

Transformational leadership also has a significant impact on change management within the organization. Transformational leaders not only seek out change opportunities, but also create new visions, gain support from followers, and effectively institutionalize the change. The unique ability of transformational leaders to gain support from followers allows them to quickly adapt to environmental shifts, competitive movements, and organizational demands (Nusair et al., 2012). Studies have shown that transformational leadership generates better employee results, has a positive correlation to employee satisfaction levels, and is the dominant predictor of employee satisfaction within organizations (Mujkic et al., 2014).

Transformational leadership theory consists of four unique leadership behaviors: idealized influence (attributed or behavioral), inspirational motivation, individualized consideration, and intellectual stimulation (Bacha & Walker, 2012; McKnight, 2013; Mittal & Dhar, 2015). Each of these leadership behaviors has been a major determinant of employee satisfaction and organizational commitment (Jain & Duggal, 2016). Transformational leaders enjoy when followers admire them for what they do. They are charismatic and instill pride, loyalty, and confidence in their followers. Followers are aligned through the development of a common purpose or vision (Arunima et al., 2014). This aspect is viewed as idealized influence.



Leaders who possess idealized influence attributes are representative models and in most cases, followers want to emulate their characteristics. These leaders have the ability to change employees' behavior (Arunima et al., 2014). Leaders with idealized influence also express significant confidence in the organization vision, distill a sense of purpose, and maintain trust in other people (Nusair et al., 2012). Idealized influence can be categorized as either attributed or behavioral. Attributed influence indicates leadership charisma, and behavioral influence is consistent with how followers follow the vision (Bogler et al., 2013).

Inspirational motivation measures the leader's ability to raise the bar of expectations for their employees, and achieve levels of performance well beyond even what they expect (Bass, 1990). Work becomes more meaningful for employees since they are challenged with developing a certain vision for themselves (Bass, 1990; Gilbert et al., 2016). Furthermore, inspirational motivation energizes followers to become more efficient and effective when performing their duties. Leaders inspire a "can-do" attitude in achieving organizational targets, as well as effectively communicate the purpose of the tasks and the objectives to be achieved (Pongpearchan, 2016).

Individualized consideration demonstrates the leader's capacity to teach, coach, and mentor followers. This individualized approach empowers followers to develop their own path of success, while being mentored and coached by the leader (Pongpearchan, 2016). Leaders effectively communicate with followers, and pay close personal attention to the issues and needs of the individual being led (Dabke, 2012; Gilbert et al., 2016). The personal development of followers are most important. Subordinates are treated as individuals, not just as members of a group and not just as employees (Weiß & Süß, 2016). Leaders are sensitive, caring and nurturing, while supporting the followers' personal development and creating opportunities for

individuality (Bass and Riggio, 2006; Dabke, 2012; Zacher et al., 2014; Pongpeachan, 2016). Leaders that possess individualized consideration characteristics are successful when they listen attentively to the follower needs and concerns, and show appreciation for their achievements. Additionally, when leaders delegate responsibilities to followers with respect to developing them personally, individual growth occurs. In doing so, followers will achieve higher levels of performance and overall satisfaction (Weiß & Süß, 2016).

Intellectual stimulation demonstrates the ability of the leader to support creativity and innovativeness in the organization (Avolio & Bass, 1998). Leaders help followers analyze problems and creatively determine solutions to overcome obstacles (Avolio & Bass, 1998; Dabke, 2012). Followers are challenged to resolve problems using unique and creative approaches to think “out of the box”, question assumptions, and determine alternative working processes which will inspire organizational innovation (Mokhber et al., 2016). This leadership facet encompasses behaviors that increase followers’ awareness of problems, and encourages them to creatively think of new ways to solve those problems. The goal is to increase the followers’ ability to comprehend and analyze problems, conceptualize possible solutions, challenge assumptions, and increase the quality of generated solutions (Avolio & Bass, 1998; Hussain et al., 2016).

### **Transactional Leadership**

Transactional leadership is a leadership style that focuses on follower-leader relationships. The exchanges between follower and leader allow the leader to successfully accomplish their objectives by motivating followers through contractual agreements, directing behavior of followers toward accomplishing goals, and emphasizing extrinsic rewards (Burns, 1978; Bass, 1990). In turn, transactional leadership permits followers to achieve their own self-

interests, and concentrate on specific organizational objectives such as increased quality and production, decreased anxiety, and reduced expenses (McCleskey, 2014). Burns (1978) considered the relationship between follower and leader to be a series of agreements and exchanges which would ultimately result in maximized organizational and individual gain. The objective of transactional leadership encompasses gained gratification based on transactions between multiple leaders and followers (Burns, 1978; McCleskey, 2014).

Burns (1978) believed that transactional leadership practices leads to short-term gratification and relationships between follower and leader. The relationships follow temporary gratification which leads to potential resentment between follower and leader. Additional criticism of transactional leadership evolves around the fact that the practice utilizes a one-size-fits-all mentality toward leadership practice and disregards variable factors which might cause organizational challenges (McCleskey, 2014). Transactional leadership is viewed as less effective than transformational leadership, and it does not contribute to long-term motivation, organizational commitment, or employee satisfaction (Mokhber et al., 2016). The concept is based more on a task-oriented construct and focuses on organizational outcomes instead of follower needs (McCleskey, 2014). However, it is believed that when transformational leadership augments transactional leadership, a significant add-on affect occurs through employee performance and satisfaction is increased. Consequently, the opposite is not as true. (Dartey-Baah, 2015).

Transactional leadership style is based on three distinct perspectives: contingency reward and management by exception (passive and active) (Bass, 1990; Avolio, 1999). Contingent reward is a reward system which leads to extrinsic motivation. Essentially, leaders exchange something for the desired outcomes from followers (Dartey-Baah, 2015). However, contingent

rewards are not necessarily negative. The rewards could be associated with giving frequent and positive feedback to individuals. Additionally, special recognition and positive compliments for exceptional performance can occur (Hussain et al., 2016).

Some early studies also found that contingent rewards were more positively associated with transformational leadership than transactional leadership. Those studies found that contingent rewards positively impacted follower outcomes which were very consistent with transformational leadership (Hussain et al., 2016). Rafferty and Griffin (2004) posits that rewarding followers for their performance is a transformational leadership trait where followers are vested to the organizational vision. Consequently, leaders use contingent rewards to reinforce desirable behaviors toward accomplishing the organizational objectives and vision. In turn, performance, job satisfaction, and organizational commitment are all positively impacted. Conversely, Avoilio (1999) averred that effective transactional leadership practices require a certain amount of contingent rewards which will provide appropriate feedback toward follower performance levels. According to Nicholson (2017), leaders identify the required tasks that followers need to achieve, and utilize rewards to achieve desired results. The rewards are expected to significantly benefit the follower, to the extent that the follower will forgo their own self-interests for the sake of the entire organization.

Management by exception is considered more task-oriented and is considered a passive leadership behavior (Dartey-Baah & Ampofo, 2016). The practice of management by exception is divided into two subcategories of active and passive leadership. Management by exception (active) refers to a micromanaging approach to leadership. The leader is essentially involved in all activities of the follower and pays detailed attention to the activities surrounding the follower's tasks. Leaders ensure that established strict procedures and guidelines are adhered to,

and provide immediate involvement to correct deviations or mistakes (Hussain et al., 2016). These leaders immediately intervene in situations before they deteriorate. They attempt to prevent any possible deviations which might negatively impede on the organizations objectives (Dartey-Baah & Ampofo, 2016).

On the other hand, passive management by exception refers to transactional leadership behavior that allows followers some leeway in carrying out their job functions. Intervention is only demanded when there are deviations to desired employee performance levels or organizational outcomes, or noncompliance occurs (Dartey-Baah & Ampofo, 2016). Such leaders have faith that their followers will carry out assigned tasks accordingly even in challenging times. The only time to intervene or interfere with the followers activities is when problems arise and become compounded (Antonakis et al., 2013). Leaders with a passive management by exception leadership style tend to avoid making decisions and rely on employees to follow through with tasks. Thus, passive management by exception is considered a passive avoidant leadership behavior (Avolio et al., 1999).

### **Job Satisfaction**

Extensive research has been conducted on job satisfaction over the past several years. The earliest known research on job satisfaction occurred between 1924 and 1932 with a company known as Western Electric. During the study at Western Electric, research was conducted on the impact of productivity by changing financial, social, and physical factors within the organization (Hassard, 2012). Spector (1997) identified job satisfaction as an attitudinal variable of how individuals feel about their job or particular characteristics of their work positions. It is the measurement to which individuals like, or are satisfied, or dislike their positions. Characteristics that can determine job satisfaction consist of appreciation, communications, recognition, job

conditions, and leadership (Hsu et al, 2015). Job satisfaction could also refer to the inability of an organization to satisfy employee expectations, desires, and wants (Loscocco & Bose, 1998).

When employee's expectations are not met, they can become unsatisfied, uncommitted, and their job motivation and performance deteriorates (Fallahnejad, Hassanzadeh & Lolaty, 2016). The primary factor influencing organizational commitment is job satisfaction (Gangai & Agrawal, 2015).

Many scholars and practitioners have researched the relationship between job satisfaction and employee performance (Edmans, 2012). Additionally, job satisfaction has also been correlated to several other models including organizational commitment, employee turnover, absenteeism, and organizational culture (Nyberg & Ployhart, 2015).

Employees in service related industries are challenged by several factors impacting job satisfaction (Yang, 2014). Service employees, particularly in the healthcare setting, face greater challenges of job satisfaction since their roles entails more of a holistic view of leadership effectiveness beyond the medical and technical particulars of patient care (Gibson & Petrosko, 2014). Gibson and Petrosko (2014) also found that healthcare workers who possess higher job satisfaction will produce greater results in patient care, increased job performance, and contribute toward increased organizational success and customer/patient satisfaction levels.

### **Motivation**

According to Locke (1997), motivation is determined by ones goals, human volition, free will, and perceived needs and desires that sustain the actions of an individual. In a work environment, the perceptions of positive or negative occurrences stimulate an employee's motivated behavior. Taslim (2011) contends that motivation is essentially a physiological force that determines the direction of an individual's behavior within an organization, an individual's

level of effort exerted, and a person's level of individualized persistence. An employee's performance level depends on the individual's desire, ability, and willingness to perform work. Motivation is the basis for an individual to maximize their effort and achieve higher levels of work performance (Taslim, 2011).

There are numerous studies which analyze the correlation between job satisfaction and individual's motivation in the workplace. It is believed that the state of job satisfaction or job dissatisfaction is an indicator of motivation. However, one can take this concept a step further, and theorize that job satisfaction and motivation is bidirectional. There are cases where job satisfaction has led to motivating an individual, and cases where an individual's motivation has led to their job satisfaction (Gılmeanu Manea, 2015; Zaman, Noor, & Khanam, 2014). There are several motivational theories in existence: Maslow's Hierarchy of Needs, Hertzberg's Motivational Theory, the Job Characteristics Model, McClelland's Motivational Theory, Alderfer's ERG Theory, and Locke's Goal-Setting Theory.

### **Organizational Commitment**

Khanifar et al. (2012) states that organizational commitment is the employees desire to remain employed with an organization, willingness to put forth added effort, and possess a strong commitment to the organization's mission, vision, values, and objectives. According to Jena (2015) there are three dominant perspectives of organizational commitment: (1) Affective Commitment where employees exhibit a strong emotional attachment to the organization and re involved in the organizations' activities, (2) Continuance Commitment exists when an employee realizes the costs (i.e. benefits, relationships, comfort, knowledge, etc.) associated with leaving a particular employer, (3) Normative Commitment exists when the employee feel an obligation to remain employed by the organization for reasons surrounding allegiance to fellow co-workers,

management, or customers. There are three major factors that influence organizational commitment: job satisfaction, leadership style, and organization climate. Leadership style has a direct influence on organizational commitment (Jena, 2015), as well as job satisfaction, organizational effectiveness and culture (Aghashahi, Davarpanah, Omar, & Sarli, 2013).

### **Definition of Terms**

*Job Satisfaction.* A pleasurable or positive emotional state resulting from the evaluation of one's job, position, or job experiences (Locke, 1969), and one's evaluation of his or her profession (Maheshwari & Mehta, 2013).

*Organizational Commitment.* The employees desire to remain employees with an organization, willingness to put forth added effort and a strong commitment to the organization's mission, vision, values, and objectives (Khanifar et al. (2012).

*Motivation.* Determined by ones goals, human volition, free will, and perceived needs and desires that sustain the actions of an individual (Locke, 1997)..

*Transactional Leadership.* Leadership that relates rewards as a contingent upon achievements. This is more of a task oriented performance leadership style where individual performance is desired over team cooperation (Hamstra, Sassenberg, Van Yperen, & Wisse, 2014; Smith, 2015).

*Transformational Leadership.* Leadership style which exercises influence on subordinates by effectively communicating a realistic vision of the future of the organization. Moreover, transformational leaders recognize that followers possess individual abilities and needs and encourage their intellectual development (Hamstra et al, 2014; Smith, 2015).

*Pittsburgh Metropolitan Statistical Area (MSA).* The Pittsburgh MSA consists of the City of Pittsburgh in the Commonwealth of Pennsylvania and surrounding counties. The U.S.



Census Bureau defines the Pittsburgh MSA as seven Western Pennsylvania counties anchored by the City of Pittsburgh. The MSA definition includes the city proper and the Pennsylvania counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Washington, and Westmoreland. It is the largest population center in both the Ohio River Valley and Appalachia with a population in 2015 of 2,353,045 (U.S. Census Bureau).

*Healthcare Organization.* Hospitals, clinics, outpatient centers, home health, ambulatory care, public health, rehabilitation units, and nursing facilities.

### **Assumptions, Limitations, and Delimitations**

#### **Assumptions**

The overall target population of registered nurses for this research is over 30,000. It was assumed that there were a sufficient number of employed registered nurses in various healthcare organizations which would be willing to voluntarily participate in this research. Additionally, the anticipation was that the required sample size would be representative of the nurses employed in the targeted research area. Another assumption was that the information provided by the nurse sample population was truthful, reliable, and valid in terms of the questions being answered to the best of their ability and without any manipulation. Consequently, the sample population of nurses represented a diverse working group of ages, genders, position titles, locations, and races. The final assumption to this research was that senior administrators (i.e. CEO's, Chief Nursing Officers, etc.) in targeted healthcare organizations would be interested in the research and the outcomes.

#### **Limitations**

The environment of the nursing profession requires registered nurses to work efficiently and quickly. Even under normal circumstances, registered nurses have limited time to do

anything more than what is required to manage their patient cases, consult with families, and collaborate with medical staff personal. The research tool used for this study consisted of an online survey with over 70 questions. Therefore, there was a concern that the time constraints and variability of nurse schedules would limit the participation in this research and inhibit achieving satisfactory diverse participant responses.

These limitations became evident with the slow response rate for survey completions. Over an eight week time frame, 178 surveys were completed. Although this number statistically represents the population, the time and effort exerted to receive those completed surveys was extensive. In eight weeks, close to 2,000 mailings were sent out to home addresses, numerous social media notifications posted requesting participation, phone calls to individuals, nursing schools, and business owners, personal visits to hospital wings asking for participation from nurses, and several collateral posted at healthcare institutions. The total cost to receive 178 valid participants was in excess of \$2,500.00.

Additionally, nurses have limited access to technology while at work. In many cases, they are not permitted to access outside websites, or perform personal activities on company computers. The lack of technology resources would limit the ability of participants to complete the survey. Another limitation was the integrity of the participants. Since the results were self-reported, there is a chance that the responses were skewed, not truthful, and biased for one reason or another. If this occurred, then the results obtained may not accurately represent the targeted population.

The research of nurse leadership can be extensive and encompass investigating numerous leadership styles, methodologies, and theories. Unfortunately, time constraints of this research

prevented a more in-depth mixed method of evaluation which would have encompassed a more broad research approach.

### **Delimitations**

For this research, there were delimitations or set boundaries which existed. First, the sample population were nurses currently employed within any healthcare organizations in the Pittsburgh Metropolitan Statistical Area (MSA). Second, the sample population consisted of all Registered Nurses (RN's) who are currently licensed by the Pennsylvania State Board of Nursing. Third, the sample population involved RN's regardless of their educational attainment level. This would include RN's with diplomas, certificates, Associate Degrees, Baccalaureate Degrees, Master Degree's, and various terminal degrees. Finally, the sample population were employed in various departments within a healthcare organization, and maintained various job titles within that organization. The sample population worked in cardiology, pediatrics, physician offices, rehabilitation, oncology, gynecology, orthopedics, pediatrics, and any other department available.

### **Significance of the Research**

According to Brill (2015), the current healthcare system is broken and unsustainable. Healthcare providers are faced with challenging increased costs, decreased quality nursing care (Kalisch & Lee, 2014), high turnover rates (Strachota, Normandin, O'Brien, Clary & Krukow, 2003), and increased medical errors (McHugh et al., 2011) while attempting to balance the ever growing demand for improved healthcare value from patients and other stakeholders. To create positive change and improved employee satisfaction, healthcare providers must learn how to effectively lead staff (Trastek et al., 2014).

A significant amount of burnout and attrition of nurses occurs in healthcare systems. Burnout is directly attributable to work related stress, job satisfaction, and physical and mental wellbeing. The nursing profession experiences higher burnout rates than any other health profession. Nursing requires individuals to work in environments where limited resources exist and increasing responsibilities are demanded. These factors result in high burnout rates and unsatisfied nurses contributable to the imbalance of providing high quality care and managing stressful work environments (Ilic, Khamisa, Oldenburg, & Peltzer, 2015).

Nursing leadership has a significant impact on these factors, and the leadership style of nurse managers directly impacts the performance outcomes of the overall nursing units (Casida & Parker, 2011). Healthcare leaders should be innovative and generate an organizational culture which fosters new ideas, seeks systems improvements, retains quality talent, and facilitates employee satisfaction (Weston, 2009).

Poor leadership within healthcare systems can cause toxic symptoms that adversely impact organizational work cultures and staff satisfaction and lead to burnout, staff turnover, dissatisfied workers, critical medical mistakes (Weberg, 2010; Roberts-Turner et al, 2014), and labor disputes (McHugh et al., 2011). Additionally, overall patient quality care and organizational effectiveness are directly impacted by the nursing staff. When veteran nurses leave, the quality of nursing care may decline due to the loss of proficiency. Novice nurses may not have the commitment to the organization or the ability, intuition, and confidence of an experienced nurse.

Dissatisfied nurses, and high turnover of nursing staff can also be extremely costly to the organization. The estimated cost of replacing a medical-surgical nurse is \$42,000 and a specialty nurse is \$64,000. These figures include the cost of recruitment, orientation, precepting,

and lost productivity. The cost of lost productivity alone is nearly 80% of the total turnover cost (Strachota et al., 2003).

Healthcare organizations cannot afford to lose valuable nurses. In the United States, the average age of an RN is 45.5 years, and the projected workforce shortage for nurses may exceed 500,000 by 2025. Additionally, an estimated 30%-50% of all new nurses choose to either change positions or leave the nursing profession completely within the first three years of clinical practice (MacKusick & Minick, 2010; Roberts-Turner et al, 2014). According to the American Association of Colleges of Nursing (AACN) (2009), “insufficient staffing is raising the stress level of RNs, impacting job satisfaction, and driving many RNs to leave the profession” (Roberts-Turner et al, 2014).

There are several changes that need to be confronted in the healthcare industry, however, leadership is paramount to fixing some of the core nursing issues. Leadership development in the healthcare profession is not considered crucial. In fact, a 2006 quantitative research found that there was a perception that healthcare leadership development lagged 10-15 years behind other industries (Trastek et al., 2014). Additionally, modern healthcare has become technologically advanced whereas countless human interactions and personalities are responsible for a variety of life and death situations, and are the building blocks of effective healthcare leadership. The traditional healthcare models of top-down bureaucratic leadership have failed, resulting in increased medical errors, lower patient care scores, dissatisfied workers, and organizational failures (Ibrahim, 2011). Nurse leadership styles have a significant impact on reducing adverse events, medical complications, and patient mortality and satisfaction (de Melo Lanzoni, Schlindwein Meirelles & Cummings, 2016).

Nurse job satisfaction has been directly linked to turnover, quality of care, patient outcomes, organizational commitment and patient satisfaction (Roberts-Turner et al, 2014). Research has shown that job satisfaction decreases when leadership fails to develop effective teamwork and collaboration, there is an imbalance in work assignments, decreased staff engagement and participation in decision making, reduced staffing levels (Kalisch & Lee, 2014), and overall benefits (McHugh et al., 2011). According to McHugh et al., (2011) nurses indicated that leadership support, responsiveness to correcting essential issues, and doctor – nurse relationships were considerably correlated with burnout and job dissatisfaction. Ultimately, the dissatisfaction of nurses directly corresponded to patient satisfaction and care. Patient satisfaction is much lower in institutions where many nurses feel burned out and dissatisfied with their work conditions than in other institutions. Additionally, there is a correlation between patient deaths and the quality of patient care. It may be possible to improve patient satisfaction and avoid other adverse patient outcomes while also improving nurse satisfaction and retention by improving working conditions for nurses and improving organizational leadership systems (Roberts-Turner et al, 2014).

### **Reduction of Gaps**

Jenkins and Stewart (2008) studied the impact of nurse satisfaction based on their perception of the nurse manager's ability to portray a more progressive and interpersonal leadership attributes. Statistical findings of the research provided evidence that employee behaviors and attitudes are reflective of leadership style and do impact job satisfaction. Departments where managers had higher interactive and personal leadership orientation demonstrated significant positive impact on individual employee job satisfaction.

Trastek et al., (2014) found that healthcare providers have a life calling to serve their patients, therefore specific leadership styles can align with the industry need for caring leaders. Furthermore, the healthcare environment demands high levels of teamwork and communications. Doctors, nurses, and healthcare administrators, must work together in teams to diagnose and treat patient illness. A more relational leadership style can build a community in which team members are committed to putting the patient's interest first and organize team members to achieve the goal of providing high-value patient care. Likewise, leadership styles which reflect more of a directive approach may cause dissatisfaction. When registered nurses feel satisfaction in their job, the level of commitment to overall teamwork and patient care increases. The gap in research exists with identifying specifically how transactional and transformational leadership styles impacts nurse satisfaction in healthcare establishments. Although previous researchers have exemplified a correlation between various leadership styles and job satisfaction within the nursing profession, one cannot assume that those results will systematically represent employee job satisfaction levels of transformational and transactional leadership based organizations.

### **Implications for Biblical Integration**

Contemporary organizational leadership is imbedded in concepts of self-absorbed success, power-driven egotistical behavior, self-worshipping conduct, and greed desiring conduct (Huizing, 2011). This man-centered model of leadership is taught and promoted in collegiate MBA programs throughout the world. However, this is not a characterization of Christian leadership, or the biblical definition of an effective leadership model that produces godly leaders for organizations. Rather it represents leadership traits that demoralize biblical representation and undermine Christian ideals (Diggins, 2015).

The answer to a world in leadership despair with spiraling consequences is to seek the origination and significance of Christian leadership (Huizing, 2011). Although Jesus' ministry occurred over 2000 years ago, his life offers significance to godly leadership principles. Effective leadership principle are rooted within numerous Gospel stories, however no leader has impacted and effected change on a global scale as Jesus Christ (Felter, Hill, & Page, 2013).

Although there are several leadership styles with biblical origins, Jesus Christ chose to implement the concept of transformational leadership (Huizing, 2011). Jesus Christ was possibly the most effective and greatest transformational leader of all times. Transformational leaders realize the needs of their followers, encourage them to higher levels, develop high expectations for them, and create a vision that is shared and understood (Gulluce et al., 2016). It is a selfless leadership concept that empowers followers and builds commitment to accomplish the organization's mission and goals (Washington et al, 2014).

Jesus Christ immediately communicated his vision for change. He continually challenged the status quo, yet it was not simply for the sake of change (Fryar, 2007). His vision as clear – to save those who have sinned, to guide those who were lost, and to call sinners to repentance (Matthew 1:21-23). To do this, Jesus set out to evangelize his message through choosing twelve disciples (Mathew 10:1-4). The objective was to have world transformation through His disciples (Coleman, 2008). These disciples were challenged to preach the gospel and proclaim that the kingdom was at hand (Matthew 10:7; Mark 3:14). Jesus gave them authority to cast out demons and cure diseases (Mathew 10:1 -8, Mark 3:15), to make disciples of all nations, and to baptize and teach others (Mathew 28:18-20).

Jesus' parting command was essentially the most imperative transformational statement made. In His Great Commission Jesus said: "All authority in heaven and on earth has been given



to me. Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you. And behold, I am with you always, to the end of the age.” (Matthew 28:18-20 ESV)

Contrary to the fact that Jesus was a transformational leader, He chose not use a transactional leadership style which was exhibited by the Roman authorities. Roman leaders relied on their positional power and force of personality to confer rank and magnify their power. Transactional leadership emphasizes giving followers something they want in return for something the leader wants. Therefore, transactional leadership does not manifest into increased commitment or enthusiasm among followers. This form of leadership is more similar to a contingent reward behavior style leadership (Peterson, Galvin, & Lange, 2012).

Abraham Lincoln cautioned, “Nearly all men can stand adversity, but if you want to test a man’s character, give him power.” (Frohman, 2014). Some Christian leaders can subconsciously believe that their personality, intelligence or charisma can be so influential and important that it gives them the right to lead. Other Christian leaders believe that their title or role in the organization define their leadership identity, rather than their calling from God. Neither of these two ways of obtaining leadership is biblical or healthy for the organization, nor will they induce job satisfaction with followers (Olson, 2014, pp. 27-30).

### **Relationship to Field of Study**

The 21<sup>st</sup> century has brought about significant challenges for organizational leaders. They had to travel to uncharted territories and redefine exactly what it takes to motivate employees and succeed in an ever-changing environment. Over the years, employee’s needs, aspirations, values and beliefs have resulted in behavioral changes at all levels of the organization. Today’s organizations possess leaders that are competent, ethical, and experienced

in nature. However, in recent years there has been an increase in organizational leaders who are dysfunctional, destructive, and possess “toxic” behaviors that negatively influence the behaviors, satisfaction of employees, and organizational commitment (Maheshwari & Mehta, 2013; Thoroughgood et al., 2012).

Organizations depend on employee satisfaction. According to Jusic, Mujkic, Rahimic, & Sehic (2014), job satisfaction is related to absenteeism from work, reported accidents on the job, overall productivity, employee motivation, mental and physical health, and satisfaction with life in general. Other researchers have associated employee satisfaction with motivation and organizational commitment. Maintaining a motivated and committed organization has become a top priority for numerous contemporary organizations. The correlation between job satisfaction, employee motivation and organizational commitment is significant. When employees job satisfaction increases, they are more motivated to produce enhanced quality of work and quality of output, and remain committed to their organization (Ameri, Bhramppoor, Fuladvandi, & Iranmanesh, 2014).

Leadership style is by far the most influential component to organizational success and follower commitment (Harper, 2012). The 21<sup>st</sup> Century has brought about a multitude of rapid change, internal leadership ethical complications, and challenging work environments. Organizations require leaders who can effectively lead with purpose and vision, possess strong values and integrity, and can motivate and satisfy their employees to provide higher quality products and services, increase output, and sustain commitment to the organizational objectives (Chia-Chun & Dan-Shang, 2013).

## **A Review of the Professional and Academic Literature**

The literature review focuses on specifics related to the theoretical framework surrounding the correlation between leadership style and job satisfaction in the nursing profession. The first section of the literature review evaluates the nursing profession as it corresponds to the importance and need of the profession, and the related complications associated with their work environment. Second, job satisfaction principles, work motivation theories, and organizational commitment concepts are reviewed. The third section of the literature review will provide a broad overview and analysis of the various historical and modern leadership theories and models that embodies the foundation for organizational governance. The final segment of the literature review will detail the construct of a multidimensionality approach to job satisfaction.

### **The Nursing Profession**

According to the International Council of Nurses (ICN), a federation of more than 130 national nurses associations (NNAs) representing the more than 16 million nurses worldwide, nursing encompasses “autonomous and collaborative care of individuals”, which includes individuals of all ages (Richardson & Thomas, 2016).

“Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.” ICN, 2012

According to the U.S. Bureau of Labor Statistics [BLS] 2013, the largest group of health professionals in the United States is registered nurses (RN). These individuals work in a variety of healthcare settings including hospitals, clinics, outpatient centers, home health, ambulatory

care, public health, rehabilitation units, and nursing facilities. Their roles are vast, and their impact on healthcare significant (Spetz, 2016).

Over the years, nurses have proven themselves as a profession of intense knowledge and skills encapsulating numerous guidelines and protocols as a standard of work conditions. Nevertheless, although nursing is highly respected by the public, it is a career with minimal career advancement opportunities and exists in a stressful and pressure related work setting. Thus creating a work environment which is perpetuated by low level of job satisfaction (Hoeve, Jansen & Roodbol, 2014).

### **Employment Need**

According to the Bureau of Labor Statistics' Employment Projections 2012-2022 released in December 2013, Registered Nursing (RN) is listed among the top occupations in terms of job growth through 2022. Over the past decade, the nurse shortage crisis has been an ongoing concern for healthcare organizations across the United States, as well as worldwide. The shortage of nurses has caused healthcare organizations to pressure current staffing levels to work overtime to cover available shifts, accept additional duties, and expand their knowledge into unfamiliar areas with little training or guidance. This has led to increased employee stress levels, decreased job satisfaction, and questionable patient care levels (Atefi et al. 2014; Chan et al, 2013; Scammell, 2016).

According to the Bureau of Labor Statistics (May 2015) Pennsylvania has the fourth highest concentration of nursing professionals in the United States (Employment: 136,090). In May 2016, Burning Glass Technologies located in Boston, MA (delivers job market analytics that empower employers, workers, and educators to make data-driven decisions), The Council for Adult and Experiential Learning (CAEL), and The Allegheny Conference on Economic

Development located in Pittsburgh, Pennsylvania, released an analysis titled, “Inflection Points: Supply, Demand and the Future of Work in the Pittsburgh Region”. This report is projecting available healthcare occupations in Pittsburgh to grow nearly twice as fast as the job market over the next ten years. Occupations which are at risk of being undersupplied include registered nurses, licensed practical nurses, medical records technicians, dental hygienist, and respiratory therapists. The occupations with the largest number of available job openings are registered nurses, home health aides, nursing assistants, medical assistants, and licensed practical nurses. The projection is that over 5,000 annual opening will exist for these healthcare support positions between 2015-2025.

The shortage of registered nurses is not unique to only the Pittsburgh regions. It is a systemic national concern. As of 2013, there were over 3 million registered nurses in the United States (Wallis & Kennedy, 2013). It is estimated that the nursing shortage in the United States will be between 300,000 to one million nurses by the year 2020 (Juraschek, 2012).

In 2014, approximately 118,000 registered nurses were needed to fill vacant positions throughout the United States (Armmer and Ball, 2015). The principal reasons associated with the increased shortage of nurses is the aging RN workforce (44.7% older than 50 years old) (HRSA, 2010), and the increase in premature departures of nurses from the profession (Juraschek, 2012).

Two factors have been targeted toward solving the nurse shortage: increase recruitment and increase nurse retention. Nurses leave the profession for a number of reasons – job satisfaction being the primary reason (Scammell, 2016).

## **Employee Turnover**

Nurse turnover is not only extremely costly to the organization, but dangerous as well since healthcare organizations are forced to replace experienced and well-trained staff with unskilled nurse personnel (Kennedy & Wallis, 2013). Employee turnover is a result of working conditions, psychosocial factors, and workplace events that may include supervisor and coworker interaction. (Moreno-Jimenez et al., 2012). Employees who decide to leave the organization or profession historically start at a point of job dissatisfaction that progressively increases to the likelihood of leaving the workgroup, organization, or the profession entirely. (Sheridan & Abelson 1983; Galletta et al, 2013). Portoghese et al. (2015) postulates that in turnover studies related to the nursing profession, job satisfaction is frequently associated with quality of nursing care, absenteeism, job retention, and employee turnover. In fact, the leading indicator to nurse turnover is job satisfaction. As job satisfaction increases, so does the intent to stay employed (Armmer and Ball, 2015).

Nationally, the average turnover rate of nurses was estimated to be 28% for registered nurses in their first year of employment. The cost to replace nurses is significant, and can financially burden small healthcare facilities (Jones & Li, 2013). The average healthcare facility may lose approximately \$300,000 per year for each percentage point increase in the annual nurse turnover rate. The average cost to replace a single nurse is between \$40,100 and \$67,100 depending on their position in the organization (Armmer and Ball, 2015). Moreover, healthcare organizations lose valuable intellectual capital and experience decreased productivity with nurse turnover (Jones & Li, 2013). Healthcare organizations must advertise, recruit, and train nurses before they are expected to fully be competent within the organization. Brewer et al. (2011)

assessed the costs of newly licensed nurse turnover to be approximately \$856 million for healthcare organizations in the United States and another \$1.4 to 2.1 billion for the society.

Healthcare leadership greatly influences the nurse's job and their attitudes toward the organization (Kennerly & McGuire, 2006; Portoghese et al. 2012). Bass (1990) maintained leadership theory dictates that the leaders' main responsibility is to motivate workers and teams to be productive assets to an organization, achieve organizational goals and objectives, and cultivate positive leadership-follower relationships to enhance commitment. The quality of the relationships between supervisor and follower will determine the level of connection the workers have to the organization (Galletta, et al. 2013; Bennett, Harris, & Ross, 2014), and the possibility of the intention to leave the workplace (Griffeth & Maertz, 2004). Tourangeau et al., (2009) revealed that when the relationship between a nurse and their supervisor is positively expressed, the nurse would report a higher level of organizational commitment and a stronger intention to remain with the organization.

### **Job Satisfaction of Nurses**

Job satisfaction can be described as how the employees view their job and what attitude they have about the organization (Larkin et al. 2016). Job satisfaction for nurses is multifaceted and complex (Bonner, Douglas, & Hayes, 2015), and is a multidimensional concept that incorporates the employees' contentment about the organizational leadership, the manager's behavior, the organizational culture and practices, and their relationship with others in the organization (Ansah Ofei, Asamani, & Naab, 2016).

One of the main factors contributing to nurse success is job satisfaction (McHugh et al, 2011). Several studies have investigated the implications of job satisfaction in the nursing profession (Gilson, 2013; Peltier & Curley, 2013; Kagan, 2015). It is estimated that 40 percent

of nurses are dissatisfied with their job, and 33 percent of nurses under the age of 30 are planning to leave their position in the United States (Armmer and Ball, 2015). Additionally, research has proven that job satisfaction influences nurse turnover (Applebaum et al. 2010), intent to leave and organizational commitment (Atefi et al. 2014), motivation (Lu et al. 2012; Gaki et al. 2013), workplace stress (Hayes et al. 2015) and burnout levels (Ein-Gal et al. 2014).

Due to the nature of work, employee burnout is much higher than other health related professionals. The profession is somewhat unique and consist of variables not normally found in non-healthcare related professions. Nurses exist in environments of limited resources and increased responsibilities while managing intense patient interaction, critical care situations, and pressure driven proficient and morally based decision-making (Chayu & Kreitler, 2011).

Additional work related stressors consist of poor leadership and lack of support, conflict with peers, emotional patients and families, increased job demands and expectations, and mandatory overtime (Chayu & Kreitler, 2011; Garrosa et al. 2011). Recently, healthcare organizations have also increased patient-to-nurse ratios that have contributed to decreased job satisfaction (Chen, Chiang & Lin, 2011). Such work related stressors have been determined to be directly associated with decreased job satisfaction (Archibald, 2006; Graham et al. 2011). Research confirms higher levels of job satisfaction, organizational commitment and motivation for nurses in environments which are less stressful and where leadership is supportive (Chen, Chiang & Lin, 2011).

Leadership is a critical aspect to nurse job satisfaction and retention. Nurse leadership has a responsibility to provide a motivating environment for their staff and to retain experienced personnel. The particular leadership style of nurse management play a significant role in determining the nurse's decision to remain in the current workplace, leave through transfer, or



depart from the nursing profession all together. When nurses are satisfied with their work environment and the leadership, they will consistently remain employed in current positions for longer periods of time (AbuAlRub & Alghamdi, 2012). Brunetto et al (2012) found that a positive relationship between job satisfaction and employee engagement resulted in higher organizational commitment levels. Contrary, nurses are three times more likely to leave an organization when working in an unfavorable environment (Lin, Chiang & Chen, 2011).

### **Work Motivation Theories**

The concepts of individual motivation have been researched for several years. Some of the foremost researchers into motivation were Hertzberg, Maslow, McClelland, Locke, Vroom, and Alderfer (Bassett-Jones and Lloyd, 2005). Work motivation consists of internal and external forces that influences work-related behavior and defines an individual's intensity and duration of work performance (Deschamps, Lagacé, Privé, & Rinfret, 2016). Work process and job satisfaction are directly correlated and determinates of motivation. If properly implemented, motivation systems can significantly increase worker motivation (Djordjević et al., 2015).

#### **Maslow's Hierarchy of Needs Theory**

Maslow's Hierarchy of Needs expresses a theory of human development and what elements influence an individual's ability to accomplish their goals. Psychologist Abraham Maslow developed the theory in 1954 by studying the developments and accomplishments of Albert Einstein (Vernon, 2016).

The theory is based on the belief that human behavior is based on a fixed sequence (hierarchy) of fundamental needs. Maslow suggests that the needs are intrinsic in nature, based on biological and genet structure, and culturally developed (Sengupta, 2011; Larkin et al. 2016). There are five levels of Maslow's motivation theory (i.e. Physiological Needs, Safety Needs,

Love and Belonging Needs, Esteem Needs, and Self-Actualization (Maslow, 1954; Schneider & Alderfer, 1973; Taormina & Gao, 2013).

Maslow (1943) postulates that the progression of needs, from lower level (physiological) to higher level (self-actualization), is realized when an individual satisfies a particular need and is motivated to progress to a higher level of need (Taormina & Gao, 2013; Stum, 2001; Skelsey, 2014; Pichère, Cadiat, & Probert, C., 2015). The theory also suggests that the more the lower needs are met the more aggressive an individual will be motivated to successfully meet the next higher level of need (Zalenski & Raspa, 2006; Taormina & Gao, 2013). Essentially, Maslow's theory postulates that human beings have different motivators; and if leadership can recognize particular employee needs, they can increase the potential of motivating that person by managing them appropriately (Halepota, 2005). In healthcare organizations, leaders can use Maslow's Motivation Theory to improve physical working conditions and safety procedures, increase the level of personnel training and development, improve social group and peer group interactions, and place individuals in positions that are personally satisfying and matching their self-concept (Bashir, 2005).

Contemporary motivation theorists have contended that although Maslow's model is the foundation of motivational theory, there exist only three universal psychological motivating factors: autonomy, relatedness, and competence. *Autonomy* is the individual's need to perceive that they have choices, and that they are in control of their own actions and environment. *Relatedness* is an individual's need to gain a connection to others without the existence of ulterior motives, care about and be cared about by others, and contribute to something greater than simply themselves. *Competence* is an individual's need to feel that they are effective in

accomplishing challenges and opportunities, and a feeling of personal and professional growth (Fowler, 2014).

### **Hertzberg's Motivation-Hygiene Theory**

Hertzberg's motivation-hygiene theory (also known as Hertzberg's two-factor theory) suggests that an individual's discernment of satisfaction or dissatisfaction is determined upon a collection of intrinsic and extrinsic motivational variables. The central thesis of Hertzberg's motivational-hygiene theory proposes that a motivation variable can uniquely influence an individual's satisfaction or dissatisfaction, but not both (Gov, 2015). Furthermore, Hertzberg contended that an individual's motivation exists from internally driven factors, not externally proposed incentives (Bassett-Jones et al, 2005). Hertzberg determined that two distinct factors contribute to job satisfaction: motivators and hygiene (Gov, 2015).

Motivators, when existing in the workplace, increase employee job motivation and satisfaction. However, when absent from the workplace, motivators do not result in dissatisfaction. Motivating factors are considered intrinsic, and can include such employee-related elements as achievement, responsibilities, and recognition. Intrinsic motivators are the desire to be professionally competent and to employ one's interest at work. They energize employees to work hard and make work personally fulfilling (Gov, 2015). Employees, who satisfy intrinsic motivators will produce quality work, possess pride in what they accomplish, and work more effectively with teams (Lederer & Mahaney, 2006).

Hygiene factors, on the other hand, do not increase employee satisfaction. However, when absent, hygiene factors do produce lower employee motivation and increased dissatisfaction. Hygiene factors include extrinsic environmental issues such as security, policies, compensation, prospects of promotion, and working conditions (Bohm, 2012; Gov, 2015).

Mahaney and Lederer (2006) claim that employee salary is considered the most significant extrinsic reward. At a time when compensation was rendered a significant motivating factor, Herzberg's theory challenged these theoretical assumptions by asserting that money is a hygiene factor and does not motivate, and can fundamentally demotivate (Bassett-Jones et al, 2005).

Motivation for the nurse profession is a behavioral consequence of both intrinsic and extrinsic factors as outlined by Hertzberg. Many of these factors are controlled by management through their leadership style. If nursing jobs are intrinsically motivating and the organizational hygiene factors are acceptable, then nurses will exhibit increased motivation and satisfaction (Hunt et al, 2012).

### **Job Characteristics Model**

According to Hackman and Oldham's Job Characteristics Model (JCM), the particular design of a job will inherently result in higher employee motivating, improved job satisfaction, and increased quality and quantity of work output. The JCM establishes five core job characteristics that assist in developing three essential psychological states: experienced meaningfulness, experienced responsibility, and knowledge of results. When these aspects are developed appropriately, they will positively influence employee motivation (Taylor, 2015; Lăzăroiu, 2015).

*Skill variety:* The extent to which the job has a variety of skills required to successfully perform the duties. When higher-level skills are required, employees experience greater satisfaction and are motivated to enhance performance.

*Task identity:* Task has clear goals and the outcomes are visible. Employees feel they are contributing when they are involved in the entire process.

*Task significance:* Employees understand that what they do matters. They understand that they have an impact in the organization.

*Autonomy:* The ability of the employee to act independently and have authority over decisions. Employee has the power to plan work, possess personal responsibility, and carry out initiatives independently.

*Feedback:* Employee received adequate feedback as to their progress and improvement initiatives. Does the employee understand the significance of their work in relation to the overall organizational mission and vision?

### **McClelland Motivation Theory**

According to Bull, Ivan, and Gary E. Willard (1993), McClelland's theory is comprised of three characteristics of motivation: (1) a willingness to accept personal responsibilities for setting objectives and solving difficult problems, (2) a temperament to accept reasonable risk based on expertise and experience, (3) a disposition to determine the end results of decisions and actions. McClelland portrayed that individuals are motivated by their desire to accomplish, possession of power, and the need for associations (Lăzăroiu, 2015). Additionally, Popescu (2015) considers competitiveness as part of McClelland's theory. Individuals have a desire to accomplish more than others, and experience satisfaction or sorrowfulness in contrast to recognizable outcomes. Individuals are motivated and recognized by accomplishing in higher degrees than their peers (Moore et al, 2010), which can result in the need for power and gaining authority over others. Contrary, McClelland believes that those who are motivated by affiliation and teamwork over power and competitiveness provide a disposition of supportiveness and social performance toward others. Furthermore, the outcome of such behavior encourages organizational civility and successful job performance (Ionescu, 2015).

### **Alderfer's ERG Theory**

Alderfer (1967, 1969) challenges the work of Maslow by aligning the hierarchy of needs with empirical research. Robbins (1998) suggests that the ERG theory is more valid than Maslow's need hierarchy as far as work motivation is concerned. Alderfer's ERG theory assumes there are three principal categories of human needs: existence, relatedness, and growth – hence the acronym ERG. Existence needs include various physiological and material desires such as the necessities of food and water, as well as work related material needs as salary, benefits, and safety. Relatedness needs are characterized by an individual desire to have interpersonal relationships with others and possess a mutual sharing of feelings and thoughts. Relatedness needs are significantly different from existence needs since they require mutuality and their satisfaction (and frustration) are interrelated. Growth needs encompass a person's desire to have positive impacts on himself or the environment in which they exists. (Schneider & Alderfer, 1973). The main strength of the Alderfer ERG theory is that it maintains a focus on job-related topics. The theory specifically references employee motivation as it draw a parallel to salary, benefits, interpersonal needs between co-workers and superiors, and the need to grow at work (Arnolds & Boshoff, 2002).

### **Locke's Goal-Setting Theory**

Locke's Goal-Setting Theory suggests that individuals are motivated through regulating conscious ideas and setting specific goals. The function of goals is to motivate and direct individual behavior (Hebl, King, & Madera, 2013). Locke and Latham (2002) advocate four mechanisms that influence performance and guide behavior through goal setting; (1) goal setting builds individual energy where high-level goals create more motivational emphasis than lower level goals, (2) goals influence individual attention and energy toward specified and pertinent

human behavior, (3) setting goals will increase an individual's motivation and persistence to accomplish challenging tasks, and (4) goals affect behavior "indirectly by leading to the arousal, discovery, and/or use of task-relevant knowledge and strategies" (Locke & Wood, 1990).

Goals do not always enhance individual work performance. In fact, according to the goal setting theory, only those goals which are challenging, difficult, and specific heighten performance levels. It is believed that challenging and difficult goals increase the persistence to accomplish those goals, while specific goals direct an individual toward a course of action (Alispahić, 2013).

Locke (1996) also contends that an essential part of an individual's ability to successfully achieve goals is through effective communications. Individuals possess the need to understand their progress toward the goal. The absence of feedback can delineate the individual's performance as unimportant. Therefore, commitment toward the goal may decrease.

For an individual to be motivated toward accomplishing goals, the goals need to possess importance and potential for attainment (Alispahić, 2013). Individual emotional satisfaction is correlated to goal attainment. Emotional satisfaction exists when individuals attain goals and dissatisfaction when goals are not successfully achieved (Bandura, 1991).

### **Organizational Commitment Model/Theory**

Traditionally, organizational commitment is defined as "a strong belief in and acceptance of the organization's goals and values, a willingness to exert considerable effort on behalf of the organization, and a definite desire to maintain organizational membership" (Watson, 2010).

Nagar (2012) declared, "Organizational commitment is essential for retaining and attracting well qualified workers as only satisfied and committed workers are willing to continue their association with the organization and make considerable efforts towards achieving its goals".

Saha (2016) postulated that there are three components to organizational commitment: affective, normative, and continuance commitment. Affective commitment is characterized by the emotional attachment employees have with their organization, their intent to witness the success of the organization, and the extent of being proud of the organization. The higher the affective commitment, the increased possibility that the employee will voluntarily remain employed with the organization (Nagar, 2012). Normative commitment is the moral and ethical belief that the employee should remain employed with the organization because it is the “right thing to do” (Saha, 2016; Nagar, 2012). Nagar (2012) suggests that individuals may feel “indebted to the organization for having invested its time and resources, and the individual feels responsible to repay for the benefits that they receive from the organization by putting effort on the job and staying on the job”. Continuance commitment refers to the individual belief that by leaving the organization it would be costly. Individuals have a fear of the unknown, or may have limited alternatives that force them to feel they must stay with the organization (Meyer, Allen, & Smith, 1993).

Subsequently, the concept of organizational commitment originated from a historical perspective. The Organizational Commitment Model (OCM) was developed by Steers (1977) and is based on Organizational Commitment Theory (OCT) (Porter et al. 1974). The OCM reflects and measures the strength of an individual’s identification and involvement in an organization.

Organizational commitment consists of three interrelated measurements. First, the individual’s desire to accept and believe in an organization’s values and goals. These are foundational beliefs of the organization and outline cultural standards and core values which guide the organization’s mission and vision. Additionally, an organization’s goals will dictate the



direction of focus and strategic commitment. Second, The individual's willingness to work hard toward the success of the organization. This would include the individual's desire to dedicate effort and utilize their knowledge and abilities toward the commitment of the organizations goals, vision, mission, and direction. Third, the individual's desire to remain employed with and have an affiliation in the organization. This can include an individual's need for affiliation, possible advancement opportunities, and growth potential which may exist within the organization (Liou, 2009).

OCT believes that as long as individuals possess a positive attitude toward the organization, those individual will be committed to that organization. This attitude, although influenced by several factors, inherently is manifested by organizational leadership practices and behaviors (Mowday et al. 1979).

### **Leadership and Leadership Theories**

The success of all political, economic, and organizational structures is fundamentally based on the impact and significance of leadership. The concept of leadership is one of the foremost researched processes in behavioral science (Barrow, 1977). In fact, over the past 50 years there have been over 65 theoretical concepts of leadership developed (Waters, 2013). Leadership is a skill that influences followers in an organization to work enthusiastically toward common goals and objectives, overcome challenges and obstacles, and effectively develop teams that respond to a common vision (Parris & Peachey, 2013). Great leaders develop a clear vision based on circumstances, create a successful path to accomplishing the vision, effectively communicate that vision to followers, gain follower commitment to the vision, and guide followers to implementing the constructs of the vision (Kotter 2001; Banutu-Gomez & Banutu-Gomez, 2007). Leadership theory attempts to explain the complex nature of leadership and its

consequences on behavioral structures within particular entities (Parris & Peachey, 2013).

Leadership theories have focused predominantly on what leaders do rather than how well they perform (Harriss & Witwicka, 2012). It is important to understand that the concept of leadership and leadership theories is relevant to understanding the foundational aspects of leadership thought and development. Furthermore, leadership transformations are not at odds with each other, but possess complementary relevancies (Mostovicz et al., 2009). Leadership theories are entwined and make up a plethora of varying theories and approaches which uniquely support each other in what some researchers consider the “leadership theory jungle” (Sanders & Davey, 2011).

### **Leadership Styles**

In 1938, Lewin and Lippitt suggested three styles of leadership: autocratic, democratic, and laissez-faire. The research pertaining to leadership styles reached a pinnacle in the 1960’s and 1970’s as an increase in the desire to understanding what constitutes effective leadership became prevalent (Jogulu and Wood, 2006). Leadership style determines the degree of conventionalism within an organization, the organizational control process, motivating factors, level of employee participation, and method of decision-making authority. Overarching organizational goals are achieved through how leaders organize, manage, and control organizational resources (Daft, 1998).

#### **Autocratic Leadership**

Autocratic leadership is sometimes referred to the “authoritarian style” of leadership (Abrifor, Kalejaiye, & Ogunola, 2013). Autocratic leaders have a unique leadership style that perpetuates an unaccompanied method of decision-making, and a top-down chain of command to leadership. Suggestions and ideas from subordinates are limited, and employees work through

preplanned assignments and guided rules which have strict auditing requirements. The autocratic leader is persistent in planning employee activities and work routines. This leadership style facilitates work tension, discontent, resistance, and the decrease in organizational commitment. Autocratic leadership succeeds where there exists a crisis whereas accuracy and promptness of decision-making prevails (Haita & Raus, 2011). The premise of autocratic leadership is that subordinates cannot contribute to their own work, and even if they had the opportunity to do so, they would not. It is believed that employee motivation is created through structured rules, procedures and a clear set of rewards and punishments (Ogunola et al., 2013).

### **Democratic Leadership**

Democratic leadership, (sometimes considered the participative leadership style) (Ogunola et al., 2013) embodies the subordinates in setting and achieving goals for the organization. Democratic leaders desire employee contributions and cooperation in decision-making to move the organization forward (Haita & Raus, 2011). Employee coaching is consistent with a democratic leadership style. Employees are encouraged to professional grow, be promoted, recognized, and personally achieve (Ogunola et al., 2013). This leadership style creates a pleasant, motivating professional organizational climate, and expects subordinates to be independent team members (Raus and Haita, 2011; Pulaj & Validov, 2016).

### **Laissez-Fair Leadership**

Laissez-faire leadership (sometimes referred to the “hands-off” leadership approach) (Ogunola et al., 2013) embraces a very permissive and relaxed leadership environment. Laissez-faire leaders afford subordinates complete autonomy in decision-making and problem solving. These leaders remain sedentary and do not intervene in subordinate issues (Raus and Haita, 2011).

Laissez-faire leaders forgo employee feedback and minimally communicate with employees. Thus, there is no means of feedback, or exchange of employee professional goal aspirations (Ogunola et al. 2013). The result of this leadership style is low morale and reduced work efficiencies (Haita & Raus, 2011).

### **Contingency Theories**

The objective of contingency theories is to match leaders to appropriate situations based in their leadership style. Not all leaders will be effective in all situations. When the leader's orientation matches the situation, then the level of effectiveness will increase. Conversely, when the match between leader orientation and situation is not congruent the possibility of failure will persist (Waters, 2013).

#### **Fielder's Contingency Theory**

Fielder (1967) conjectured that the leader's ability to motivate individuals depends on their position power, the relationship with the follower, and the configuration of the job tasks. The contingency model suggests that group productivity, as reflected by leadership effectiveness, is contingent upon the leader's ability to develop favorable group task situations and positive interactions with followers (Harriss & Witwicka, 2012; Waters, 2013). One of the most important factors of Fielder's model is the relationship a leader has with their followers and the level of esteem the followers have for the leader's "Least Preferred Co-Worker" (LPC) scale. (Chemers & Rice, 1973).

Based on the individual's leadership style, the contingency theory attempts to match individuals to appropriate situations (Chemers & Fiedler, 1984). The model encompasses both task-motivated and relationship-motivated leadership styles. Leaders who are essentially task-motivated are primarily concerned with reaching goals and objectives. Task-oriented leaders are

successful in certain situations where immediacy is required since they are confident and have a great deal of control over unambiguous tasks (Waters, 2013). Contrary, leaders who possess a relationship-motivated style are more concerned with relationship building and developing lasting affiliations with the organizations or others (Yun et al., 2006). Relationship-oriented leaders will struggle in situations of immediacy. In these situations, relationship-oriented leaders will often overreact and lose control. They, at times, concentrate too much on relationship building, that they fail to accomplish the specified task. Relationship-oriented leaders work well under moderate, or more stabilized, situations where they can focus on relationships building (Avolio et al., 2009).

Contingency theory hypothesizes that leaders will not be effective in all situations, and organizations should attempt to place leaders in optimal situations to increase the possibility of success (Finkelstein et al., 2008). The leader's orientation is utilized to predict what situation a leader will be most effective. If a leader's style matches a particular situation, the possibility of that leader being effective increases proportionally. If the leader's style does not match the situation, then the chances of the leader failing increases (Waters, 2013).

Contingency theory forces scholars to realize that the situation influences leader effectiveness. Prior to the contingency theory, the concept of leadership was a cookie-cutter approach equivalently applied to various organizational situations (Jago & Vroom, 2007). Moreover, the theory advocates that everyone has leadership potential. However, when internal politics, organizational culture and norms, and urgency of activities reside in organizations, those who may have leadership abilities may be overlooked or their capabilities not noticed. Upper management may not realize that mid-level or ground level employees employ leadership skills that could beneficially contribute to the organizations success (Waters, 2013).

## **Hersey-Blanchard Situational Leadership Model**

Hersey and Blanchard (1977) developed a situational leadership theory where the primary determinant of leadership behavior is the maturity of the subordinate toward the task. There are two factors formulating the task relevant maturity of subordinates: job maturity and psychological maturity. Job maturity represents the ability and capacity of a subordinate to perform a particular task or job. It is theorized that job maturity is derived from the amount of education and/or practical experience an individual has acquired over time. Psychological maturity reflects a subordinate's level of confidence and self-esteem in performing the task, and the willingness to accept responsibility (Blanchard & Hersey, 1982).

The basic assumption of Hersey and Blanchard's situational leadership theory is that the followers (subordinate) readiness level toward the undertaking influences the leadership task and relationship behavior (Cairns, Hollenback, Preziosi, and Snow, 1998). According to Blank et al (1990) the more the leader task and relationship behavior matches the follower's readiness, the more effective the follower will perform the task. Additionally, increased match between leader behavior and follower readiness results in improved satisfaction with the leader.

Hersey and Blanchard's situational leadership model consists of four leadership styles, and four follower readiness (employee development) levels. Each follower development level has a corresponding optimal leadership style. The enthusiastic beginner possesses low competence and high commitment to the task. Therefore, this follower positively reacts to a directive style of leadership where there is high directive and low supportive leadership style. The communication is largely one-way from leader to follower. The disillusioned learner has low to some competence and low commitment. Therefore, the disillusioned learner will react to a coaching leadership style where the directive and leadership behavior is high. Although the

leader remains responsible for decision-making, there exists much more two-way communications between the leader and the follower. The capable but cautious performer has moderate to high competence but their commitment level is variable. This follower level would best be compatible to a supportive leadership style. The supportive leadership style consists of high supportive and low directive leadership behaviors. Communication is predominately two-way with a supportive and understanding approach offering passive advice and assistance as needed. The self-reliant achiever possesses both high competence and commitment to the task. The self-reliant achiever responds well to a delegating leadership style where the leader consists of both low directive and supportive behavior. There exists very little communication between the leader and the follower since the follower is empowered with rights and responsibilities in making decisions and accomplishing the task. (Luo and Liu, 2014; Thompson and Glasø, 2015).

### **House's Path-Goal Theory**

The Path-Goal Theory, developed by House (1971) proposes that one of the leader's primary roles is to heighten the psychological position of subordinates, which will result in increased motivation, performance, and job satisfaction. The goal of the path-goal theory is to enhance focus on motivation to enhance employee performance and job satisfaction (Malik, 2013). The theory differs from a situational approach to leadership, where the leader adapts to the readiness level of employees and a contingency approach where a specific situation is matched with the leadership behavior. Path-goal accentuates a match between subordinate characteristics, leader behavior, and particular work settings (Burr & Leung, Y. L., 2015).

House's (1971) research concluded that the function of a leader consists of:

- a) Motivating subordinates needs for organizational outcomes, with the understanding that the leader has some control.

- b) Enhancing subordinates personal attainment for successful work-goal achievement.
- c) Coach and direct subordinates to make the path to these achievements more plausible and easier.
- d) Assist in clarifying subordinates expectations.
- e) Mitigate frustrating barriers to achieving goals.
- f) Increase opportunities for subordinate personal satisfaction contingent on obtaining satisfactory performance levels.

Filley and House (1969) contend that subordinates will generally rate leaders higher and produce more results when leaders provide a more structured environment. Additionally, leaders who are more considerate of subordinate needs and wants will result in more satisfied employees. However, this is not always the case. Studies have shown that when unskilled and semiskilled labor exists in structured environments dissatisfaction, grievances, and employee turnover proliferates (Edwin & Fleishman, 1962). The Path-Goal theory advocates that the leader can vary behavior between different subordinates, or use diverse behaviors with the same subordinate in different situations. Dependent on the subordinate, the unique situation, varying leadership behavior will increase leadership acceptance from subordinates, increase subordinate job satisfaction, and accelerate employee motivation toward higher performance levels (Achua & Lussier, 2010).

Northouse (2013) suggests four classifications of leadership behavior under the Path-Goal theory. Directive leaders are very specific and deliberate in telling the subordinate what to do, when to do it, and how to do it. They explain the task to the subordinate, set specific timelines as to when the task should be completed, and express their expectations of the task. Standards of performance are determined, and rules are clarified ahead of time. Lussier and



Achua (2010) states that a leader will apply a more directive behavioral leadership approach when the task involved complex or ambiguous requirements, or when the task encompasses strong formal authority. Supportive leaders have more of a concern for the subordinates' personal needs, desires, and well-being. Supportive leaders are approachable and express a friendly demeanor toward subordinates. The human needs of subordinates influence the leaders approach and actions (Northouse, 2013). A leader will employ a supportive leadership style where work tasks are simplified, and formal authority is weak (Lussier and Achua, 2010).

Participative leaders engage the opinions and ideas of their subordinates when making decisions. They value the beliefs, thoughts, and views of subordinates when evaluating alternative courses of action (Northouse, 2013). Participative leadership is applicable when subordinates desire a less autocratic leadership style, when tasks are more complex, and leadership authority is either high or low. Supportive leadership requires that the followers' capability and aptitude is high, and there exists freedom to express oneself (Achua & Lussier, 2010).

Achievement-oriented leaders focus of high standards, principles of excellence, and unceasing improvements. Achievement-oriented leaders establish challenging and defined goals and outcome performance requirements for subordinates (Northouse, 2013). Achievement-oriented leadership is appropriate when the assigned tasks are simplified, followers are conducive toward a more autocratic leadership style, and the ability of the followers are high (Lussier and Achua, 2010).

### **Vroom-Yetton decision-making model of leadership**

The Vroom and Yetton's (1973) decision-making contingency model suggests that a systematic analysis of the applicable problem and situational factors be conducted to determine

the appropriate decision-making process. Under the model, the leader's goal for the effectiveness of the decision-making process is both technical quality and support for the decision by those who would be instrumental in implementing the decision. The decision-making process may vary in both subordinate interaction and level of participation. Depending on the situation, some decision-making processes provide the opportunity for leaders to consult with subordinates individually, while others are more suitable for a collaborative setting (Lăzăroiu, 2015).

According to the Vroom-Yetton contingency model of leadership behavior, the decision making process is dependent on two unique variables: diagnosis of seven problem attributes or situational characteristics, and the decision rules designed to protect the quality (otherwise known as the technical rationality) of the decision which results in acceptance (Ettling & Jago, 1988).

Field (1979) developed the Problem Attributes/Situational Characteristic of the Vroom-Yetton Model. These characteristics are determined through the analysis and conclusion of seven related questions.

Question 1: Does the problem possess a quality requirement?

Question 2: Is sufficient information available to make a quality decision?

Question 3: Is the problem structured?

Question 4: Is the effective implementation of the decision bound by the acceptance of subordinates?

Question 5: Would subordinated reasonably accept the decision if the leader made it without their consideration?

Question 6: Do subordinates share the organizational goals to be achieved in solving this problem?

Question 7: Is there a reasonable chance that conflict will occur amongst subordinates with preferred solutions?

## **Transactional Leadership Theories**

The focus of transactional leadership is on the exchange that occurs between leaders and their followers. These exchanges allow leaders to fulfill their objectives of improving organizational efficiency, directing employee behavior toward completing required tasks and achievement of specified goals, and motivating followers through development of contractual agreements (McCleskey, 2014). Consequently, transactional leadership permits followers to achieve their own interests through clear organizational goals and objectives (Pihie & Sadeghi, 2012).

Burns (1978) suggests that transactional leadership is a relationship between leaders and followers through a sequence of exchanges that result in both organizational gains and individual advances. However, critic of transactional theory content that contingent rewards, negative feedback, and corrective coaching are used by leaders to influence their followers (McCleskey, 2014). The focus is upon a structured and task oriented approach that provides rewards only when the follower complies or meets expectations of the leader (Avolio and Bass 1988). This may negatively affect long-term organizational effectiveness, employee motivation, and team development (Lin et al. 2011).

Although transactional leadership approach still exists in today's organizations (McCleskey, 2014), Burns (1978) contends that the approach essentially results in short-term relationships between leader and follower. Moreover, the theory of achieving follower performance through contingent rewards is thought to be a lower order leadership function (Hutchinson & Jackson, 2013). The relationships established in transactional leadership have a tendency to be short-lived exchanges of gratification that lead to unhealthy affiliations between leaders and followers. Furthermore, transactional leadership is also criticized because it employs

a one-size-fits-all mentality that disregards factors that potentially create organizational challenges and may require varying leadership style approaches (Gundersen et al., 2012).

### **Leader-Member Exchange (LMX)**

Graen and Dansereau developed the LMX theory in 1972. This theory is a study of the relationship between leaders and members. Since the leader has a significant role in an organization, the relationship between leaders and members significantly affects employee innovation. The formation of such relationships between leader and member are influenced by the leader's ability to develop such affiliations (Shunlong and Weiming, 2012).

Barbuto et al. (2011) asserts that leaders develop varying exchange relationship with their followers. This differentiation of exchange may significantly fluctuate between the leader and follower to create an individualized leadership style (Ang, Dulebohn, Rockstuhl, & Shore, 2012; Chan & Mak, 2012). Essentially, unique relationships are developed between the leader and the follower. Higher levels of leadership support and resources (Davies, Wong and Laschinger, 2014) are given to higher LMX employees (Deluga, 1994). Followers develop a sense of obligation to the leader for bestowing favorable treatment (Ang, Dulebohn, Rockstuhl, & Shore, 2012) and supporting them. Therefore, this increased relationship between the leader and follower produces improved work outcomes (Chan and Mak, 2012).

The attitude and behavior of the exchange relationships affect both the leader and the follower. Research has shown that the LMX is positively correlated to employee outcomes such as subjective and objective work performance outcomes, reduced turnover, satisfaction with leadership, affective and normative organizational commitment, and overall employee behavior (Barbuto, Story, & Wilmot, 2011; Davies et al., 2014).

## **Transformational Leadership Theories**

Over the past 30 years, no other leadership approach has been studied and researched more than transformational leadership (Diaz-Saenz, 2011, p. 299). Burns (1978) defined a transformational leader as "one who raises the followers' level of consciousness about the importance and value of desired outcomes and the methods of reaching those outcomes". Studies have discovered a link between transformational leadership and leadership success and effectiveness (Chow, Jung, & Wu, 2008; Singh & Krishnan, 2008).

Zhu, Chew & William (2005) consider transformational leadership as “a human-capital-enhancing resource management style”, as it attempts to motivate followers beyond their potential and develop them professionally (Hutchinson & Jackson, 2013). The transformational leader influences followers to relinquish their own self-interests for the benefit of the organization, while promoting "the followers' level of need on Maslow's (1954) hierarchy from lower-level concerns for safety and security to higher-level needs for achievement and self-actualization" (Bass, 2008, p. 619). According to Bass (2008), transformational leadership encompasses four components: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. The first two components, idealized influence and inspirational motivation, are frequently grouped by researchers as characteristics of charisma (Bass & Riggio, 2006; Bischoff, Deris, Johnson, & Quin, 2015).

There are two aspects to idealized influence. First, followers wish to emulate certain qualities of the leader. Second, followers are impressed with the leader's behaviors. Inspirational motivation involved the leader possessing behavior that will motivate and inspire followers toward a shared vision and challenge. Two key leadership components of inspirational motivation are enthusiasm and optimism. Intellectual stimulation induces follower creativity and

innovation through questioning norms, and introducing new viewpoints to outdated and established circumstances. Intellectual stimulation requires the leader to be candid with approaches and ideas. Individualized consideration requires the leader to assist followers in obtaining their full potential. This can be accomplished through coaching follower attributes, provide learning opportunities and mentoring followers with a supportive approach (McCleskey, 2014).

Transformational leaders are committed to change (Bass, 2003). They are said to promote core values such as loyalty, fairness in treatment, honesty, humbleness, justice, equity, and human dignity (Kouzes & Posner, 2000; Groves & LaRocca, 2011). However, many believe that transformational leaders exist only in senior level leadership positions. This hypothesis strongly exists in healthcare organizations where mid-level clinical leadership levels (i.e. nurse managers) do not believe that they can instill a transformational leadership approach and that their leadership responsibility is less significant and impactful (Hutchinson & Jackson, 2013). Contrary, Bass (2003) and Parry and Proctor-Thomson (2002) believe that transformational leadership encompasses characteristics of integrity, moral identity (Chew, William, & Zhu, 2005), and ethics which are essential attributes to healthcare workers if implemented with a positive connotation devoid of an unethical or immoral direction (Parry & Proctor-Thomson 2002).

### **Kouzes and Posner's Leadership Participation Inventory**

Kouzes and Posner's research introduces essential components to transformational leadership theory. Their research suggests that leadership is a collection of individual behaviors and practices, not simply a position in an organization. These practices are essential for leaders to achieve great heights and accomplish extraordinary things (Kouzes & Posner, 1995). Kouzes

and Posner (2012), through their 20 years of research, identifies five leadership roles through their seminal work, "The Leadership Challenge."

*Model the Way.* Leaders can communicate their values by demonstrating their personal commitments, trustworthiness, and integrity (Kouzes & Posner, 2012). Covey (2004) conveys that when leaders exhibit a clear example of who they are, outline their core beliefs, and assist in defining organizational expectations, others will be more prone to follow those patterns. The personal values of leaders dictate how they will lead and make decisions, and are essential factors to organizational commitment levels of followers. Transformational leaders that have a consistency between words and deeds will build credibility (Kouzes & Posner, 2012; Caldwell, Glasper, Guevara & Xu, 2015).

*Inspire a Shared Vision.* Successful leaders develop a clear vision for the future. More importantly, leaders understand the importance of defining a shared vision that brings individuals together in the organization with a commitment toward a common goal (Caldwell, Glasper, Guevara & Xu, 2015). Transformational leaders have a passion for envisioning the future and developing an image of what the organization could become. They gain commitment for the shared vision through their energetic behavior, positive communications, engaging others in the process, and treating others as valued partners (Kouzes & Posner, 2012).

*Challenging the Process.* In today's competitive and ever changing global society, leaders must be willing to take well-calculated and intelligent risks, challenge the status quo and continually seek change opportunities (Collins & Hansen, 2011). Learning is life-long experience for transformational leaders. They are fearless in testing their own skills and abilities when seeking innovative methods to improve the organization. Transformational leaders

accepted the fact that mistakes will occur, learn from them, and will not blame others for the mistakes (Kouzes & Posner, 2012).

*Enable Others to Act.* Transformational leaders believe that having “power with” others is much more effective than having “power over” them. They assist others in accomplishing their tasks by providing the necessary resources to get the job done and removing obstacles to their progress (Graham, 2003). Transformational leaders attempt to give ownership and responsibility to others, and encourages freedom in decision-making. In doing so, individuals feel capable and powerful within the organization. This fosters collaboration and empowerment (Abu-Tineh, Al-Omari, & Khasawneh, 2008).

*Encourage the Heart.* Leaders who care for their employees will unlock commitment and potential, and increase motivation. When leaders act with compassion and consideration for employees, they will respond with commitment and hard work (Kouzes & Posner, 2012). Transformational leaders believe greatly in the abilities of their employees, and have high expectations for themselves and their employees. This, in turn, builds mutual trust between the leader and follower. Transformational leaders also engage others in celebrating achievements. They let people feel like they are part of a team and jointly celebrate recognition and achievements. When this occurs, individuals are inspired to perform to their best (Caldwell, Glasper, Guevara, & Xu, 2015).

### **Servant Leadership Theory**

Servant style leadership, differs more than most because of its concentration on a holistic approach, follower-oriented emphasis, service, spiritual, and moral dimensions of leadership (Santora, Sarros, & Sendjaya, 2008). The term "servant leadership" was coined by Robert K. Greenleaf in *The Servant as Leader*, an essay that he first published in 1970. This style of



leadership has been adopted by many successful leaders in a variety of contexts. Its origins and basis is on individuals who believe in "serving others first," or in "serving rather than being served", then consciously choosing to lead others (Boone & Makhani, 2012).

The servant leader concentrates on growth and well-being of individuals, as well as the communities to which they belong. Servant leadership concentrates of shared power, putting the needs of others first, and helping develop individuals to perform at their highest potential. On the other hand, traditional leadership styles are more focused on the exercise of power (Boone & Makhani, 2012). According to Larry C. Spears, former president of the Robert K. Greenleaf Center for Servant Leadership, these are the 10 most important characteristics of servant leaders: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Correia, Jorge, & van Dierendonck, 2014).

A considerable body of empirical research has shown that servant leadership is associated with a variety of favorable employee outcomes, including improved psychological well-being (through reduced emotional exhaustion), favorable job attitudes (through greater job satisfaction, affective commitment and decreased intention to leave), improved job performance (through better job performance and organizational citizenship behavior) and decreased workplace deviance (through decreased organizational and interpersonal deviance) (Jun et al., 2016).

Servant leadership enables individuals to be successful and ethical, as well as establishing beneficial work settings where profit remains essential (Popescu Ljungholm, 2016), even though the leader has a natural feeling to serve first (Correia, Jorge, & van Dierendonck, 2014). Parris and Peachey (2013) stated that the theory of servant leadership resonates with practitioners who are responding to the increasing perception that organizational leaders have become egocentric

and who are seeking acceptable leadership theories to resolve the challenges of the twenty-first century.

All organizations, profit and nonprofit, secular and Christian, can implement a servant leadership philosophy. However, there is no denying that servant leadership descends from biblical workings and grounded with Christian values (Boone & Makhani, 2012). Christianity's founder, Jesus Christ, first taught the concepts of servant leadership. It is evident that servant leadership was taught and practiced over 2000 years ago. In Mark 10 (NIV), two of Jesus' disciples, James and John, were tempted with gaining power. They asked Jesus to place them in the most powerful leadership position in God's kingdom, next to Jesus himself. This occurrence caused dissention among the disciples, and from that point on there may have been a deterioration to the disciples' harmony. After these incidents, Jesus taught his disciples the principles of servant leadership. In Mark 10:43 (NIV), Jesus called his disciples together and said,

You know that those who are regarded as rulers of the Gentiles lord it over them, and their high officials exercise authority over them. Not so with you. Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be slave of all. For even the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many.

Additionally, in John 13:12-17 (NIV) Jesus washed the feet of his disciples in the upper room, just prior to the Last Supper. This happening was significant in three ways. For Jesus, it was the display of His humility and His servanthood. For the disciples, the washing of their feet was in direct contrast to their heart attitudes at that time. For us, washing feet is symbolic of our role in the body of Christ. During the washing Jesus stated,

Do you understand what I have done for you? He asked them. You call me ‘Teacher’ and ‘Lord,’ and rightly so, for that is what I am. Now that I, your Lord and Teacher, have washed your feet, you also should wash one another’s feet. I have set you an example that you should do as I have done for you. Very truly I tell you, no servant is greater than his master, nor is a messenger greater than the one who sent him. Now that you know these things, you will be blessed if you do them. (Sendjaya et al., 2008).

The significant theory surrounding servant leadership, more today than ever, is to create individuals who will form ethical organizations and serve others in the workplace. Especially in light of several recent realities and perceptions of corporate leaders being unethical, greed stricken, and selfish (Parris & Peachey, 2013). Ethical leaders are expected to behave ethically, and promote ethical behavior with their followers. Unfortunately, several studies have shown that this is not reality; leaders sometimes even reward unethical behavior. This, in turn, gives permission for others to act unethical (Cramwinckel, De Cremer & van Dijke, 2013).

Today’s leaders may find that practicing servant leadership is challenging. It unfortunately contradicts what many of today’s business leaders believe, and have learned to be, normal business practices. Leaders who choose to dedicate themselves to practicing a more profound style of leadership should start by focusing on some initial personal values surrounding servant leadership. These five personal values include; service to others, humility, integrity, honesty, and hard work (Russell, 2001).

### **Transition and Summary**

Leadership theories have historical roots dating back to ancient times. Over time, leadership has been expressed as one of the most important characteristics of organizational success. According to Landis et al., (2014) the need for an organization to survive in a world of

aggressive competition, increased technological advanced, ever changing governmental regulations, and employee motivations requires leadership to be more effective than ever.

Effective leadership in the nursing profession has increasingly been placed at the forefront of research theorists. Healthcare is chaotic and unpredictable, and it is vital that the nursing profession employ leadership practices which are applicable to nurses (Jackson et al., 2009). The pressure of nurse leadership is more applicable today than it ever has been. The shortage of practicing nurses, stressful work environments, continual technological changes, increased ethical dilemmas, and the need for organizations to be more cost effective, cause nurse leaders at all levels and in all types of healthcare organizations to be more effective. Employees are becoming less optimistic with healthcare leadership (Francis-Shama, 2016). This research focused specifically on the relationship between leadership styles (i.e. transformational and transactional) and overall job satisfaction of registered nurses. The problem to be addressed is the high job dissatisfaction within the registered nursing profession. The purpose of this non-experimental quantitative correlational study was to examine the relationship between leadership style and job satisfaction of registered nurses in the Pittsburgh MSA. The independent variable was job satisfaction and the dependent was leadership style (i.e. transformational or transactional).

Leadership theory attempts to explain the complex nature of leadership and its consequences on behavioral structures within particular entities (Parris & Peachey, 2013). Leadership theories have focused predominantly on what leaders do rather than how well they perform (Harriss & Witwicka, 2012). It is important to understand that the concept of leadership and leadership theories is relevant to understanding the foundational aspects of leadership thought and development. Furthermore, leadership transformations are not at odds with each

other, but possess complementary relevancies (Mostovicz et al., 2009). Leadership theories are entwined and make up a plethora of varying theories and approaches which uniquely support each other in what some researchers consider the “leadership theory jungle” (Sanders & Davey, 2011).

## Section 2: THE PROJECT

This chapter presents the research methodology utilized for this particular research. The following methodological matters are addressed in this section: purpose statement, role of researcher, participants, research methods and design, population and sample, and data collection. This research focused specifically on the relationship between leadership style (i.e. transformational and transactional) and job satisfaction of registered nurses. The definitive population was known, however a smaller sample population was used for the basis of this study. The sample was surveyed using two well-known and tested instruments to gather information. A correlational study was utilized to determine a significant correlation between leadership style and job satisfaction. The two independent variables, transformational and transactional leadership style, were based on Bass' (2003) theory of transformational leadership. The dependent variable was based on Spector's (1985) job satisfaction survey. The conclusion of this section will present a depiction of the reliability and validity of the survey instruments, specifics related to the method of data collection, and a description of how the particular data was examined.

### **Purpose Statement**

The purpose of this non-experimental quantitative correlational study was to examine the relationship between leadership style and job satisfaction of registered nurses in the Pittsburgh MSA. The independent variable was job satisfaction and the dependent was leadership style (i.e. transformational and transactional). The result of improved nurse satisfaction in the healthcare industry may increase employee retention, decrease stress, improve employee performance, improved work attitude, and enhance patient care satisfaction levels (Miradipta & Susanty, 2013). Furthermore, according to Ibrahim (2011), low nurse satisfaction is costly to a healthcare

organization, and is contributable to numerous issues including medical miscalculations that can result in serious injury or patient death.

The passage of health reform legislation has stimulated an increased focus on patient-centered care and the importance of patient satisfaction. However, nurses have long reported that their work conditions are undesirable and not conducive to providing patient-centered care that is safe and of high quality. Working conditions, which directly influence job satisfaction, can be measured in terms of salaries, benefits, opportunities for advancement, work schedules, independence, leadership styles, and treatment (McHugh et al., 2011).

The level of nurse satisfaction is attributable to the work environment determined by healthcare leadership (McHugh et al., 2011). The healthcare industry is labor intensive and based on powerful knowledge management. The central factor for success in achieving goals in healthcare organizations is nurse leadership (Miradipta & Susanty, 2013). Since leadership affects essentially everything in an organization, the leadership style of nurse supervisors and managers significantly impact the satisfaction of subordinates (Kanste, Kyngäs & Miettunen, 2007). According to Trastek (2014), healthcare organizations can consider four possible leadership styles to evaluate and implement: Adaptive, Servant, Transactional, or Transformational. These leadership styles fluctuate within distinct levels of directive and supportive human behavior, and can potentially result in variable job satisfaction levels within healthcare organizations. This research will be used to reveal whether nurse job satisfaction is impacted by the presumed leadership practice existing within healthcare organizations.

### **Role of the Researcher**

The researcher's role in quantitative studies was somewhat inconsequential, since research participants act anonymously of the researcher. However, the researcher obtained

permission for research, ethically managed the collection process, and accurately reported the research results collect from various healthcare organizations on the Pittsburgh MSA area. According to Creswell (2014), the research location must be respected and any disruptions caused by the research process needs to be limited. Since an individual's viewpoint, bias, or personal concept can potentially distort research perspectives, an unbiased approach should be maintained. Additionally, the researcher should maintain integrity of information, and ensure confidentiality of participant's data. Once the research is concluded, the collected data from Mind Garden, Inc., will be analyzed and accurately report findings. The researcher will act as an unbiased individual in the research process offering no opinions, judgements, or conclusions toward the research results.

It was important for the research methods to be easily replicated by others seeking to conduct similar research throughout the United States. In doing so, the research was documented to provide credence to the data analysis methods, research results, and any recommendations. Prior to any data collection, the researcher determined the method of obtaining contact information for registered nurses in the Pittsburgh Metropolitan Statistical Area (MSA) market. The most effective means of obtaining this information was from the Pennsylvania State Board of Nursing. The Pennsylvania State Board of Nursing is equipped to provide, at a cost, physical mailing addresses for each registered nurse in the State of Pennsylvania. No email addresses were available. This information was provided in Excel comma delimited format which was easily manipulated. The Pittsburgh MSA contains over 30,000 registered nurse physical addresses. To ensure mailing address accuracy, Pittsburgh Mailing Company, located at 1400 Fleming Ave, McKees Rocks, Pennsylvania was utilized to verify mailing addresses through their bulk mailing services, print the designed mailer, address and post mark the mailers, and



mail to prospective participants. Survey instructions, which included an online link ([www.PANursingResearch.com](http://www.PANursingResearch.com)) to the actual no-login survey, were sent out to the verified mailing addresses in waves until the required research allotment was achieved. Additionally, several healthcare institutions were approached throughout the Pittsburgh MSA to personally invite registered nurses to participate, and utilized various social media outlets to obtain participation in this research. Furthermore, college and university personnel, and business owners were contracted to request that registered nurses employed within their organization participate. The MLQ and the Job Satisfaction data was collected through an online survey developed by Mind Garden, and was thoroughly analyzed. The results of the online survey was compiled and unbiasedly reported in this document.

### **Participants**

The research concentrated on Registered Nurses employed at healthcare facilities located throughout the Pittsburgh Metropolitan Statistical Area (MSA). The Pittsburgh MSA consists of the City of Pittsburgh in the Commonwealth of Pennsylvania and surrounding counties. The U.S. Census Bureau defines the Pittsburgh MSA as seven Western Pennsylvania counties anchored by the City of Pittsburgh. The MSA definition includes the city proper and the Pennsylvania counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Washington, and Westmoreland.

The research collected participant demographic data to permit analysis by subgroups. An ideal quantitative research study collects data from selecting participants randomly from a larger population. Ideally, the random sample would have similar characteristics in the same proportion as the total population. Unfortunately, this random sample is sometimes difficult to produce in the healthcare industry. Instead, the research was drawn from a limited sample of

participants which are available to take part in, and having the willingness to participate in the research. If not done correctly, the research methodology would have produced invalid results through sampling bias or error since some members of the available population are less likely to be included in the research (Connelly, 2013).

The researcher was deliberate in obtaining random and anonymous participants from a wide variety of demographic aggregates. The researcher utilized multiple methods to gain access to participants. A mailing list of all registered nurses in Pennsylvania was purchased through the Pennsylvania State Board of Nursing in Harrisburg, Pennsylvania. This mailing list is highly confidential and is only provided to those assuming research in the nursing profession. This mailing list contained all nurses who maintain a valid Pennsylvania licensure. The list was purged to include only those nurses in the geographic region being studied. Additionally, social media outlets such as LinkedIn were used to obtain participation in the survey. The researcher has numerous social media connections which are practicing nursing in Pennsylvania. These individuals were approached and requested to participate in the survey. The researcher also contacted several local universities and colleges and requested that the nursing staff, and any student holding a valid nursing license, participate in this study. The final method of gaining participation was to physically visit hospitals and other healthcare organizations in the region. Personal interactions took place where those qualified to participate in the survey were asked to do so.

As suggested by Balzer et al (2000), the researcher should limit the quantity of demographic questions to reduce the possibility of the respondent becoming discouraged with the research survey. Therefore, the demographic components of the research included job tenure, position title, education level, race, gender, organizational tenure, and employment status.

The demographic components of the research are included in Appendix E of this research. The demographic data will permit further exploration between demographic subgroup variables and job satisfaction with leadership styles in the healthcare industry.

## **Research Method and Design**

### **Research Method**

This was a quantitative, cross-sectional, and non-experimental correlational research study which assessed specific hypotheses to determine whether a relationship between leadership style in the healthcare industry and nurse job satisfaction exist with a specific population in a select demographic area. The quantitative method of research examines associations between specific dependent and independent variables, examination theoretical concepts, and is applicable to analyzing large groups of individuals (Arcidiacono, Di Napoli, & Procentese, 2009; Creswell, 2010). Theory on leadership style and job satisfaction already exists ruling out the need for qualitative research to develop theory (Creswell, 2013).

When only a sample of a large population is being studied, a quantitative method of research is useful (Creswell, 2014). In a quantitative study, statistical data is used to examine one or more hypothesis or hypotheses and a null hypothesis or hypotheses. The most common data collection methods for a quantitative research study are questionnaires, test scores, surveys, experiments, and other numerical data collected (Creswell, 2014). Qualitative research is customarily associated with observations of human behavior. The goal is to determine, and better understand, why an event, or activity, occurred (Creswell, 2014). Additionally, the qualitative research is also based on personal experiences of the researcher (Stake, 2010). Qualitative research was not the appropriate method for this study since the population is dispersed over several miles, and the interaction between registered nurses and their direct

supervisors is sporadic. Furthermore, in this study, qualitative research would be time consuming and also produce results which would be questionable since the only observational content would be intermittent and sporadic public communications between employee and supervisor, and would not take into account confidential and personal communications which occur. Thus, producing biased and inaccurate results.

Mixed method research is a combination of quantitative and qualitative research. The researcher would use data collected through both qualitative and quantitative methods to understand a particular problem (Creswell, 2014). The research would consist of a combination of questionnaires, surveys, observation, and personal experiences of the researcher. Since qualitative research was not applicable to this study, the mixed method was not utilized.

### **Research Design**

The research design was a non-experimental survey. There was no treatment or intervention on the part of the researcher (Creswell, 2013). The precise method of processing and analyzing the data collected was using the IBM SPSS v25 statistical software package. The method of surveying was used to collect the data from registered nurses. The data was collected to assess the perceptions of specific registered nurses about the leadership styles and job satisfaction variables and to collect demographic information. The composite survey contained three questionnaires. First, the Multifactor Leadership Questionnaire (MLQ-5X), which is a reputable multidimensional instrument was utilized to measure a broad range of leadership types from passive leaders, to leaders who give contingent rewards to followers, to leaders who transform their followers into becoming leaders themselves. (Avolio & Bass, 1997). Second, Spector's Job Satisfaction Survey (JSS) which is a 36 item, nine facet scale to assess employee attitudes about the job and aspects of the job. The nine facets of the JSS are: Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards, Operating Conditions, Coworkers, Nature of Work, and

Communications. And finally, a generalized demographic survey which will detail participant specifics such as age, race, gender, ethnicity, education, location of employment, and profession. Mind Garden, Inc., granted permission to use the MLQ-5X for the research, and the use of the Job Satisfaction Survey was granted by Dr. Paul E. Spector, PhD., a Professor at the University of South Florida.

The independent variables (transformational and transactional leadership) were tested against the dependent variable (job satisfaction) to assess the relationship between the independent and dependent variables using the Pearson Correlation method. The data was specific to two hypotheses in this research: There is (a/no) statistical significant relationship between transactional leadership and job satisfaction for registered nurses in a healthcare organization and there is (a/no) statistical significant relationship between transformational leadership and job satisfaction for registered nurses in a healthcare organization.

### **Population and Sampling**

This quantitative study will include participation from registered nurses throughout the Pittsburgh MSA. The Pittsburgh MSA consists of the City of Pittsburgh in the Commonwealth of Pennsylvania and surrounding counties. The U.S. Census Bureau defines the Pittsburgh MSA as seven Western Pennsylvania counties anchored by the City of Pittsburgh. The MSA definition includes the city proper and the Pennsylvania counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Washington, and Westmoreland. It is the largest population center in both the Ohio River Valley and Appalachia with a population in 2015 of 2,353,045 (U.S. Census Bureau).

For the purpose of this study, “Registered Nurses” included any nurse who has a license to practice and an active nursing license number provided by the Pennsylvania State Nursing Board. Additionally, this population included those nurses who possessed either a diploma,

associate degree, baccalaureate degree, vocational certificate, master's degree, or doctorate degree. These nurses can be employed at hospitals, clinics, home health agencies, nursing homes, community health, ambulatory care settings, public health, correctional facilities, and occupational health locations. The total population of Registered Nurses in the Pittsburgh MSA is over 30,000 (U.S. Department of Labor, Bureau of Labor Statistics, May 2015).

Bhalerao & Kadam (2010) suggested the sample for a research study accurately represents the entire population when all participants within the research population have equal opportunity to take part and selection for participation in the research is random. Creswell (2013) affirms that random sampling the preferred method of choosing a sample size from a given population for the survey method. In the case of this study, although the research population was identifiable, a random sample of the data was collected through various means (i.e. home addresses mailings, various social media sites, direct contact with potential participants, and random visits to various healthcare organizations). The random sample consisted to registered nurses, from a variety of healthcare settings, willing to participate in an online survey. One of the four inter-related features of a research study design is sample size. Sample size can detect significant differences, relationship or interactions of the research study (Perneger et al., 2015). According to the A-Priori Sample Size Calculation, the recommended sample size for this research is 115 participants. This will provide a 95% level of confidence, assuming a confidence interval (margin of error) of 5. This calculation assumes the sample size to be random of the approximately 30,000 possible participants.

## **Data Collection**

### **Instruments**

This research contained two survey instruments (i.e. Multifactor Leadership Questionnaire, Spector's Job Satisfaction Survey), and three sections which included the demographic data collection. The Multifactor leadership Questionnaire (MLQ-5X) Rater Form (Avolio & Bass, 2004) was utilized to assess registered nurses perception on leadership style and behavior. The Job Satisfaction Survey (JSS) is a questionnaire that will measure nine dimensions of job satisfaction related to overall satisfaction (Spector, 1985). The research also collected demographic information that outlined descriptive data regarding the participants in the survey. The three sections of the composite survey was available to participants through a web link supplied by the researcher in an email (see Appendix E).

### **Multifactor Leadership Questionnaire (MLQ-5X)**

The Multilevel Leadership Questionnaire (MLQ) was developed by Bernard M. Bass and Bruce J. Avolio in 1985. The MLQ is a multidimensional instrument and measures an extensive range of leadership styles from passive or laissez-faire leaders, to transactional style leaders who present contingent rewards to followers, to transformational leaders who transform individuals to become effective leaders themselves. The tool contains 36 items related to various leadership factors (see Appendix C). However, the primary use of the MLQ-5X is to assess transformational and transactional leadership style (Avolio & Bass, 2000; Avolio & Bass, 2004).

Included in the MLQ-5X are five transformational, three transactional, one laissez-faire, and three overall outcome scales (Avolio & Bass, 2004).

*Transformational Scales:*

Inspirational Motivation (IM): The articulation and representation of the leader's vision.

Leaders who positively view the future will motivate followers to do the same.

Idealized Influence (Attributed) II(A): The leader's charisma and the ability to exhibit positive attributes allow followers to build close emotional connections to the leader.

This perpetuates trust in leaders.

Idealized Influence (Behavior) II(B): The existence of mission and values from the leader, as well as the ability to act on those values.

Intellectual Stimulation (IS): The ability of the leader to challenge the assumptions of followers' beliefs, their analysis of the problems they face, and the solutions they may produce.

Individualized Consideration (IC): the ability of the leader to determine follower needs and develop their strengths.

*Transactional Scales:*

Contingent Reward (CR): The ability of the leader to focus on defined tasks and providing rewards (material or psychological) to the follower for successfully accomplishing those tasks.

Active Management-by Exception (MBE-A): The leader actively watches and searches for any abnormality from set rules and standards in order to avoid possible failures. If the leader identifies any deviation from standards, corrective action is instituted.

Passive Management-by-Exception (MBE-P): Leaders intervene only after a deviation from set standards or rules have been detected or not met. This approach is much more passive than MBE-A.



*Laissez-faire Leadership:*

Leadership dimension and style where leadership and the presence of a leader is nonexistent. This leadership personality does not particularly care about followers, and does not consider employees as important (Erenb, Erzenginc, & Ucara, 2012).

*Outcome Scales:*

Extra Effort (EEF): The ability of the leader to direct employees to perform more than what is expected, enhance their desire for success, and motivate them to achieve difficult goals.

Effectiveness of Leader's Behavior (EFF): The ability of the leader to meet the needs of employees.

Follower Satisfaction (SAT): Followers believe that the leader has established a warm, open and honest relationship in the workplace, and are satisfied with the surroundings.

**Job Satisfaction Survey**

Spector's Job Satisfaction Survey (JSS) was designed specifically for human service, public, and nonprofit sector organizations. Spector found that little research on human service worker job satisfaction was conducted. In fact, in 1974 fewer than 20 research studies were conducted, mostly with the nursing profession. To fill this gap, the Job Satisfaction survey was developed. Spector's Job Satisfaction Survey is a 36 item, nine facet scale to assess employee attitudes about the job and aspects of the job (see Appendix D). The nine facets of the JSS are pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, coworkers, nature of work, and communications. The combined total of these facets determines the individual total satisfaction score. The instrument uses a summated rating scale where the respondent selects from six choices ranging from a score of "1" where the respondent strongly

disagrees to a score of “6” where the respondent strongly agrees. Approximately half of the items are worded negatively and must be reverse scored.

The overall job satisfaction score is calculated by summing all 36 questions in the JSS. The JSS total score is determined by combining the nine sub scores from the different facets. The minimum total score that may be achieved is 36, while the maximum score that may be achieved is 216. Each negatively worded item is reverse scored before the final summation of scores to allow for continuity in scoring the responses. Each item is presented as a statement and are calculated by marking the alternative that appears closest to the participant’s expectation on a scale from one to six. Some of the questions in the JSS are stated in a positive and some in a negative direction. Positively directed questions designate the existence of job satisfaction and negatively directed questions indicate job dissatisfaction (Spector, 1985; Spector, 1997).

### **Data Collection Technique**

Registered nurses that elected to take part in the research completed an electronic survey through Mind Garden. A specifically designed postcard was sent, or personally distributed, by the researcher to potential participants included an explanation of the research and a no-login link to the website accessing survey information and survey content. The website ([www.PaNursingResearch.com](http://www.PaNursingResearch.com)) contained information related to the confidentiality of the results and participant data, and an informed consent for participation in the research (see Appendix B). Participants, during the research were asked to complete the survey questionnaire only and were not asked questions beyond general demographic questions (i.e. gender, age, occupation, etc.). No questions inquiring about any information that may later be used for identification (i.e. names, postal addresses, telephone numbers, email addresses, SSN, DOB, etc.) were included.

Participants were asked to verify their informed consent prior to having permission to take the survey. Participants would affirmatively respond to the informed consent declaration to move forward to the electronic survey containing the MLQ-5X and the JSS research survey instruments. The estimated time to complete the two research instruments was approximately 30 minutes. Once all participants completed the survey, the researcher accessed the survey results through a secured login from Mind Garden for further analysis. The results of this research study were published as group results only in this study. Participant's individual information were not be revealed or reported. In order to maintain confidentiality of their records, the researcher downloaded and saved all data electronically. Access to stored data is restricted only to the principle researcher(s). Participants were responsible for securing their own computer while participating in the survey. Published results could be used in a presentation and/or journal article. Data collected from the research were analyzed using IBM SPSS statistical software.

### **Data Organization Techniques**

All responses to the informed consent, and the answers to the survey questionnaires will remain with and secured by the researcher in a locked box for a minimum of three years. Access to any data collection and documentation will remain with only the researcher. At the end of three years from data collection, the researcher will shred any and all physical and electronic documentation, data, and files related to this research. Mind Garden, which hosted the research content and participant responses, maintains a privacy policy safeguarding the privacy and confidentiality of all data collected. The researcher maintains ownership of all data collected and the survey instruments. Mind Garden is a reputable research and survey administration

organization that guarantees the security of its infrastructure, covering the physical, network, hardware, and software characteristics of their operations.

Since the research provided anonymity and confidentiality to the participants, it is reasonable to assume that the individuals who responded to the research survey did so in a truthful and voluntary manner. It is also assumed that the participants who volunteered to participate were randomly distributed from the total population. Due to time constraints associated with the research, it was impossible to conduct a more in-depth analysis on the correlation between leadership style to employee turnover, staff medical errors, and overall patient satisfaction.

This research was conducted with the appropriate level of consideration and precaution to research involving human subjects. Any negative impact to participant employment was eliminated by means of conducting the research in an anonymous manner with anonymity maintained throughout the research. All research data is maintained on a private hard drive and secured with the researcher according to research standards. All paper documentation were discarded accordingly and no permanent records were maintained. Each participant received an informed consent declaration to sign prior to participating in the research, and the participation in the research was unmistakably communicated as voluntary.

### **Data Analysis Technique**

Collected data from the online survey was appropriately coded and analyzed using SPSS predictive analytics software version 25 for Windows. Data collected using the Spector Job Satisfaction Survey (JSS) was grouped based on responses positioned on the Likert scale (1=Disagree Very Much, to 6= Agree Very Much). The participants that responded 1 to 3 were

considered low job satisfaction, and the participants that responded 4 to 6 were considered to have high job satisfaction.

The Multifactor Leadership Questionnaire (MLQ-5X) rater short-form consists of 45 questions on a Likert format questionnaire (0=Not At All, to 4=Frequently, If Not Always). The results will identify the evaluator's perception to what degree they have observed the focal leader engagement in 32 specific behaviors, which form nine components of transformational, transactional, or passive/avoidant leadership behavior. The MLQ is not designed to label leaders as transformational or transactional. Rather, the tool will group leaders as "more transformational than the norm" or "less transactional than the norm".

### **Reliability and Validity**

This research was based on two well-known and tested survey instruments (the MLQ-5x and the JSS). The reliability and validity of these instruments, coupled with the methods of research ensure data accuracy. The following sections will discuss the reliability and validity of the research.

#### **Reliability**

Reliability pertains to the consistency with which an instrument will provide the same results over time (Mutsonziwa & Serumaga-Zake, 2015). When examining the reliability of a particular research instrument, the researcher should measure the instruments ability to ascertain internal consistency and test-retest correlations. Additionally, the research should determine if there was consistency in test administration and result scoring (Creswell, 2014).

The MLQ-5X has been studied and examined over several decades for validity and reliability. A meta-analysis was conducted on existing and unpublished research data from several sources. Based on the results determined by the analysis, both validity and reliability for

examining various leadership models and theories was proven (Antonakis, Avolio, and Sivasubramaniam, 2013). The Multifactor Leadership Questionnaire (MLQ) is one of the most widely utilized research methods to determine and measure leadership, as others perceive it to be. MLQ has been used extensively both internationally and nationally, and is supported by a solid theoretical and empirical basis in measuring leadership styles and behaviors (Gloria Jodar et al, 2016). Avolio and Bass (1990), and subsequently Avolio and Bass (1994, 2000) validated the reliability of the MLQ. The MLQ was effectively designed to be reliable to test relevant variables for leaders and managers in the context of transformational and transactional leadership practices. The MLQ was evaluated and normed with 3,786 respondents using conformational factor analysis and hierarchical regression techniques (Avolio & Bass, 1990). In this research, the MLQ subscales were from .63 to .94 and from .74 to .94 upon repeating the analysis with a combination of nine dissimilar values (N=2154) (Avolio & Bass, 1994).

The six scales of interest for the research were .86 for idealized influence attribute, .87 for idealized influence behavior, .90 for individual consideration, .87 for contingent reward, .91 for inspirational motivation, .91 for individual consideration, and .94 for satisfaction based on Cronbach's alpha reliability estimates (Avolio & Bass, 1990). The result of such high reliabilities from a normative group validates the reliability of the Multifactor Leadership Questionnaire (MLQ), and its successful use as a research instrument (Goho, 2006).

The JSS provides satisfactory reliability, validity and normative data measurements (Brown, Jaewook, Thomas, & Thomas, Brown, 2014; Batura et al, 2016). In fact, the Job Satisfaction Survey (JSS) has a high internal consistency, validity, and reliability compared to other tools to measure job satisfaction such as the Job Descriptive Index (JDI), the Minnesota Satisfaction Questionnaire (MSQ), and the Job Diagnostic Survey (JDS) (Moyes et al., 2006).

Furthermore, an extensive analysis of the reliability and validity of Spector's (1977) Job Satisfaction Survey resulted in satisfactory levels, and concluded that the JSS can be used to measure satisfaction levels of military healthcare workers (Gholami-Fesharaki et al., 2012). According to Spector (1985) the JSS is a well-established instrument and has been investigated repeatedly for reliability and validity. In fact, the nine sub-scales related moderately to well between each other and achieved an internal consistency score of 0.60 for workers to 0.90 for the total score. Overall the JSS had an average on 0.70 for internal consistency out of 3,067 participants. Additionally, over an 18 month trial period, an internal consistency of 0.37-0.74 was achieved for a smaller sample of 43 workers.

### **Validity**

Validity identifies the accuracy of the information obtained in the research (Mutsonziwa & Serumaga-Zake, 2015). The suitability of the instrument in the research study is established through the validity of information produced by the instrument (Creswell, 2014).

Kanste, Kyngäs, & Miettunen, (2007) supported the validity of the Multifactor Leadership Questionnaire (MLQ) as an accurate instrument in measuring results accuracy in research. Additionally, Kanste et al. (2007) also determined that the psychometric properties of the MLQ was highly suitable for measuring multi-dimensional standards for nurse leadership, and that validity and reliability of the instrument was supported for research.

The major evidence for discriminate and convergent validities of the JSS was provided by a multitrait-multimethod analysis. The result of validity met all four criteria of Cambell and Fiske (1959). First, the validity correlation between equivalent subscales of the JSS and the Job Descriptive Index (JDI) were significantly larger than zero and of reasonable magnitude, .61 to .80. Second, these values were all higher than correlations between non-corresponding subscales across instruments. Third, the validity correlations were all higher than inter- correlations among subscales within each instrument. Finally, the

pattern of inter-relationships among subscales for both for both instruments were reasonably consistent. The discriminant validity does imply that the JSS does, in fact, measure conceptually distinct facets of job satisfaction (Spector, 1985).

### **Transition and Summary**

The previous section of the research reviewed the role of the researcher, participant overview, research method and design, population and sampling, data collection techniques, and reliability and validity. A careful review of each section was necessary to determine the correlation between leadership style and job satisfaction of registered nurses, and to maximize the validity and reliability of the research. Identifying the relationship between leadership style and job satisfaction would suggest that a particular leadership style would affect job satisfaction of registered nurses. The next section will review the results of the data analysis, correlation data, variance analysis, and the confidence levels of the data collected. Statistical significance was identified by a correlational study that suggests that there is a positive correlation between transformational leadership style and job satisfaction. Additionally, specific recommendations were identified which would solve the identified problem, and create pathways for additional research pertaining to this topic.



### Section 3: APPLICATION TO PROFESSIONAL PRACTICE AND IMPLICATIONS FOR CHANGE

This non-experimental quantitative research study examined the relationship between leadership style and employee job satisfaction in registered nurses in the Pittsburgh MSA region. In section three, of this study, the presentation of findings addresses and provides evidence to support the research questions and hypotheses. Additionally, recommendations for change were constructed to specifically address the identified problem and the research purpose of this study. Furthermore, recommendations for further research, reflections of the entire research process, and a comprehensive summary are included in section three to assist future researchers in understanding the challenges faced during this research project.

#### **Overview of Study**

One of the fastest growing professions in the United States is in healthcare, particularly nursing. According to the U.S. Bureau of Labor Statistics, employment of registered nurses in the United States is projected to grow by 16 percent from 2014 to 2024, much faster than the average for all occupations. This increase is due, in large part, to the aging population, the increase number of those who have access to health insurance because of healthcare reform, and the increase demand for health services. Furthermore, the nursing profession is faced with an overwhelming workforce, deteriorating morale, ineffective and unproductive leadership, increased employee dissatisfaction, and unprecedented worker turnover (Dill, Kallenberg, & Morgan, 2013; Jefferson, Klass, Lord, Nowak, & Thomas, 2014).

Nursing employee job satisfaction has been a major concern for healthcare organizations over the last several years (Aiken, Cimiotti, Kutney-Lee, McHugh, & Sloan, 2011). Factors associated with nurse job satisfaction surround leadership behavior, competencies in

communications, employee conflict, patient workload ratios, increased stress levels, work burnout, emotional exhaustion, depersonalization, understaffing (Wright, 2011), healthcare benefits, and work schedules (McHugh et al., 2011). These negative work environments are the results of poor managerial support for nursing, unprofessional treatment from supervisors, responsiveness of management to correcting problems in care at the bedside identified by nurses, and doctor-nurse relations (McHugh et al., 2011). Ultimately, the result of nurse job dissatisfaction is increased employment turnover among other negative consequences (i.e., lack of organizational commitment, absenteeism, reduced patient care, and employee sabotage) (Maqbali, 2015).

### **Presentation of Findings**

All statistical tests and analyses were conducted using IBM for Mac, SPSS Version 25. The data were cleaned in SPSS and missing values coded as 999 so they would not be considered in the actual statistical analysis calculation. Mind Garden, Inc. administered a combined MLQ and Spector's Job Satisfaction Survey (JSS). Included in the Mind Garden survey was also six demographic questions. Data collection for this research study consisted of obtaining 178 qualifying registered nurses to complete the MLQ survey, the JSS, and the six demographic questions. In order to obtain consistent and accurate results, all questions in the survey were required. Participants were asked to log into a unique website ([www.PANursingResearch.com](http://www.PANursingResearch.com)), where a no log in link was located to take to complete the survey. The following research data and statistical demographic results are derived from a sample (N=178).

### **Demographic Data and Characteristics**

The research survey contained questions related to specific demographic data for each participant. The demographic data was collected using the Mind Garden survey, and was

exported to a Microsoft Excel file. The related data was analyzed and the frequency distribution was calculated for each demographic category. The frequency distributions of the demographic data are provided in Table 1 (Gender), Table 2 (Ethnicity), Table 3 (Age), Table 4 (Work Status – Full Time or Part Time), Table 5 (Employment Category), Table 6 (Location Zip Code), and Table 7 (Years Employed). An additional question was added which asked participants if they considered their current leadership effective and if they were planning on retiring from their current employer (Table 8). Correlation analysis was also conducted on the demographic data.

Table 1. Gender Frequency Distribution

Gender Frequency Distribution (N=178)		
	N	%
Male	39	21.9%
Female	139	78.1%
Total	178	100%

The frequency distribution of gender was skewed higher for female 139 (78.1%) then male 39 (21.9%) of the total population (N=178). This is typical of the registered nursing population in general, whereas nursing is historically a female dominated profession.

Correlation coefficients were computed for total JSS score for each level of gender. Table 1a. displays the correlation coefficient scores for each gender. The relationship between total JSS score was insignificant,  $r(178) = .078$ , showing that there is little correlation between total job satisfaction outlined in the JSS and the gender of the participants.

Table 1a. Pearson Correlation between Gender and Overall Job Satisfaction

		Gender	Satisfaction
Gender	Pearson Correlation	1	.078
	Sig. (2-tailed)		.303
	N	178	178
Satisfaction	Pearson Correlation	.078	1
	Sig. (2-tailed)	.303	
	N	178	178

Table 2. Ethnicity Frequency Distribution

Ethnicity Frequency Distribution (N=178)		
	N	%
Caucasian	136	76.4%
Hispanic	6	3.4%
African American	30	16.9%
Asian American	5	2.7%
Native American	1	.6%
Other	0	0%
Total	178	100%

Of the total population (N=178), 136 (76.4%) identified themselves as Caucasian, 6 (3.4%) Hispanic, 30 (16.9%) African American, 5 (2.7%) Asian American, 1 (.6%) Native American, and 0 (0%) other.

Correlation coefficients were computed for total JSS score for each ethnic type. Table 2a. displays the correlation coefficient scores ethnic type. The relationship between total JSS

score was insignificant,  $r(178) = -.004$ , showing that there is little correlation between total job satisfaction outlined in the JSS and the ethnicity of the participants.

Table 2a. Pearson Correlation between Ethnicity and Overall Job Satisfaction

		Ethnicity	Satisfaction
Ethnicity	Pearson Correlation	1	-.004
	Sig. (2-tailed)		.958
	N	178	178
Satisfaction	Pearson Correlation	-.004	1
	Sig. (2-tailed)	.958	
	N	178	178

Table 3. Age Frequency Distribution

Age Frequency Distribution (N=178)		
	N	%
21 - 29 Years Old	41	23.0%
30 – 39 Years Old	36	20.2%
40 – 49 Years Old	34	19.1%
50 – 59 Years Old	40	22.5%
Over 59 Years Old	27	15.2%
Total	178	100%

Age was calculated on the survey by having the respondents identify their birth year. Of the sample (N=178), 41 (23%) were between 21 and 29 years old, 36 (20.2%) between 30 and 39 years old, 34 (19.1%) between 40 and 49 years old, 40 (22.5%) between 50 and 59 years old, and 27 (15.2%) were over 59 years old.

Correlation coefficients were computed for total JSS score for age grouping. Table 3a. displays the correlation coefficient scores for age grouping. The relationship between total JSS score was insignificant,  $r(178) = .057$ , showing that there is little correlation between total job satisfaction outlined in the JSS and the age of the participants.

Table 3a. Pearson Correlation between Participant Age and Overall Job Satisfaction

		Participant Age	Satisfaction
Participant Age	Pearson Correlation	1	.057
	Sig. (2-tailed)		.449
	N	178	178
Satisfaction	Pearson Correlation	.057	1
	Sig. (2-tailed)	.449	
	N	178	178

Table 4. Work Status Frequency Distribution

Work Status Frequency Distribution (N=178)		
	N	%
Full Time	138	77.5%
Part Time	40	22.5%
Total	178	100%

Respondents were asked about their work status pertaining to whether they work full time or part time. Of the sample (N=178), 138 (77.5%) responded full time, and 40 (22.5%) responded part time.

Correlation coefficients were computed for total JSS score for work status. Table 4a. displays the correlation coefficient scores for work status. The relationship between total JSS

score was insignificant,  $r(178) = -.132$ , showing that there is little correlation between total job satisfaction outlined in the JSS and the work status of the participants.

Table 4a. Pearson Correlation between Work Status and Overall Job Satisfaction

		Work Status	Satisfaction
Work Status	Pearson Correlation	1	-.132
	Sig. (2-tailed)		.079
	N	178	178
Satisfaction	Pearson Correlation	-.132	1
	Sig. (2-tailed)	.079	
	N	178	178

Table 5. Employment Category Frequency Distribution

Employment Category Frequency Distribution (N=178)		
	N	%
Hospital Setting/Floor Nurse	68	38.2%
Clinic	14	7.9%
Home Health	24	13.5%
Physician's Office	13	7.3%
Skilled/Assisted Nursing	25	14.0%
Other	34	19.1%
Total	178	100%

Research participants were asked what employment category they were employed. Of the sample (N=178), 68 (38.2%) responded Hospital Setting/Floor Nurse, 14 (7.9%) Clinic, 24 (13.5%) Home Health, 13 (7.3%) Physician's Office, 25 (14%) Skilled/Assisted Nursing, and 34 (19.1%) other.

Correlation coefficients were computed for total JSS score for employment category.

Table 5a. displays the correlation coefficient scores for employment category. The relationship between total JSS score was significant,  $r(178) = -.148$ , showing that there is a correlation between total job satisfaction outlined in the JSS and the work category of the participants.

Table 5a. Pearson Correlation between Employment Category and Overall Job Satisfaction

		Employment Category	Satisfaction
Employment Category	Pearson Correlation	1	.148*
	Sig. (2-tailed)		.049
	N	178	178
Satisfaction	Pearson Correlation	.148*	1
	Sig. (2-tailed)	.049	
	N	178	178

\*. Correlation is significant at the 0.05 level (2-tailed).

Table 6. Location Frequency Distribution

Location Frequency Distribution (N=178)		
	N	%
Allegheny County, PA	84	47.1%
Armstrong County, PA	9	5%
Beaver County, PA	42	23.6
Butler County, PA	6	3.4%
Lawrence County, PA	7	3.9%
Washington County, PA	21	11.9%
Westmoreland County, PA	9	5.1%
Total	178	100%



The research study asked respondents to state their employment zip code, which identified which county in the Pittsburgh MSA they were employed. The U.S. Census Bureau defines the Pittsburgh MSA as seven Western Pennsylvania counties anchored by the City of Pittsburgh. The MSA definition includes the city proper and the Pennsylvania counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Washington, and Westmoreland. Of the sample (N=178), 84 (47.1%) responded Allegheny County, 9 (5%) Armstrong County, 42 (23.6%) Beaver County, 6 (3.4%) Butler County, 7 (3.9%), Lawrence County 21 (11.9%), Washington County, and 9 (5.1%) Westmoreland County.

The differentiation between counties, particularly the high participation of those working in Allegheny County and Beaver County, was anticipated. According to the Pennsylvania Department of Labor & Industry Workforce Information & Analysis (2017), Allegheny County is home of UPMC Health System, which includes several health organizations and employs over 80,000 employees. In Beaver County, Heritage Valley Health System employs over 3,000 employees. Both health organizations are classified as the largest employer in their respective county, and also employ the most registered nurses in those counties.

Correlation coefficients were computed for total JSS score for employment location of the participants. Table 6a. displays the correlation coefficient scores for participant employment location. The relationship between total JSS score was insignificant,  $r(178) = .045$ , showing that there is little correlation between total job satisfaction outlined in the JSS and the location of the participants.

Table 6a. Pearson Correlation between Employment Location and Overall Job Satisfaction

		County of Employment	Satisfaction
County of Employment	Pearson Correlation	1	.045
	Sig. (2-tailed)		.555
	N	178	178
Satisfaction	Pearson Correlation	.045	1
	Sig. (2-tailed)	.555	
	N	178	178

Table 7. Years Employed Frequency Distribution

Years Employed Frequency Distribution (N=178)		
	N	%
0 -5 Years	34	19.2%
6 – 10 Years	33	18.5%
11 – 15 Years	28	15.7%
16 – 20 Years	25	14.0%
21 – 25 Years	7	3.9%
Over 25 Years	51	28.7%
Total	178	100%

Respondents were asked the length of their employment as a Registered Nurse. Of the total sample (N=178), 34 (19.2%) responded between 0 -5 years, 33 (18.5%) 6 – 10 years, 28 (15.7%) 11 – 15 years, 25 (14%) 16 – 20 years, 7 (3.9%) 21 – 25 years, and 51 (28.7%) over 25 years.

Correlation coefficients were computed for total JSS score for years employed as a registered nurse. Table 7a. displays the correlation coefficient scores for years employed. The relationship between total JSS score was insignificant,  $r(178) = .117$ , showing that there is little correlation between total job satisfaction outlined in the JSS and the number of years the participant was employed as a registered nurse.

Table 7a. Pearson Correlation between Years of Employment and Overall Job Satisfaction

		Years Employed	Satisfaction
Years Employed	Pearson Correlation	1	.117
	Sig. (2-tailed)		.118
	N	178	178
Satisfaction	Pearson Correlation	.117	1
	Sig. (2-tailed)	.118	
	N	178	178

Table 8. Commitment Frequency Distribution

Commitment Frequency Distribution (N=178)		
	N	%
Committed to Leadership/Employment	90	50.6%
Not Committed to Leadership/Employment	88	49.4%
Total		

A generalized question was added to the research survey which gained an understanding of the respondent's commitment to the leadership of the organization and their expectation of remaining employed at that organization. Of the total respondents (N=178), 90 (50.6%) stated that they were committed to the leadership of the organization and had expectations of remaining

employed with the organization, whereas 88 (49.4%) stated that they did not have a commitment to the leadership and expected to separate from that organization at some point.

Correlation coefficients were computed for total JSS score for registered nurse commitment level. Table 8a. displays the correlation coefficient scores for commitment level. The relationship between total JSS score was significant,  $r(178) = -.684$ ,  $p < .01$  showing that there is a significant correlation between total job satisfaction outlined in the JSS and the commitment level of the registered nurses.

Table 8a. Pearson Correlation between Commitment Level and Overall Job Satisfaction

		Commitment Level	Satisfaction
Commitment Level	Pearson Correlation	1	-.684**
	Sig. (2-tailed)		.000
	N	178	178
Satisfaction	Pearson Correlation	-.684**	1
	Sig. (2-tailed)	.000	
	N	178	178

\*\*. Correlation is significant at the 0.01 level (2-tailed).

### Pearson Correlation Coefficient Analysis

Before conducting the Pearson correlation coefficient ( $r$ ) to examine the relationship between job satisfaction and leadership behaviour (transformational and transactional) in the nursing profession, the Kolmogorov-Smirnov test was utilized to test for the required normality of distribution in the independent and dependent variable scores.

Table 9 shows the results of the Kolmogorov-Smirnov (KS) test for leadership behaviour and job satisfaction. The K-S Test indicates that there is not a significant difference between job satisfaction and transformational leadership, and normal distribution at  $D(178) = .072$ ,  $p > .05$  and  $D(178) = .200$ ,  $p > .05$ , respectively. Thus, we can assume that job satisfaction and

transformational leadership are normally distributed. Conversely, the K-S Test indicates that transactional leadership is statistically different than the normal distribution at  $D(178) = .022$ ,  $p < .05$ . Hence, the distribution of the data met the assumption for conducting the parametric test.

Table 9. K-S Test of Normality

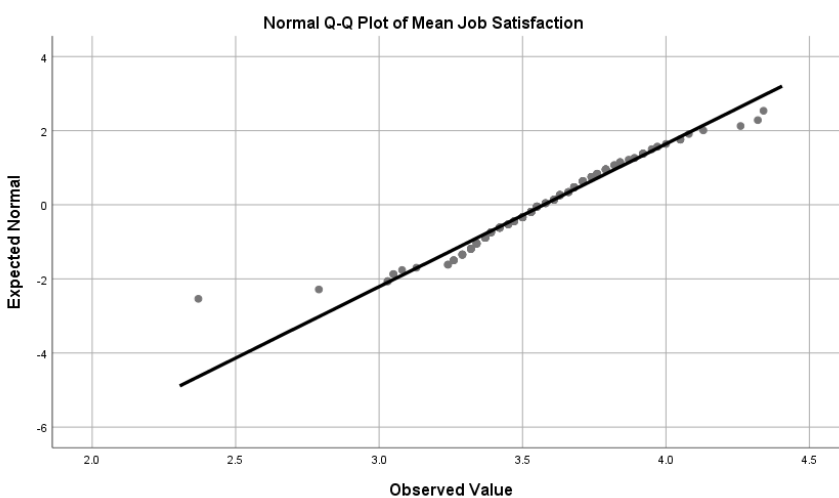
	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Mean Job Satisfaction	.064	178	.072	.966	178	.000
Mean Transactional Leadership	.073	178	.022	.975	178	.003
Mean Transformational Leadership	.058	178	.200*	.991	178	.325

\*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Given the results of the test of assumptions of normality, visual Q-Q Plots and Box Plots were created to see whether the cumulative probability of the distribution, based upon the quartiles of the data set instead of individual scores, was normal. Figure 2, shows the Q-Q Plots for job satisfaction, transformational leadership style, and transactional leadership style.

Figure 2. Q-Q Plots for Job Satisfaction, Transformational and Transactional Leadership Styles



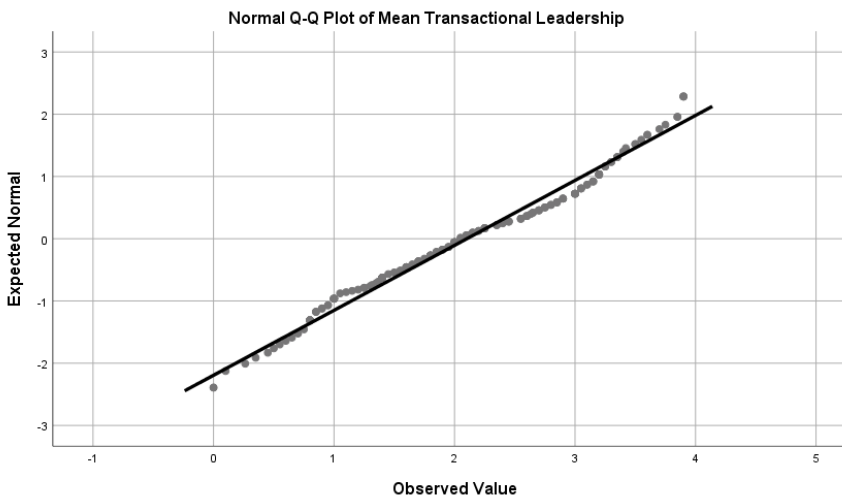
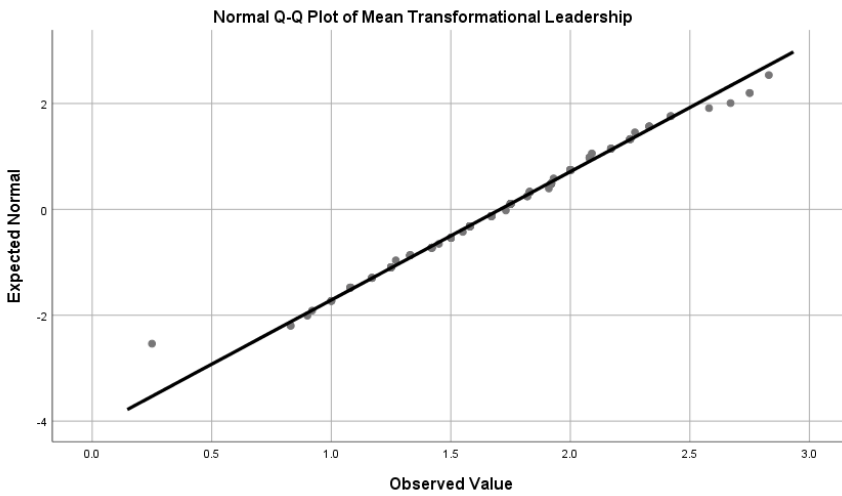


Figure 3, graphically illustrates the detrended Q-Q plots displayed indicating only a few outliers. The detrended Q-Q plot is considered a tool to determine the normality of the data set and to test the data against normal distribution.

Figure 3. Detrending Q-Q Plots Job Satisfaction, Transformational and Transactional

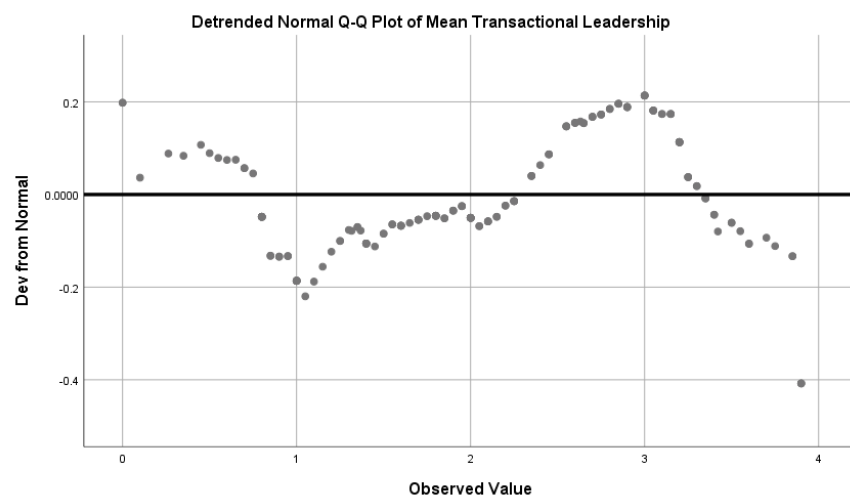
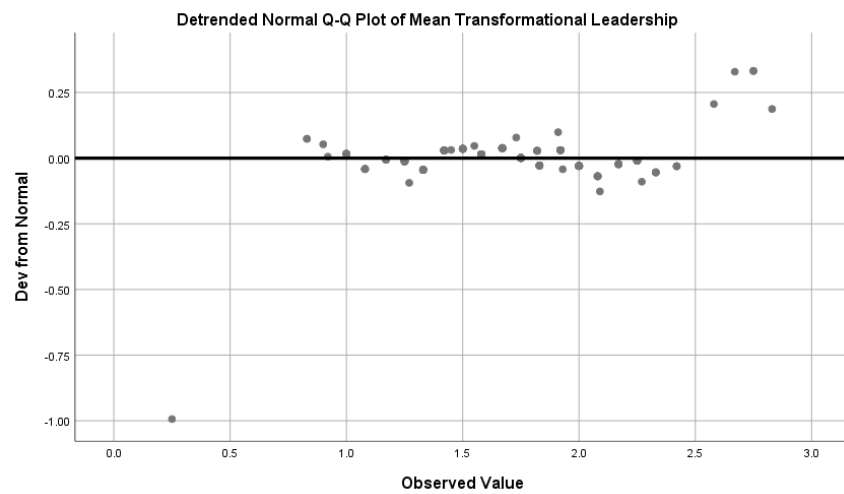
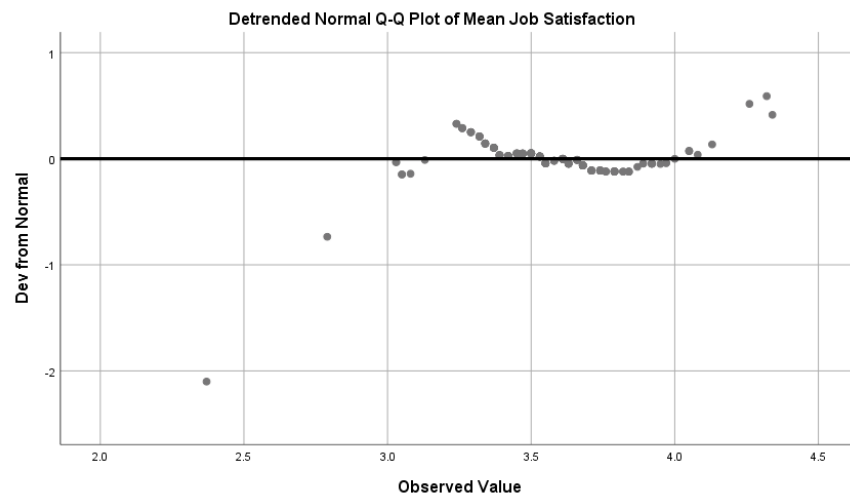
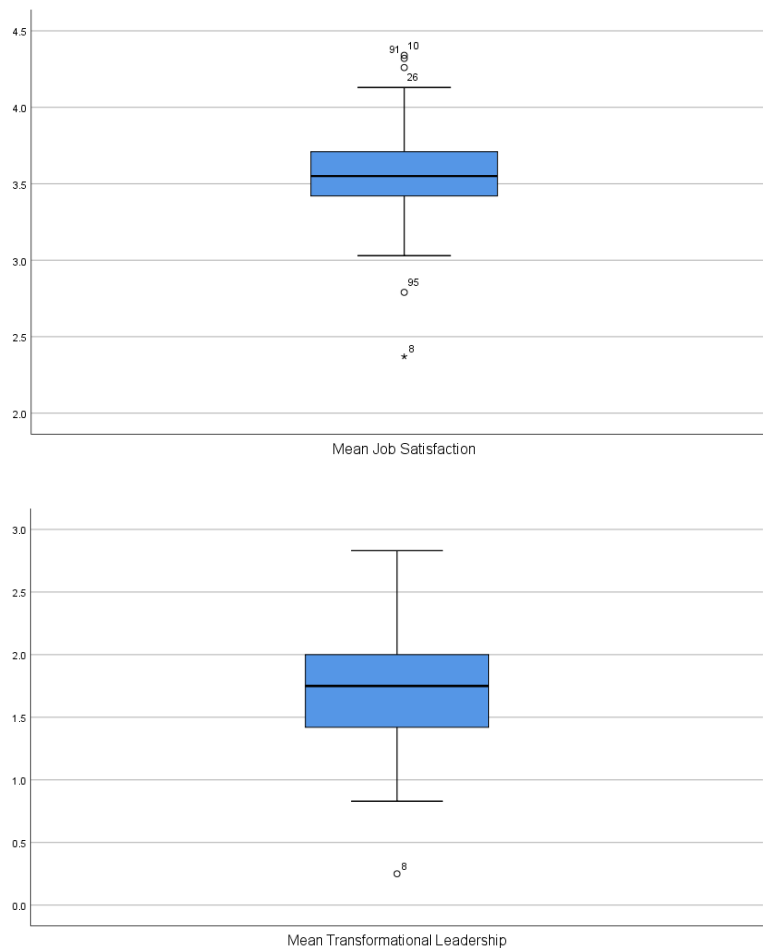
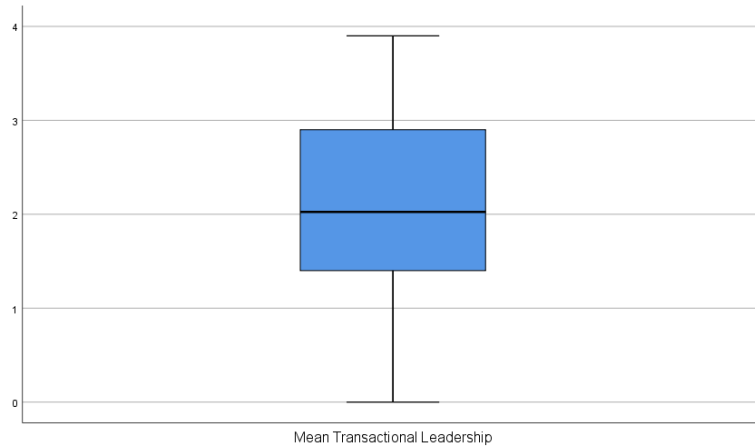


Figure 4, graphically illustrates the box plots displayed quartiles pertaining to job satisfaction, transformational and transactional leadership behaviour. The box plots show normal distribution and a few outliers for job satisfaction. Only one extreme outlier was identified for job satisfaction and transformational leadership.

Figure 4. Box Plots Job Satisfaction, Transformational and Transactional







Each leadership style (transactional and transformational) were analyzed using the Pearson's Coefficient correlation measure. Table 10 determined the correlation between transformational and transactional characteristics outlined in the MLQ against job satisfaction obtained by the JSS. Results of this analysis depicts that there is a significant correlation between job satisfaction of registered nurses and transformational leadership at  $r(178) = .309, p > .01$ . The correlation between transactional style leadership and job satisfaction of registered nurses was significantly lower at  $r(178) = -.164, p > .05$ , indicating a negative correlation between job satisfaction and transactional leadership.

Table 10. Pearson's Coefficient of Transformational Leadership Style Factors and Job Satisfaction Levels

		Mean Job Satisfaction	Mean Transactional Leadership	Mean Transformational Leadership
Mean Job Satisfaction	Pearson Correlation	1	-.164*	.309**
	Sig. (2-tailed)		.029	.000
	N	178	178	178
Mean Transactional Leadership	Pearson Correlation	-.164*	1	-.051
	Sig. (2-tailed)	.029		.497
	N	178	178	178
Mean Transformational Leadership	Pearson Correlation	.309**	-.051	1
	Sig. (2-tailed)	.000	.497	
	N	178	178	178

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

Pearson's  $r$  was calculated since both the independent variable (job satisfaction) and dependent variable (transformational and transactional leadership behaviour) had been transformed into interval levels of measurement by summing the means of the scores for each participant.

Table 11 shows the Spearman's  $\rho$  ( $r_s$ ) non-parametric correlation coefficient that was conducted since the data for transactional leadership violated the parametric assumption of normality. The Spearman  $r_s$  also generated a statistically significant result and there was a positive relationship between job satisfaction and transformational leadership,  $r_s = .234$ ,  $p$  (two-tailed)  $> .01$ . Conversely, it was determined that there was a negative correlation between job satisfaction and transactional leadership at  $r_s = -.216$ ,  $p$  (two-tailed)  $< .01$ .

Table 11. Spearman's rho Non-Parametric Correlation Coefficient

			Mean Job Satisfaction	Mean Transactional Leadership	Mean Transformational Leadership
Spearman's rho	Mean Job Satisfaction	Correlation Coefficient	1.000	-.216**	.234**
		Sig. (2-tailed)	.	.004	.002
		N	178	178	178
	Mean Transactional Leadership	Correlation Coefficient	-.216**	1.000	-.074
		Sig. (2-tailed)	.004	.	.327
		N	178	178	178
	Mean Transformational Leadership	Correlation Coefficient	.234**	-.074	1.000
		Sig. (2-tailed)	.002	.327	.
		N	178	178	178

\*\* . Correlation is significant at the 0.01 level (2-tailed).

### Mean and Standard Deviation

Table 12. Mean and Standard Deviation Analysis MLQ Leadership Survey

	N	# of Items	Mean	Std Dev
<b>Transformational Leadership Style</b>	178			
Idealized Influence Attribute II(A)		4	2.01	1.27
Idealized Influence Behavior II(B)		4	2.02	1.26
Inspirational Motivation (IM)		4	2.45	1.20
Intellectual Stimulation (IS)		4	2.09	1.25
Individualized Consideration (IC)		4	1.94	1.25
<b>Total Transformational Leadership Style</b>	178	20	42.08	3.21
<b>Transactional Leadership Style</b>	178			
Contingent Reward (CR)		4	2.13	1.26
Active Management-by Exception (MBEA)		4	1.62	1.17
Passive Management-by Exception (MBEP)		4	1.37	1.25
Laissez-Faire (LF)		4	1.27	1.28
<b>Total Transactional Leadership Style</b>	178	16	25.33	3.55

Table 12 identifies the highest mean score for transformational leadership style was 2.45 exhibited by inspirational motivation, and lowest for individualized consideration at a mean score of 1.94. Central to inspirational motivation of transformational leadership is the articulation and representation of a vision by the leader. These leaders are also able to assist employees experience the same passion and motivation to fulfill work objectives. They encourage employees to achieve levels of performance beyond their own expectations. Leaders with inspirational motivation have a collective vision that they are able to articulate to followers (Bass, 1985).

On the other hand, individualized Consideration refers to leaders who display attention to the needs of followers for accomplishment and growth to their full potential. They provide customized socio-emotional support while developing and assisting them to self-actualize (Avolio & Bass, 1990). The highest mean score for transactional behavior was 2.13 for contingent reward, and lowest mean score at 1.27 for laissez faire. Contingent Reward is a leadership behavior by which the leader focuses on clear defined tasks, while providing followers with rewards (material or psychological) on the fulfillment of these tasks. Laissez-Faire, is basically defined as the absence of leadership. As such, Laissez-faire is used as a non-leadership contrast to the more active forms of transformational and transactional leadership approaches. Therefore, registered nurses in the Pittsburgh MSA area perceived the leadership style of their leaders as mostly transformational based on the total mean score of 42.08 considering the five attributes of the MLQ. Conversely, the total mean score for transactional behavior was 25.33 based on the perceived leadership style by those same registered nurses.

Figure 5 and Figure 6 depict histograms for the independent variable. Both transformational and transactional leadership styles were positively skewed, which indicated that these leadership styles are present within the researched healthcare organizations.

Figure 5. Transformational Leadership Histogram

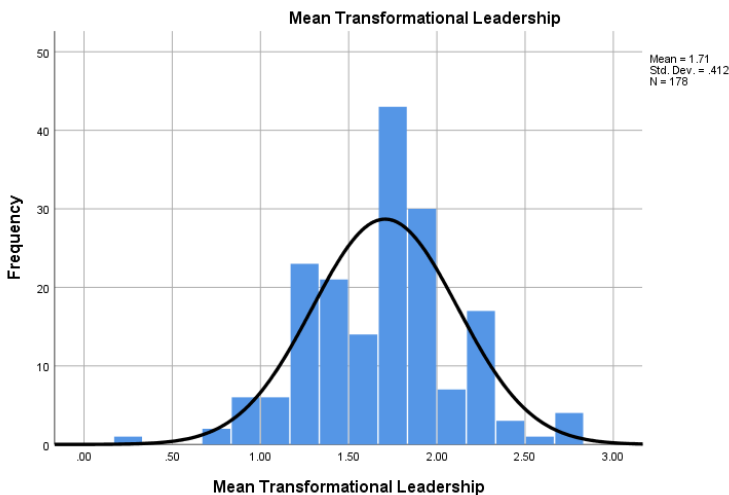


Figure 6. Transactional Leadership Histogram

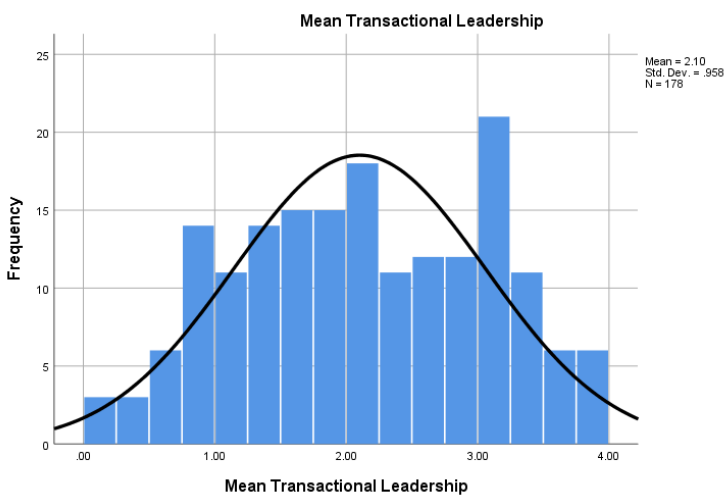


Table 13 presents descriptive statistics for the survey. Spector (1994) interpreted the scores of 4 to 12 as being dissatisfied, 12 to 16 as ambivalent, and 16 to 24 as satisfied. According to Spector's Job Satisfaction Survey results, registered nurses showed high satisfaction levels with nature of work (i.e. job tasks) with a mean of 17.92, co-workers (i.e.

people with whom they work with) with a mean of 16.97, and supervision (i.e. immediate supervisor) with a mean of 16.84. All other subcategories of the JSS fell clearly within the ambivalent range. Additionally, Table 14 illustrates that registered nurses perceive leadership to possess more of a transformational leadership style with a mean of 2.0 than transactional with a mean of 1.87 and passive/avoidant with a mean of 1.35.

Table 13. Descriptive Statistics MLQ and JSS

Variable	N	Mean	Median	Mode	Standard Deviation	Sample Range
<b>Leadership Style</b>						
Transformational	178	2.0	2.0	1.0	1.06	0 - 4
Transactional	178	1.87	1.90	2.0	.55	0 - 4
Passive/Avoidant	178	1.35	1.10	0.1	.96	0 - 4
<b>Job Satisfaction</b>						
Pay	178	13.62	14	14	5.41	4 - 24
Promotion	178	13.52	14	16	5.44	4 - 24
Supervision	178	16.84	17	24	5.78	4 - 24
Fringe Benefits	178	14.31	15	15	4.87	4 - 24
Contingent Rewards	178	14.12	14	16	5.80	4 - 24
Operating Procedures	178	13.22	13	12	4.39	4 - 24
Coworkers	178	16.97	17	14	4.42	4 - 24
Nature of Work	178	17.92	19	24	4.89	4 - 24
Communications	178	15.29	16	17	4.98	4 - 24
<b>Total Satisfaction</b>	178	15.09	15	14	5.38	36 - 216

## **Applications to Professional Practice**

This research study has provided additional information related to the knowledge gap associated with how leadership style influences employee satisfaction and organizational commitment in the nursing profession. The registered nurses participated in this study, and are located within the Pittsburgh MSA, demonstrated a statistically significant positive relationship between leadership style and employee satisfaction. The study determined that registered nurses who work in environments where a more transactional leadership approach exists are more dissatisfied with their overall job. Conversely, those nurses that work in environments where transformational leadership style exists, are more satisfied. Additionally, this study determined that leadership style does, in fact, influence overall job satisfaction of registered nurses in the Pittsburgh MSA. This information is vital in comprehending why the nursing profession, in general, consists of high turnover and low organizational commitment. The professional practice of healthcare advances through this research study's contribution to academic literature.

The findings of this research can be utilized to further study the reasons surrounding registered nurse job dissatisfaction. Additionally, organizations can use this data to construct formalized professional development programs for nurse leaders to improve work environments, increase employee motivation, reduce employee turnover, increase patient satisfaction levels, reduce employee hiring costs, and improve overall job satisfaction. The goal of professional development would be to move leadership style from a transactional approach to more of a transformational approach. In doing so, the culture of the organization would migrate to a transformational leadership approach where leaders, at all levels of the organization, would adapt to such positive leadership practices.

### **Recommendations for Action**

The research objective for this study was to analyze and determine the relationship between specific leadership styles (i.e. transformational and transactional) and registered nurse job satisfaction. The results indicated that there is a significant relationship between nurse job satisfaction and the particular type of perceived leadership style. Where transactional leaders work toward recognizing the roles and tasks required for employees to reach desired outcomes with an expectation of something in return, transformational leaders engage the full person so that individual are developed into leaders. Transactional leadership often fails to work since leaders do not have the necessary resources available to fulfill the needed promised rewards. On the other hand, transformational style leadership engages employees to view the leader as motivating, empowering, and encouraging.

This study should form the basis of instituting formalized professional development programs in healthcare institutions targeted at the registered nursing profession. As a front line employee, the basis for patient safety and satisfaction is inherently grounded by the experience, abilities, and satisfaction of registered nurses. Specific training programs, specializing in various leadership topics, could increase the effectiveness and satisfaction of the nursing staff. A top-down approach could be implemented whereas senior leaders, such as the Chief Nursing Officer (CNO), to front line nursing supervisors are systematically trained on leadership topics which would improve overall leadership perception.

### **Recommendation for Further Study**

The nursing profession is vast, and reaches multiple sectors within healthcare. Due to the time constraints, as well as financial restrictions, this research study was restricted to registered nurses in a limited overall area of the Pittsburgh MSA, which consists of approximately 30,000



registered nurses. According to the U.S. Bureau of Labor Statistics, there are approximately 2.9 million registered nurses in the United States.

First, the recommendation to increase the geographic focus would permit for more diverse population sampling. In doing so, participants from a variety of geographic settings could potentially yield larger generalizability. Additionally, results can be analyzed based on varying locations within the United States, including but not limited to, household income levels, education levels, and crime rates. According to the Bureau of Labor Statistics, the states with the highest employment population of registered nurses is California, Texas, New York, Florida, and Pennsylvania.

Second, future research should include education level of participants. Registered nurses can hold a diploma, Associate in Nursing (ASN), Bachelors in Nursing (BSN), Masters in Nursing (MSN), and Doctorate in Nursing (DNP). Correlations between job satisfactions could be analyzed based on education level of registered nurses. Additionally, individuals can also choose to become a Licensed Practical Nurse (LPN) and Licensed Vocational Nurse (LVN), which requires registration of certification testing with the appropriate State with limited abilities to assess patients and make patient care decisions. According to the U.S. Bureau of Labor Statistics, there are approximately 700,000 registered LPN's and LVN's in the United States.

Third, a more intense research study should be conducted on the appropriate professional development strategies available for specific nurse leadership training. The nursing profession is unique in that much of the work performed by the registered nurse is with minimal supervision, however, the responsibilities are vast and serious. Leadership is conducted at various levels of the nursing structure including general shift supervisors, floor managers, departmental managers,

and senior managers. Research should evaluate the effectiveness of various leadership development strategies suitable for each level of nurse supervision.

Fourth, as previously noted, the number of participants in this study was limited to 178 due to the reluctance of participants to take such a lengthy online survey. If this research was duplicated under the same parameters and hypotheses, it would be recommended to modify the method of data collection, reduce the number of survey questions, or seek out alternative research tools to increase possible participation.

Finally, further research should evaluate how others within the healthcare organization impact their job satisfaction. Registered nurses experience interaction with various groups within a healthcare organization. Depending on the setting, registered nurses can interact with patient families, physicians, senior organizational leaders, physical therapists, respiratory therapist, radiologists, and various outside agencies. Each of these constituents directly impact the job satisfaction of registered nurses.

### **Reflections**

The researcher has always believed that leadership style directly impacts employee performance, productivity, organizational culture, and more importantly employee job satisfaction. A Gallup Poll conducted in 2015 found that over half of employees quit their job because of their immediate supervisor. The researcher also has significant first-hand experience coaching employees at various organizations in the Pittsburgh region. The individuals being coached are those chosen by their organization to either position them for promotion, or are part of a succession plan within the organization. However, several of these individuals have stated their discontent with their manager, or the leadership of the overall organization. Consequently, they are not satisfied in their position.

The study of job satisfaction within the healthcare industry initiated through personal experiences by the researcher's spouse. The researcher has been married for 30 years to a practicing Register Nurse in the Pittsburgh region. Over the past 10 years, the researcher's wife has been successfully employed with various healthcare organizations (i.e. emergency facility, hospital setting, rehabilitation, cardiac care, home health). More often than not, she has experienced severe job dissatisfaction related to undesirable leadership styles from not only the immediate supervisor/manager, but leaders in senior level positions. Consequently, the researcher was determined to find possible correlations related to leadership styles and nurse job satisfaction.

The challenge to this research study was that the nursing profession is vast, and encompasses a variety of healthcare sectors. However, the Pittsburgh MSA was targeted as the sample since the area is home of numerous hospitals, doctor's offices, home healthcare agencies, senior living communities, and clinics. Additionally, the Pittsburgh MSA has a dense population of approximately 30,000 registered nurses. Unfortunately, contacting registered nurses to participate in this study was a major challenge. The researcher expended over \$1,000 to gain a mailing list of registered nurses from the Pennsylvania State Nursing Board. However, the mailing list contained only unclesed home addresses and no email addresses. With so much unwanted mail being delivered, the response rate for participants was very low. Participants were expected to read a postcard, log onto a specific site, and take a 70+ question survey that would require 30-45 minutes of their time. The researcher believes that utilizing a combined Multifactor MLQ and Spector's Job Satisfaction Survey resulted in a lengthy survey which potential participants were reluctant to complete. Of the total number of participants who actually started the online survey, only 50% completed the survey. Consequently, only the

completed surveys were calculated into the final study results. Although the research was completed, the time in successfully obtaining the required sample was disappointing, and resulted in an extended research time.

## References

- AbuAlRub R., Alghamdi M. (2012). The impact of leadership styles on nurses' satisfaction and intention to stay among Saudi nurses. *Journal of Nursing Management*. Jul; 20(5):668–78.
- Abu-Tineh, A., Khasawneh, S. A., & Al-Omari, A. (2008). Kouzes and Posner's transformational leadership model in practice. *Leadership & Organization Development Journal*, 29(8), 648-660. doi:<http://reddog.rmu.edu:2081/10.1108/01437730810916613>
- Aghashahi, B., Davarpanah, A., Omar, R., and Sarli, M. (2013). The relationship between leadership style and organizational commitment: a survey in a Malaysian contact centre. *Interdisciplinary Journal of Research in Business*, 2(11), 01- 07.
- Aiken, H., Sermeus, W, Van den Heede, K. (2012) Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *British Medical Journal*. 344, e1717, 1- 14. 22434089
- Alderfer, C.P. (1967) Convergent and discriminant validation of satisfaction and desire measures by interviews and questionnaires, *Journal of Applied Psychology*, 51(6): 509-20.
- Alderfer, C.P. (1969) An empirical test of a new theory of human needs, *Organizational Behaviour and Human Performance*, 4: 142—75.
- Alispahić, S. (2013). Motivational function of plans and goals. *Psychological Thought*, 6(2), 196-203. doi:10.5964/psyc.v6i2.80
- Ali, B. M., & Reisel, W. D. (2014). Relating patient satisfaction to nurses' job satisfaction, job security, and obedience OCBs. *International Journal of Pharmaceutical and Healthcare Marketing*, 8(1), 47-61. Retrieved from

<http://ezproxy.liberty.edu:2048/login?url=http://search.proquest.com/docview/1515113243?accountid=12085>

- Antonakis, J., Avolio, B.J., & Sivasubramaniam, N. (2013). Context and leadership: an examination of the nine full range of leadership using the multifactor leadership questionnaire. *The Leadership Quarterly*, 14(3), 261-295.
- Applebaum, D., et al. (2010) The impact of environmental factors on nursing stress, job satisfaction, and turnover intention. *The Journal of Nursing Administration*, 40 (7–8), 323–328.
- Archibald, C. (2006). Job satisfaction among neonatal nurses. *Pediatric Nursing*, 32, 176–179.
- Arcidiacono, C., Procentese, F., & Di Napoli, I. (2009). Qualitative and quantitative research: an ecological approach. *International Journal of Multiple Research Approaches*, 3(2), 163-176.
- Armmer, F., & Ball, C. (2015). Perceptions of horizontal violence in staff nurses and intent to leave. *Work*, 51(1), 91-97. doi:10.3233/WOR-152015
- Arnolds, C., & Boshoff, C. (2002). Compensation, esteem valence and job performance: An empirical assessment of Alderfer's ERG theory. *International Journal of Human Resource Management*, 13(4), 697-719. doi:10.1080/09585190210125868
- Arunima, S., Ajeya, J., Sengupta, A. K., Mariamma, P., & Tripathi, K. K. (2014). Comparison of transformational leadership and its different attributes of leadership with emotional intelligence in indian healthcare: An empirical aspect. *Advances in Management*, 7(10), 37-45.
- Asamani, J. A., Naab, F., & Ansah Ofei, A. M. (2016). Leadership styles in nursing management: Implications for staff outcomes. *Journal of Health Sciences*, 6(1) Retrieved from

<https://reddog.rmu.edu/login?url=http://reddog.rmu.edu:2077/docview/1807903693?accountid=28365>

- Atefi, N., Abdullah, K., Wong, L., & Mazlom, R. (2014). Factors influencing registered nurses perception of their overall job satisfaction: a qualitative study. *International Nursing Review*, 61(3), 352. doi:10.1111/inr.12112
- Avolio, B.J., Reichard, R.J., Hannah, S.T., Walumbwa, F.O. and Chan, A. (2009), "A meta-analytic review of leadership impact research: experimental and quasi-experimental studies", *The Leadership Quarterly*, 20(5), 764-784.
- Avolio, B. J. & Bass, B. M. (2004). Multifactor Leadership Questionnaire. Manual and sampler set. (3rd ed.) Redwood City, CA: Mind Garden.
- Avolio, B. & Bass, B. (1988). Transformational leadership, charisma and beyond. In *Emerging leadership vistas*, ed J Hunt, 29–49. Lanham, MD: Lexington Books.
- Bacha, E., & Walker, S. (2012). The relationship between transformational leadership and followers' perception of fairness. *Journal of Business Ethics*, 116(3), 667-680.
- Balzer, W. K., Kihm, J. A., Smith, P. C., Irwin, J. L., Bachiochi, P. D., Robie, C., et al. (2000). Users' manual for the Job Descriptive Index (JDI; 1997 version) and the Job In General scales. In J. M. Stanton & C. D. Crossley (Eds.), *Electronic resources for the JDI and JIG*. Bowling Green, OH: Bowling Green State University.
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, 50(2), 248-287. doi:10.1016/0749-5978(91)90022-L
- Banutu-Gomez, M. B., & Banutu-Gomez, S. M. T. (2007). Leadership and organizational change in a competitive environment. *Business Renaissance Quarterly*, 2(2), 69–91.

- Barbuto, J. J., Wilmot, M. P., & Story, J. S. (2011). Self-other rating agreement and leader-member exchange (LMX). *Perceptual and Motor Skills*, 113(3), 875-880.
- Barrow, J. C. (1977). The variables of leadership: A review and conceptual framework. *Academy of Management Review*, 2, 233–251.
- Bashir, M. (2005). Motivation for better nursing management. *Nursing Journal of India*, 96(9), 209-10. Retrieved from <https://reddog.rmu.edu/login?url=http://reddog.rmu.edu:2077/docview/214374221?accountid=28365>
- Bass, B. M. (2008). The Bass handbook of leadership: *Theory, research, & managerial applications* (4th ed.). New York, NY: Free Press.
- Bass B.M. (2003). Power to change: A conversation with Bernard M. Bass. *Leadership in Action* 23: 9–11.
- Bass, B.M. (1990) From transactional to transformational leadership: learning to share the vision. *Organizational Dynamics* 18, 19 –31.
- Bass, B. M. & Avolio, B. J. (2000). MLQ Multifactor Leadership Questionnaire Redwood City: Mind Garden.
- Bass, B.M. & Avolio B.J. (1997) Full Range Leadership Development. Manual for the Multifactor Leadership Questionnaire. Mind Garden Inc., Redwood City.
- Bass, B. M., & Riggio, R. E. (2006). Transformational leadership (2nd ed.). New York, NY: Psychology Press.
- Bassett-Jones, N., & Lloyd, G. C. (2005). Does herzberg's motivation theory have staying power? *The Journal of Management Development*, 24(10), 929-943. Retrieved from



<http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/216356386?accountid=12085>

- Batura, N., Skordis-Worrall, J., Thapa, R., Basnyat, R., & Morrison, J. (2016). Is the Job Satisfaction Survey a good tool to measure job satisfaction amongst health workers in Nepal? Results of a validation analysis. *BMC Health Services Research*, 16308. doi:10.1186/s12913-016-1558-4
- Blank, W., Weitzel, J.R. and Green, S.G. (1990). A test of the situational leadership theory, *Personnel Psychology*, 43(3), 579-97.
- Bogler, R., Caspi, A., & Roccas, S. (2013). Transformational and passive leadership: An initial investigation of university instructors as leaders in a virtual learning environment. *Educational Management Administration & Leadership*, 41(3), 372-392.
- Bohm, J. (2012). Two-factor theory – at the intersection of health care management and patient satisfaction. *ClinicoEconomics and Outcomes Research: CEOR*, 4, 277–285. <http://reddog.rmu.edu:4035/10.2147/CEOR.S29347>
- Boone, L. W., & Makhani, S. (2012). Five necessary attitudes of a servant leader. *Review of Business*, 33(1), 83-96.
- Brady-Schwartz, D., Spencer, T., Wilson, B., & Wood, K. (2011). Transformational leadership: Implications for nursing leaders in facilities seeking magnet designation. *Association of Perioperative Registered Nurses*, 93(6), 737-748. doi:10.1016/j.aorn.2010.09.032
- Brewer C.S., Kovner C.T., Greene W., Tukov-Shuser M. & Djukic M. (2011) Predictors of actual nurse turnover in a national sample of newly licensed registered nurses employed in hospitals. *Journal of Advanced Nursing*, 68(3), 521–538.

- Brill, S. (2015). *America's bitter pill: money, politics, backroom deals, and the fight to fix our broken healthcare system*. New York : Random House.
- Brunetto, Y., Farr-Wharton, R. & Shacklock, K. (2012) Communication, training, well-being, and commitment across nurse generations. *Nursing Outlook*, 60(1), 7–15.
- Bull, Ivan, and Gary E. Willard (1993), “Towards a Theory of Entrepreneurship,” *Journal of Business Venturing*, 8(3): 183-195.
- Buell, J. M. (2012). Defining leadership: Behavioral competencies for success. *Healthcare Executive*, 27(6), 18-20, 22-4, 26. Retrieved from <http://ezproxy.liberty.edu:2048/login?url=http://search.proquest.com/docview/1118709637?accountid=12085>
- Burns, J. M. (1978). *Leadership*. New York, NY: HarperCollins.
- Burr, S. A., & Leung, Y. L. (2015). Towards a better understanding of clinical leadership. *British Journal of Hospital Medicine (London, England: 2005)*, 76(5), 276-280.  
doi:10.12968/hmed.2015.76.5.276
- Cairns, T. D., Hollenback, J., Preziosi, R. C., & Snow, W. A. (1998). Technical note: A study of hersey and blanchard's situational leadership theory. *Leadership & Organization Development Journal*, 19(2), 113-116.
- Campbell, D.T. & Fiske, D.W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological Bulletin*, 56, 81-105.
- Casida, J., & Parker, J. (2011). Staff nurse perceptions of nurse manager leadership styles and outcomes. *Journal of Nursing Management*, 19(4), 478. doi:10.1111/j.1365-2834.2011.01252.x

- Chan, S. C., H., & Mak, W. (2012). Benevolent leadership and follower performance: The mediating role of leader-member exchange (LMX). *Asia Pacific Journal of Management*, 29(2), 285-301. doi:<http://reddog.rmu.edu:2081/10.1007/s10490-011-9275-3>
- Chan, Z. C., Tam, W. S., Lung, M. K., Wong, W. Y., & Chau, C. W. (2013). A systematic literature review of nurse shortage and the intention to leave. *Journal of Nursing Management*, 21(4), 605-613. doi:10.1111/j.1365-2834.2012.01437.x
- Chapman, A. L. N., Johnson, D., & Kilner, K. (2014). Leadership styles used by senior medical leaders. *Leadership in Health Services*, 27(4), 283. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1635067544?accountid=12085>
- Chayu, T.; Kreitler, S. (2011) Burnout in nephrology nurses in Israel. *Nephrology Nursing Journal*, 38, 65–78.
- Collins, J. and Hansen, M.T. (2011), *Great by Choice* , Harper Collins, New York, NY .
- Coleman, R.E. (2008). Preparing transformational leadership the Jesus way. *Knowing & Doing*. C.S. Lewis Institute. Retrieved from: [http://www.cslewisinstitute.org/webfm\\_send/649](http://www.cslewisinstitute.org/webfm_send/649)
- Connelly, L. M. (2013). Demographic Data in Research Studies. *MEDSURG Nursing*, 22(4), 269-270.
- Covey, S.R. (2004 ), *The 8th Habit*, Free Press, New York, NY .
- Cramwinckel, F. M., De Cremer, D., & van Dijke, M. (2013). Dirty hands make dirty leaders! The effects of touching dirty objects on rewarding unethical subordinates as a function of a leader's self-interest. *Journal of Business Ethics*, 115(1), 93-100.
- Creative Research Systems. (2017). Retrieved January 28, 2017 from <http://www.surveysystem.com>.

- Creswell, J. W. (2014). Research design qualitative, quantitative, and mixed methods approaches (4th ed.). Thousand Oaks, CA: SAGE Publications.
- Dabke, D. H. (2012). Examining the relationship between emotional intelligence with transformational leadership in the work and family domains: An empirical study. *Journal of Organisation and Human Behaviour*, 1(4), 21-30.
- Daft R.L. (1998). Management. Chicago, IL: The Dryden Press.
- Dan-Shang, W., & Chia-Chun, H. (2013). The effect of authentic leadership on employee trust and employee engagement. *Social Behavior & Personality: An International Journal*, 41(4), 613-624. doi:10.2224/sbp.2013.41.4.613
- Dartey-Baah, K. (2015). Resilient leadership: A transformational-transactional leadership mix. *Journal of Global Responsibility*, 6(1), 99-112.
- Dartey-Baah, K., & Ampofo, E. (2016). "Carrot and stick" leadership style. *African Journal of Economic and Management Studies*, 7(3), 328-345.
- Dasgupta, P. (2014). Nurses' intention to leave: A qualitative study in private hospitals. *Globsyn Management Journal*, 8(1), 77-87. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1672755446?accountid=12085>
- Davies, A., Wong, C., & Laschinger, H. (2014). Nurses' participation in personal knowledge transfer: the role of leader-member exchange (LMX) and structural empowerment. *Journal of Nursing Management*, 19(5), 632-643.
- Deluga, R. J. (1994). Supervisor trust building, leader-member exchange and organizational citizenship behavior. *Journal of Occupational and Organizational Psychology*, 67: 315–326.

- de Melo Lanzoni, G. M., Schlindwein Meirelles, B. H., & Cummings, G. (2016). Nurse leadership practices in primary health care: a grounded theory. *Texto & Contexto Enfermagem*, 25(4), 1-9. doi:10.1590/0104-07072016004190015
- Deschamps, C., Rinfret, N., Lagacé, M. C., & Privé, C. (2016). Transformational Leadership and Change: How Leaders Influence Their Followers' Motivation Through Organizational Justice. *Journal of Healthcare Management / American College of Healthcare Executives*, 61(3), 194-213.
- Diaz-Saenz, H. R. (2011). Transformational leadership. In A. Bryman, D. Collinson, K. Grint, B. Jackson & M. Uhl-Bien (Eds.), *The SAGE handbook of leadership* (pp. 299-310). Thousand Oaks, CA: Sage.
- Diggins, K. (2015). NP Collaborative Practice and Servant Leadership. *Journal of Christian Nursing: A Quarterly Publication of Nurses Christian Fellowship*, 32(3), 144.
- Djordjević, D., Petrović, D., Vuković, D., Mihailović, D., & Dimić, A. (2015). Motivation and job satisfaction of health workers in a specialized health institution in Serbia. *Vojnosanitetski Pregled*, 72(8), 714-721.
- Edmans, A. (2012). The link between job satisfaction and firm value, with implications for corporate social responsibility. *The Academy of Management Perspectives*, 26(4), 1-19. doi:10.5465/amp.2012.0046.
- Egenes, K. (2012). The nursing shortage in the U.S.: A historical perspective. *Chart*, 110(4), 18-22. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1368775267?accountid=12085>

- Ein-Gal, Y., Pais, M., Gerber, A. & Shabi, R. (2014) A correlative study of conservation of resources among Tipat Halav nurses in Israel. *Public Health Nursing*, 31(5), 454–562.
- Erenb, E., Erzençin, E., & Uçara, A.C. (2012). Determination of the relationship between leadership perceptions of blue collars and organizational outcomes by using MLQ analysis. *Social and Behavioral Sciences*, 41,196-208
- Ettling, J., & Jago, A. (1988). Participation under conditions of conflict: more on the validity of the vroom - yetton model. *Journal of Management Studies*, (1), 73. doi:10.1111/j.1467-6486.1988.tb00023.x
- Fallahnejad, Z., Hassanzadeh, R., & Lolaty, H. A. (2016). Evaluation of the relationship between compliance with professional ethics and job satisfaction among nurses. *Journal of Nursing & Midwifery Sciences*, 3(1), 35-40
- Felter, D. J., Page, S., & Hill, B. (2013). 6 Leadership Principles From the Gospels: Getting Things Done in Your Organization. Kansas City, Missouri: Nazarene Publishing House.
- Field, R. G. (1979). A critique of the Vroom-Yetton contingency model of leadership behavior. *Academy Of Management Review*, 4(2), 249-257. doi:10.5465/AMR.1979.4289023
- Fielder, F. E. (1967). Theory of Leadership Effectiveness. New York: McGraw-Hill.
- Fiedler, F. E. & Chemers, M. M. (1984), Improving Leadership Effectiveness: The Leader Match Concept, John Wiley, New York, NY
- Filley, A. C., & House, R.J., (1969). Managerial process and organizational behavior. Glenview, 111: Scott Foresman.
- Finkelstein, S., Hambrick, D.C. and Cannella, A.A. (2008), Strategic Leadership: Theory and Research on Executives, Top Management Teams, and Boards. *Oxford University Press*, New York, NY.

- Fleishman, E. A., & Edwin F. H., (1962). "Patterns of leadership behavior related to employee grievances and turnover." *Personnel Psychology*, 15: 43-56.
- Fowler, S. (2014). What Maslow's Hierarchy Won't Tell You About Motivation. *Harvard Business Review*. Digital Articles, 2.
- Francis-Shama, J. (2016). Perceptions of leadership among final-year undergraduate nursing students. *Nursing Management (2014+)*, 23(7), 35.
- Frohman, G.T. (2014). What is and what should never be: examining the artificial split on citizens recording official police action. *Case Western Reserve Law Review*, 64(4).
- Fryar, J. L. (2007). Jesus as leader in mark's gospel: Reflecting on the place of transformational leadership in developing leaders of leaders in the church today. *Lutheran Theological Journal*, 41(3), 157-166.
- Gaki, E., Kontodimopoulos, N. & Niakas, D. (2013) Investigating demographic, work-related and job satisfaction variables as predictors of motivation in Greek nurses. *Journal of Nursing Management*, 21(3), 483–490.
- Galletta, M., Portoghese, I., Battistelli, A., & Leiter, M. P. (2013). The roles of unit leadership and nurse-physician collaboration on nursing turnover intention. *Journal of Advanced Nursing*, 69(8), 1771-1784. doi:10.1111/jan.12039
- Gangai, K. N., and Agrawal, R. (2015). Job Satisfaction and Organizational Commitment: Is It important for Employee Performance. *International Journal of Management and Business Research*, 5(4), 269278.
- Garrosa, E.; Rainho, C.; Moreno-Jimenez, B.; Monteiro, M.J. (2011). The relationship between job stressors, hardy personality, coping resources and burnout in a sample of nurses: A

- correlational study at two time points. *International Journal of Nursing Studies*, 47, 205–215.
- Gholami-Fesharaki, Mohammad & Talebiyan, D & Aghamiri, Z & Mohammadian, M. (2012). Reliability and validity of "Job Satisfaction Survey" questionnaire in military health care workers. *Journal of Military Medicine*, 13, 241-246.
- Gibson, D., & Petrosko, J. (2014). Trust in Leader and Its Effect on Job Satisfaction and Intent to Leave in a Healthcare Setting. *New Horizons in Adult Education & Human Resource Development*, 26(3), 3-19.
- Gilbert, S., Horsman, P., & Kelloway, E. K. (2016). The motivation for transformational leadership scale. *Leadership & Organization Development Journal*, 37(2), 158-180.
- Gilmeanu Manea, R. (2015). Theoretical considerations on motivation at the work place, job satisfaction and individual performance. *Valahian Journal of Economic Studies*, 6(3), 69-80.
- Gilson, R. (2013) The Effect of a Registered Nurse Mentoring Program on Job Satisfaction and Intent to Stay in Community Health Systems Facilities. Master's Thesis. Ball State University, Muncie, Indiana.
- Gloria Jodar, I. S., Badia, J. G. I., Pilar, D. H., M'Antonia, C. O., & Jose Luis Del, V. G. (2016). Self-perception of leadership styles and behaviour in primary health care. *BMC Health Services Research*, 16.
- Goho, C. B. (2006). Transformational leadership in the culturally diverse workplace (Order No. 3205298). Available from ABI/INFORM Collection. (304937056). Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/304937056?accountid=12085>



- Gov, O. (2015). The complex relationship between intrinsic and extrinsic rewards 1. *Economics and Business Review*, 1(4), 102-125.  
doi:<http://dx.doi.org.ezproxy.liberty.edu/10.18559/ebr.2015.4.7>
- Graham, P. ( 2003 ), Mary Parker Follett: Prophet of Management , Beard Books, Washington, DC .
- Graham, K.; Davies, B.; Woodend, K.; Simpson, J.; Mantha, S. (2011). Impacting Canadian public health nurses' job satisfaction. *Canadian journal of Public Health Journal*, 102, 427–431.
- Greenleaf, R. (1977). The servant as leader. Indianapolis, IN: Greenleaf Center.
- Groves, K.S., & LaRocca, M.A. (2011). An empirical study of leader ethical values, transformational and transactional leadership, and follower attitudes toward corporate social responsibility. *Journal of Business Ethics*, 103, 511–528.
- Gulluce, A.C., Kaygin, E., Kafadar, S.B., & Atay, M. (2016). The relationship between transformational leadership and organizational commitment: A Study of bank employees. *Journal of Service Science and Management*, 9(3), 263-275.
- Gundersen, G., Hellesoy, B. T., & Raeder, S. (2012). Leading international project teams: The effectiveness of transformational leadership in dynamic work environments. *Journal of Leadership & Organizational Studies*, 19(1), 46-57. doi:10.1177/1548051811429573
- Halepota, H. A. (2005). Motivational Theories and Their Application in Construction. *Cost Engineering*, 47(3), 14-18.
- Hamstra, M. R., W., Van Yperen, N., W., Wisse, B., & Sassenberg, K. (2014). Transformational and transactional leadership and followers' achievement goals. *Journal of Business and Psychology*, 29(3), 413-425. doi:<http://reddog.rmu.edu:2081/10.1007/s10869-013-9322-9>

- Harper, S. (2012). The Leader Coach: A Model of Multi-Style Leadership. *Journal of Practical Consulting*, 4(1), 22-31.
- Harriss, A., & Witwicka, S. (2012). A sharper leading edge. *Occupational Health*, 64(10), 19-21.  
Retrieved from  
<http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1113798526?accountid=12085>
- Harris, R., Bennett, J., & Ross, F. (2014). Leadership and innovation in nursing seen through a historical lens. *Journal of Advanced Nursing*, 70(7), 1629-1638. doi:10.1111/jan.12325
- Hassard, J. S. (2012). Rethinking the hawthorne studies: The western electric research in its social, political and historical context. *Human Relations*, 65(11), 1431-1461. Retrieved from <http://hum.sagepub.com.ezproxy.liberty.edu:2048/content/65/11/1431>.
- Hayes, B., Douglas, C., & Bonner, A. (2015). Work environment, job satisfaction, stress and burnout among haemodialysis nurses. *Journal of Nursing Management*, 23(5), 588-598. doi:10.1111/jonm.12184
- Health Resources Services Administration (HRSA), Bureau of Health Professionals. (2010). The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses. Rockville, MD.
- Hersey, P., & Blanchard, K. H. (1977). Management of organization behavior: Utilizing human resources. 3rd ed. Englewood Cliffs, N. J.: Prentice Hall, Inc.
- Hersey, P., & Blanchard, K. H. (1982). Management of organization behavior: Utilizing human resources. 4th ed. Englewood Cliffs, N. J.: Prentice Hall, Inc.

- Hoeve, Y. T., Jansen, G., & Roodbol, P. (2014). The nursing profession: public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing*, 70(2), 295-309. doi:10.1111/jan.12177
- House, R. J. (1971). "A path-goal theory of leader effectiveness," *Administrative Science Quarterly*, 16, 321-338.
- Hsu, H., Wang, P., Lin, L., Shih, W., & Lin, M. (2015). Exploring the relationship between professional commitment and job satisfaction among nurses. *Workplace Health Safety*, 63, 392-398
- Huizing, R. L. (2011). Bringing Christ to the table of leadership: moving towards a theology of leadership. *The Journal of Applied Christian Leadership*, 5(2), 58-75.
- Hunt, S., Probst, J., Haddock, K., Moran, R, Baker, Anderson, & Corazzini, K. (2012). Registered nurse retention strategies in nursing homes: A two-factor perspective. *Health Care Management Review*, 37(3), 246-256. doi:10.1097/HMR.0b013e3182352425
- Humphries, N., Morgan, K., Conry, M. C., McGowan, Y., Montgomery, A., & McGee, H. (2014). Quality of care and health professional burnout: Narrative literature review. *International Journal of Health Care Quality Assurance*, 27(4), 293-307. Retrieved from <http://ezproxy.liberty.edu:2048/login?url=http://search.proquest.com/docview/1536381934?accountid=12085>
- Hussain, G., Wan Ismail, W. K., Rashid, M. A., & Nisar, F. (2016). Substitutes for leadership: Alternative perspectives. *Management Research Review*, 39(5), 546-568.
- Hutchinson, M., & Jackson, D. (2013). Transformational leadership in nursing: towards a more critical interpretation. *Nursing Inquiry*, 20(1), 11-22. doi:10.1111/nin.12006

- Ibrahim, M. M. (2011). Rethinking healthcare leadership. *Journal of Pharmacy Practice & Research*, 41(3), 175-178 4p.
- Ionescu, Luminița (2015), Electoral accountability and political corruption,” *Economics, Management, and Financial Markets* 10(3): 63–68.
- Iranmanesh, S., Fuladvandi, M., Ameri, G. F., & Bahrampoor, A. (2014). Iranian nurses' organizational commitment and job motivation. *Asian Journal of Nursing Education & Research*, 4(2), 189-194.
- Irving, J. A. (2005). Servant leadership and the effectiveness of teams (Order No. 3173207). Available from ABI/INFORM Complete. (305356267). Retrieved from <http://search.proquest.com/docview/305356267?accountid=12085>
- Jackson, J. P., Clements, P. T., Averill, J. B., & Zimbardo, K. (2009). Patterns of knowing: Proposing a theory for nursing leadership. *Nursing Economics*, 27(3), 149-59.
- Jackson, B., & Parry, K.. (2011). A very short fairly interesting and reasonably cheap book about studying leadership. UK: Sage.
- Jackson, D., Hutchinson, M., Peters, K., Luck, L., & Saltman, D. (2012). Understanding avoidant leadership in health care: Findings from a secondary analysis of two qualitative studies. *Journal of Nursing Management*. doi: 10.1111/j.1365-2834.2012.01395.x.
- Jain, P., & Duggal, T., Dr. (2016). The influence of transformational leadership and emotional intelligence on organizational commitment. *Journal of Commerce and Management Thought*, 7(3), 586-598.
- Jefferson, T., Klass, D., Lord, L., Nowak, M., & Thomas, G. (2014). Context and the leadership experiences and perceptions of professionals. *Journal of Health Organization and Management*, 28(6), 811. Retrieved from

<http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1633956083?accountid=12085>

Jena, R. K. (2015). An assessment of demographic factors affecting organizational commitment among shift workers in India. *Management*, 20(1), 59-77.

Jenkins, M., & Stewart, C. (2008). Enhancing nurse job satisfaction: the importance of a servant leader orientation in health care management. Academy of management annual meeting proceedings, 1. Doi:10.5465/ambpp.2008.33641731

Jogulu, U. D., & Wood, G. J. (2006). The role of leadership theory in raising the profile of women in management. *Equal Opportunities International*, 25(4), 236-250.

Jorge Correia, S., & van Dierendonck, D. (2014). Servant leadership and engagement in a merge process under high uncertainty. *Journal of Organizational Change Management*, 27(6), 877.

Jun, H., Weiwen, L., Canhua, Q., Hong-kit, Y., & Junbao, W. (2016). The impact of ceo servant leadership on firm performance in the hospitality industry. *International Journal of Contemporary Hospitality Management*, 28(5), 945 – 968

Jung, D., Wu, A., & Chow, C. W. (2008). Towards understanding the direct and indirect effects of CEOs' transformational leadership on firm innovation. *The Leadership Quarterly*, 19(5), 582-594. doi:10.1016/j.leaqua.2008.07.007

Juraschek, S., Zhang, X., Ranganathan, V., & Lin, V. (2012). United States Registered Nurse Workforce Report Card and Shortage Forecast. *American Journal of Medical Quality*, 27(3), 241-249.

Kadam, P., & Bhalerao, S. (2010). Sample size calculation. *International Journal of Ayurveda Research*, 1(1), 55-57. doi: 10.4103/0974-7788.59946

- Kagan, I., Biran, E., Telem, L., Steinovitz, N., Alboer, D., Ovadia, K., & Melnikov, S. (2015). Promotion or marketing of the nursing profession by nurses. *International Nursing Review*, 62(3), 368-376. doi:10.1111/inr.12178
- Kanste, O., Miettunen, J., & Kyngäs, H. (2007). Psychometric properties of the Multifactor Leadership Questionnaire among nurses. *Journal of Advanced Nursing*, 57(2), 201-212. doi:10.1111/j.1365-2648.2006.04100.x
- Kalisch, B., & Lee, K. H. (2014). Staffing and job satisfaction: Nurses and nursing assistants. *Journal of Nursing Management*, 22(4), 465-471 7p. doi:10.1111/jonm.12012
- Kanste, O., Miettunen, J., & Kyngäs, H. (2007). Psychometric properties of the Multifactor Leadership Questionnaire among nurses. *Journal of Advanced Nursing*, 57(2), 201-212. doi:10.1111/j.1365-2648.2006.04100.x
- Khamisa, N., Oldenburg, B., Peltzer, K., & Ilic, D. (2015). Work related stress, burnout, job satisfaction and general health of nurses. *International Journal of Environmental Research and Public Health*, 12(1), 652-666. doi:10.3390/ijerph120100652
- Khanifar, H., Hajlou, M. H., Abdolhosseini, B., Ataei, F., and Soltani, H. (2012). Factors affecting the organizational commitment of employees and customer satisfaction. *Journal of Basic and Applied Scientific Research*, 2(11), 11180-11185.
- Kotter, J. P. (2001). What leaders really do? *Harvard Business Review*, December, 3–12.
- Kouzes, J.M. and Posner, B.Z. (2012). *The Leadership Challenge*, 5th ed., Jossey-Bass, San Francisco, CA .
- Kouzes, J.M., & Posner, B.Z., (2000). *Leadership practices inventory: Psychometric properties*. San Francisco, CA: Wiley.

- Kouzes, J. M., & Posner, B. Z. (1995). The leadership challenge: how to keep getting extraordinary things done in organizations. California: Jossey-Bass.
- Landis, E. A., Hill, D., & Harvey, M. R. (2014). A synthesis of leadership theories and styles. *Journal of Management Policy and Practice*, 15(2), 97-100.
- Larkin, I. M., Brantley-Dias, L., & Lokey-Vega, A. (2016). Job satisfaction, organizational commitment, and turnover intention of online teachers in the K-12 setting. *Online Learning*, 20(3), 26-51.
- Lăzăroiu, G. (2015). Work motivation and organizational behavior. *Contemporary Readings in Law & Social Justice*, 7(2), 66-75.
- Li, Y., & Jones, C. B. (2013). A literature review of nursing turnover costs. *Journal of Nursing Management*, 21(3), 405-418. doi:10.1111/j.1365-2834.2012.01411.x
- Lin, S., Chiang, H., & Chen, I. (2011). Comparing nurses' intent to leave or stay: Differences of practice environment perceptions. *Nursing & Health Sciences*, 13(4), 463-467. doi:10.1111/j.1442-2018.2011.00640.x
- Liou, S. (2009). Nurses' intention to leave: critically analyse the theory of reasoned action and organizational commitment model. *Journal of Nursing Management*, 17(1), 92-99. doi:10.1111/j.1365-2834.2008.00873.x
- Locke, E.A. (1997), "The motivation to work: what we know", in Maehr, M.L. and Pintrich, P.R. (Eds), *Advances in Motivation and Achievement*, JAI Press Inc., Greenwich, CT, pp. 375-412.
- Locke, E.A. (1969). What is job satisfaction? *Organizational behavior and human performance*, 4, 309–336. [http://dx.doi.org/10.1016/0030-5073\(69\)90013-0](http://dx.doi.org/10.1016/0030-5073(69)90013-0)

- Loscocco, K. A., & Bose, C. E. (1998). Gender and Job Satisfaction in Urban China: The Early Post-Mao Period. *Social Science Quarterly*, (1). 91.
- Locke, E. A., & Latham, G. P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *American Psychologist*, 57, 705–717.
- Locke, E. A., Latham, G., & Fassin, N. E. (2002). The High-Performance-cycle: Standing the test of time. In S. Sonnentag (Ed.), *Psychological management of individual performance* (pp. 202-228). West Sussex, UK: John Wiley & Sons, Ltd. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/0470013419.ch10/pdf>
- Lu, H., Barriball, K.L., Zhang, X. & While, A.E. (2012) Job satisfaction among hospital nurses revisited: a systematic review. *International Journal of Nursing Studies*, 49 (8), 1017–1038.
- Luo, H., & Liu, S. (2014). Effect of situational leadership and employee readiness match on organizational citizenship behavior in china. *Social Behavior and Personality*, 42(10), 1725-1732.
- Lussier, R. N., & Achua, C. F. (2010). *Leadership*, Fourth Edition, South-Western Cengage Learning: Mason, USA
- Madera, J. M., King, E. B., & Hebl, M. R. (2013). Enhancing the effects of sexual orientation diversity training: The effects of setting goals and training mentors on attitudes and behaviors. *Journal of Business and Psychology*, 28(1), 79-91.  
doi:<http://dx.doi.org.ezproxy.liberty.edu/10.1007/s10869-012-9264-7>
- MacKusick, C., & Minick, P. (2010). Why are nurses leaving? Findings from an initial qualitative study on nursing attrition. *MEDSURG Nursing*, 19(6), 335-340 6p.



- Maertz C.P. & Griffeth R.W. (2004). Eight motivational forces and voluntary turnover: a theoretical synthesis with implications for research. *Journal of Management* 30, 667–683.
- Mahaney, R.C., Lederer, A.L., 2006, The Effect of Intrinsic and Extrinsic Rewards for Developers on Information Systems Project Success. *Project Management Journal*, 37(4), 42-54.
- Malik, M. (2015). The role of LMX in employees job motivation, satisfaction, empowerment, stress and turnover: Cross country analysis. *The journal of applied business research*, 31(5)
- Malik, S. H. (2013). Relationship between leader behaviors and employees' job satisfaction: A path-goal approach. *Pakistan Journal of Commerce and Social Sciences*, 7(1), 209-222.
- Maqbali, M. A. A. (2015). Factors that influence nurses' job satisfaction: A literature review. *Nursing Management*, 22(2), 30.  
doi:<http://dx.doi.org.ezproxy.liberty.edu/10.7748/nm.22.2.30.e1297>
- Maslow, A. H. (1954). Motivation and personality. New York, NY: Harper.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50, 370–396.
- Maxwell, J. C. (1999). The 21 indispensable qualities of a leader: Becoming the person that people will want to follow. Nashville, TN: T. Nelson.
- McCleskey, J. A. (2014). Situational, transformational, and transactional leadership and leadership development. *Journal of Business Studies Quarterly*, 5(4), 117-130. Retrieved from

<http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1548766781?accountid=12085>

- McGuire E. & Kennerly S.M. (2006) Nurse managers as transformational and transactional leaders. *Nursing Economics* 24, 179–185.
- McHugh, M.D., et al. (2011) Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs (Project Hope)*, 30 (2), 202–210.
- 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*, 30(2), 202-10.
- McKnight, L. L. (2013). Transformational leadership in the context of punctuated change. *Journal of Leadership, Accountability and Ethics*, 10(2), 103-112.
- Medical Leadership Competency Framework (2010), available at:  
[www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/nhsleadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf](http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/nhsleadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf) (accessed 24 March 2014).
- Mehta, S., & Maheshwari, G. C. (2013). Consequence of toxic leadership on employee job satisfaction and organizational commitment. *Journal of Contemporary Management Research*, 8(2), 1-23.
- Meyer, P. J., Allen, J. N., & Smith, C. A. (1993). Commitment to organizations and occupations: Extension and test of a three-component conceptualization. *Journal of Applied Psychology*, 78(4), 538-551.

- Mittal, S., & Dhar, R. L. (2015). Transformational leadership and employee creativity. *Management Decision*, 53(5), 894-910.
- Mokhber, M., Ismail, W. K. b. W., & Vakilbashi, A. (2015). Effect of transformational leadership and its components on organizational innovation. *Iranian Journal of Management Studies*, 8(2), 221-241.
- Moneke, N., & Umeh, O. (2013). How leadership behaviors impact critical care nurse job satisfaction. *Nursing Management*, 44(1), 53. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1283433430?accountid=12085>
- Moore, Lori L., Dustin K. Grabsch, and Craig Rotter (2010). Using achievement motivation theory to explain student participation in a residential leadership learning community. *Journal of Leadership Education* 9(2): 22–34.
- Moreno-Jimenez B., Galvez-Herrer M., Rodriguez-Carvajal R. & Vergel A.I.S. (2012) A study of physicians' intention to quit: the role of burnout, commitment and difficult doctor–patient interactions. *Psicothema*, 2, 263–270.
- Morgan, J. C., Dill, J., & Kallenberg, A. L. (2013, October 13). The quality of healthcare jobs: Can intrinsic rewards compensate for low extrinsic rewards? *Work, Employment, and Society*, 27(5), 802-808. doi:doi: 10.1177/0950017012474707
- Mostovicz, E. I., Kakabadse, N. K., & Kakabadse, A. P. (2009). A dynamic theory of leadership development. *Leadership & Organization Development Journal*, 30(6), 563-576.
- Mowday R.T., Steers R.M. & Porter L.W. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior*, 14, 224–247.

- Moyes, G. D., Owusu-Ansah, S., & Ganguli, G. (2006). Factors influencing the level of job satisfaction of hispanic accounting professionals: A perceptual survey. *The Journal of Business and Economic Studies*, 12(1), 12-26, 78-79.
- Mujkic, A., Sehic, D., Rahimic, Z., & Jusic, J. (2014). Transformational leadership and employee satisfaction. *Ekonomski Vjesnik*, 27(2), 259-270. Retrieved from <https://reddog.rmu.edu/login?url=http://reddog.rmu.edu:2077/docview/1645743058?accountid=28365>
- Mutsonziwa, K., & Serumaga-Zake, P. (2015). Associative nature of employee satisfaction within the market and social research industries in gauteng province. *International Journal on Leadership*, 3(1), 33-42. Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1845226050?accountid=12085>
- Nagar, K. (2012). Organizational commitment and job satisfaction among teachers during times of burnout. *Research Journal*, 37(2), 43-60.
- Nei, D., Snyder, L. A., & Litwiller, B. J. (2015). Promoting retention of nurses: A meta-analytic examination of causes of nurse turnover. *Health Care Management Review*, 40(3), 237. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1691059502?accountid=12085>
- Nicholson, W.D. ( 2007 ), " Leading where it counts: an investigation of the leadership styles and behaviours that define college and university presidents as successful fundraisers ", *International Journal of Educational Advancement*, Vol. 7 No. 4, pp. 256 - 270 .

- Nusair, N., Ababneh, R., & Bae, Y. K. (2012). The impact of transformational leadership style on innovation as perceived by public employees in Jordan. *International Journal of Commerce and Management*, 22(3), 182-201.
- Nyberg, A. J., Ployhart, R. E., & Call, M. L., & Weekley, J. (2015). The dynamic nature of collective turnover and unit performance: The impact of time, quality, and replacements. *Academy of Management Journal*, 58(4), 1208-1232.
- Ogunola, A. A., Kalejaiye, P. O., & Abrifor, C. A. (2013). Management style as a correlate of job performance of employees of selected Nigerian brewing industries. *African Journal of Business Management*, 7(36), 3714-3722.  
doi:<http://dx.doi.org.ezproxy.liberty.edu/10.5897/AJBM2013.7165>
- Olden, P. (2016). Contingency management of health care organizations: It depends. *The Health Care Manager*, 35(1), 28. Retrieved from  
<http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1765135749?accountid=12085>
- Olson, D. T. (2014). *Discovering Your Leadership Style: The Power of Chemistry, Strategy and Spirituality*. Downers Grove, Illinois: IVP Books.
- Orr, B. (2014, May 25). Hospital is retaining more nurses. TCA Regional News Retrieved from  
<http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1528279395?accountid=12085>
- Parris, D. L., & Peachey, J. W. (2013). A systematic literature review of servant leadership theory in organizational contexts. *Journal of Business Ethics*, 113(3), 377-393.  
doi:<http://dx.doi.org.ezproxy.liberty.edu/10.1007/s10551-012-1322-6>

- Parry, K. W., & Proctor-Thomson, S. B. (2002). Perceived integrity of transformational leaders in organizational settings. *Journal of Business Ethics*, 35, 75–96
- Peltier, B. & Curley, A. (2013). The ethics of social media in dental practice: challenges. *Journal of California Dental Association*, 41(7), 499–506.
- Perneger, T. V., Courvoisier, D. S., Hudelson, P. M., & Gayet-ageron, A. (2015). Sample size for pre-tests of questionnaires. *Quality of Life Research*, 24(1), 147-151.
- Peterson, S. J., Galvin, B. M., & Lange, D. (2012). CEO servant leadership: exploring executive characteristics and firm performance. *Personnel Psychology*, 65(3), 565-596.  
Doi:10.1111/j.1744-6570.2012.01253.x
- Pichère, P., Cadiat, A., & Probert, C. (2015). Maslow's hierarchy of needs: Understand the true foundations of human motivation. Namur [Belgique]: 50Minutes.com.
- Pongpearchan, P. (2016). Effect of transformational leadership and high performance work system on job motivation and task performance: Empirical evidence from business schools of thailand universities. *Journal of Business and Retail Management Research*, 10(3).
- Popescu, Gheorghe H. (2015), “The Competitive Nature and Effectiveness of Online Retailing,” *Psychosociological Issues in Human Resource Management* 3(1): 101–106.
- Popescu Ljungholm, D. (2016). Effective servant leadership behavior in organizations. *Linguistic & Philosophical Investigations*, 15, 239-245.
- Porter L.W., Steers R.M., Mowday R.T. & Boulian P.V. (1974) Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology* 59, 603–609.

- Portoghese, I., Galletta, M., Battistelli, A., & Leiter, M. P. (2015). A multilevel investigation on nursing turnover intention: the cross-level role of leader-member exchange. *Journal of Nursing Management*, 23(6), 754-764. doi:10.1111/jonm.12205
- Portoghese I., Galletta M., Battistelli A., Saiani L., Penna M.P. & Allegrini E. (2012) Change-related expectations and commitment to change of nurses: the role of leadership and communication. *Journal of Nursing Management*, 20, 582–591.
- Quin, J., Deris, A., Bischoff, G., & Johnson, J. T. (2015). Comparison of transformational leadership practices: Implications for school districts and principal preparation programs. *Journal of Leadership Education*, 14(3), 71-85. doi:10.12806/V14/I3/R5
- Rafferty, A.E. and Griffin, M.A. (2004), " Dimensions of transformational leadership: conceptual and empirical validation ", *The Leadership Quarterly*, Vol. 15, pp. 329 - 354 .
- Raus, A., & Haita, M. (2011). Leadership style, organizational culture and work motivation in a school within ministry of interior. Paper presented at the 256-260. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1220671968?accountid=12085>
- Rice, R. W., & Chemers, M. M. (1973). Predicting the emergence of leaders using Fiedler's contingency model of leadership effectiveness. *Journal of Applied Psychology*, 57(3), 281-287.
- Richards, K. (2016). The urgency of creating a culture of caring: Start with you! *Nursing Economics*, 34(3), 152-155. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1794903910?accountid=12085>

- Robbins, S.P. (1998) *Organizational Behavior: Concepts, Controversies, Applications*. Upper Saddle River, NJ: Prentice-Hall.
- Roberts-Turner, R., Hinds, P. S., Nelson, J., Pryor, J., Robinson, N. C., & Jichuan, W. (2014). Effects of leadership characteristics on pediatric registered nurses' job satisfaction. *Pediatric Nursing*, 40(5), 236-256.
- Rockstuhl, T., Dulebohn, J., Ang, S., & Shore, L. (2012). Leader-member exchange (LMX) and culture: a meta-analysis of correlates of LMX across 23 countries. *Journal of Applied Psychology*, 97(6), 1097-1130. doi:10.1037/a0029978
- Russell, R. F. (2001). The role of values in servant leadership. *Leadership & Organization Development Journal*, 22(2), 76-84. Retrieved from <http://search.proquest.com/docview/226915965?accountid=12085>
- Sadeghi, A., & Pihie, Z. A. L. (2012). Transformational leadership and its predictive effects on leadership effectiveness. *International Journal of Business and Social Science*, 3(7), 186-197.
- Saha, R. (2016). Factors influencing organizational commitment – research and lessons. *Management Research and Practice*, 8(3), 36-48. Retrieved from <https://reddog.rmu.edu/login?url=http://reddog.rmu.edu:2077/docview/1827601495?accountid=28365>
- Saleh, S. D., & Hyde, J. (1969). Intrinsic vs extrinsic orientation and job satisfaction. *Occupational Psychology*, 43(1), 47-53.
- Sanders, T. J., & Davey, K. S. (2011). Out of the leadership theory jungle: A proposed meta-model of strategic leadership. *Allied Academies International Conference. Academy of Strategic Management Proceedings*, 10(1), 41-46.



- Scammell, J. (2016). Should I stay or should I go? Stress, burnout and nurse retention. *British Journal of Nursing*, 25(17), 990.
- Schneider, B., & Alderfer, C. P. (1973). Three Studies of Measures of Need Satisfaction in Organizations. *Administrative Science Quarterly*, 18(4), 489-505.
- Sendjaya, S., Sarros, J. C., & Santora, J. C. (2008). Defining and measuring servant leadership behaviour in organizations. *Journal of Management Studies*, 45(2), 402-424.  
doi:10.1111/j.1467-6486.2007.00761.x
- Sengupta, S. S. (2011). Growth in human motivation: Beyond maslow. *Indian Journal of Industrial Relations*, 47(1), 102-116.
- Sheridan J.E. & Abelson M.A. (1983) Cusp catastrophe model of employee turnover. *Academy of Management Journal* 26, 418–436.
- Shunlong, X., & Weiming, Z. (2012). The relationships between transformational leadership, LMX, and employee innovative behavior. *The Journal of Applied Business and Economics*, 13(5), 87-96.
- Singh, N., & Krishnan, V. R. (2008). Self-sacrifice and transformational leadership: Mediating role of altruism. *Leadership & Organization Development Journal*, 29(3), 261-274.  
Retrieved from <http://dx.doi.org.library.capella.edu/10.1108/01437730810861317>
- Skelsey, H. (2014). Maslow's Hierarchy of Needs - The sixth level. *Psychologist*, 27(12), 982-983.
- Smith, C. (2015), Exemplary leadership: How style and culture predict organizational outcomes. *Nursing Management*, 47-51.

- Spears, L. C. (2009). Servant leadership. *Leadership Excellence*, 26(5), 20. Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/204513095?accountid=12085>
- Spector, P. E. (1985). Measurement of human service staff satisfaction: Development of the job satisfaction survey. *American Journal of Community Psychology*, 13, 693-713.
- Spector, P. E. (1997). Job Satisfaction : Application, Assessment, Causes, and Consequences. Thousand Oaks, Calif: SAGE Publications, Inc.
- Spetz, J. (2016). The Nursing Profession, Diversity, and Wages. *Health Services Research*, 51(2), 505-510. doi:10.1111/1475-6773.12476
- Stake, R. E. (2010). Qualitative Research: Studying How Things Work. New York: Guilford Press.
- Steers R.M. (1977) Antecedents and outcomes of organizational commitment. *Administrative Science Quarterly*, 22, 46–57.
- Strachota, E., Normandin, P., O'Brien, N., Clary, M., & Krukow, B. (2003). Reasons registered nurses leave or change employment status. *Journal of Nursing Administration*, 33(2), 111-117, 7p.
- Stum, D. L. (2001). Maslow revisited: Building the employee commitment pyramid. *Strategy & Leadership*, 29(4), 4-9. Retrieved from <https://reddog.rmu.edu/login?url=http://reddog.rmu.edu:2077/docview/194372432?accountid=28365>
- Susanty, A., & Miradipta, R. (2013). Employee's job performance: The effect of attitude toward works, organizational commitment, and job satisfaction. *Jurnal Teknik Industri*, 15(1), 13-23. doi:10.9744/jti.15.1.13-24

- Taormina, R., & Gao, J. (2013). Maslow and the Motivation Hierarchy: Measuring Satisfaction of the Needs. *The American Journal of Psychology*, 126(2), 155-177.  
doi:10.5406/amerjpsyc.126.2.0155
- Taslim, M. (2011). Organisation culture and employee motivation: An empirical study on impact of organisation culture on employee extrinsic & intrinsic motivation at SBI. *International Journal of Management Prudence*, 3(1), 84-87.
- Taylor, G. (2015). Hackman and oldham's job characteristics model. *Teaching Business & Economics*, 19(2), 7-9. Retrieved from  
<https://reddog.rmu.edu/login?url=http://reddog.rmu.edu:2077/docview/1735016088?accountid=28365>
- Thompson, G., & Glasø, L. (2015). Situational leadership theory: A test from three perspectives. *Leadership & Organization Development Journal*, 36(5), 527-544.
- Thomas, G., & Richardson, E. (2016). Memories of Nursing: an oral history...Part One. *British Journal of Nursing*, 25(16), 930-931.
- Thomas, N. J., Thomas, L. Y., Brown, E. A., & Jaewook, K. (2014). Betting Against the Glass Ceiling: Supervisor Gender & Employee Job Satisfaction in the Casino-Entertainment Industry. *FIU Hospitality Review*, 31(4), 246-266.
- Thorne, M. (2013). Transformational leadership applied to nurse managers (Order No. 3600794). Available from ABI/INFORM Collection. (1466022634). Retrieved from  
<http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1466022634?accountid=12085>

- Thoroughgood, C. N., Tate, B. W., Sawyer, B.K., Jacobs, R. R. 2012. Bad to the bone: Empirically defining and measuring negative leadership. *Journal of Leadership and Organizational Studies*, 22(9).
- Tourangeau A.E., Cummings G., Cranley L.A., Ferron E.M. & Harvey S. (2009) Determinants of hospital nurse intention to remain employed: broadening our understanding. *Journal of Advanced Nursing* 66, 22 –32.
- Trastek, V. (2014). Leadership models in healthcare – a case for servant leadership. *Mayo Clinic Proceedings*, 89(3), 374-381.
- Trastek, V., Hamilton, & Niles, E. (2014). Leadership models in health care-A case for servant leadership. *Mayo Clinic Proceedings*, 89(3), 374-81. Retrieved from <https://reddog.rmu.edu/login?url=http://search.proquest.com/docview/1507834035?accountid=28365>
- Validov, A. F., & Pulaj, E. (2016). Leadership styles in transitional economies. *Academy of Strategic Management Journal*, 15, 1-7. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1826881703?accountid=12085>
- Vernon, J. L. (2016). The Path to Self-Actualization. *American Scientist*, 104(3), 130.
- Vroom, V.H. & Jago, A.G. (2007), “The role of the situation in leadership”, *American Psychologist*, 62(1), 17-24.
- Vroom, V. H. & Yetton, P. V. (1973). Leadership and Decision-Making. Pittsburgh, Pa.: University of Pittsburgh Press.
- Wallis, A., & Kennedy, K. (2013). Leadership training to improve nurse retention. *Journal of Nursing Management*, 21(4), 624-632. doi:10.1111/j.1365-2834.2012.01443.x

- Warshawsky, N. E., & Havens, D. S. (2014). Nurse manager job satisfaction and intent to leave. *Nursing Economics*, 32(1), 32-9. Retrieved from <http://ezproxy.liberty.edu/login?url=http://search.proquest.com.ezproxy.liberty.edu/docview/1508688409?accountid=12085>
- Washington, R. R., Sutton, C. D., & Sauser, William I., Jr. (2014). How distinct is servant leadership theory? Empirical comparisons with competing theories. *Journal of Leadership, Accountability and Ethics*, 11(1), 11-25. Retrieved from <http://search.proquest.com/docview/1535387565?accountid=12085>
- Waters, R. D. (2013). The role of stewardship in leadership. *Journal of Communication Management*, 17(4), 324-340. doi:<http://dx.doi.org.ezproxy.liberty.edu/10.1108/JCOM-05-2012-0041>
- Watson T. (2010). Leader ethics and organizational commitment. *Undergraduate Leadership Review*, 3(1), 16-26.
- Weberg, D. (2010). Transformational leadership and staff retention. *Nursing Administration Quarterly*, 34(3), 246-258. doi:10.1097/naq.0b013e3181e70298
- Wei, E., & S, S. (2016). The relationship between transformational leadership and effort-reward imbalance. *Leadership & Organization Development Journal*, 37(4), 450-466.
- Weston, M. J., (2009), Managing and facilitating innovation and nurse satisfaction. *Nursing Administration Quarterly. Innovation, Leadership, and Organizational Transition*. 329-334.
- Wood, R. A., & Locke, E. A. (1990). Goal setting and strategy effects on complex tasks. *Research in Organizational Behavior*, 12, 73–109.

- Wright, K. B. (2011). A communication competence approach to healthcare worker conflict, job stress, job burnout, and job satisfaction. *Journal for Healthcare Quality: Official Publication of the National Association for Healthcare Quality*, 33(2), 7-14.  
doi:10.1111/j.1945-1474.2010.00094.x
- Xu, F., Caldwell, C., Glasper, K., & Guevara, L. (2015). Leadership roles and transformative duties - preliminary research. *The Journal of Management Development*, 34(9), 1061-1072. Retrieved from  
<https://reddog.rmu.edu/login?url=http://reddog.rmu.edu:2077/docview/1712554395?accountid=28365>
- Yahaya, R., & Ebrahim, F. (2016). Leadership styles and organizational commitment: Literature review. *Journal of Management Development*, 35(2), 190-216.
- Yang, Y. F. (2014), Studies of transformational leadership: Evaluating two alternative models of trust and satisfaction. *Higher Education Quarterly*, 67(3), 275-294. doi:  
10.1111/hequ.12018.
- Yun, S., Cox, J. and Sims, H.P. Jr (2006), "The forgotten follower: a contingency model of leadership and follower self-leadership", *Journal of Managerial Psychology*, Vol. 21 No. 4, pp. 374-388.
- Zacher, H., Pearce, L. K., Rooney, D., & McKenna, B. (2014). Leaders' personal wisdom and leader-member exchange quality: The role of individualized consideration. *Journal of Business Ethics*, 121(2), 171-187.
- Zalenski, R. J., & Raspa, R. (2006). Maslow's hierarchy of needs: A framework for achieving human potential in hospice. *Journal of Palliative Medicine*, 9(5), 1120-1127.  
doi:10.1089/jpm.2006.9.1120

- Zaman, F. B., Noor, M., & Khanam, B. (2014). Relationship of work motivation and organisational commitment with job satisfaction of female police constables. *Journal of Organisation and Human Behaviour*, 3(4)
- Zhu, W., Chew, I., & William, D. (2005). CEO transformational leadership and organizational outcomes: The mediating role of human-capital enhancing resource management. *The Leadership Quarterly*, 16, 39–52.

## Appendix A: IRB Approval Letter

# LIBERTY UNIVERSITY

## INSTITUTIONAL REVIEW BOARD

July 18, 2017

Jeffrey Belsky

IRB Exemption 2928.071817: A Quantitative Examination of the Relationship between Leadership Style and Employee Job Satisfaction in Registered Nurses in the Pittsburgh MSA Region

Dear Jeffrey Belsky,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

- (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
- (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,



G. Michele Baker, MA, CIP  
*Administrative Chair of Institutional Research*  
The Graduate School

LIBERTY  
UNIVERSITY

*Liberty University | Training Champions for Christ since 1971*



## Appendix B: Informed Consent

The Liberty University Institutional Review Board has approved this document for use from 7/18/2017 to -- Protocol # 2928.071817

### CONSENT FORM

A Quantitative Examination of the Relationship between Leadership Style and Employee Job Satisfaction in Registered Nurses in the Pittsburgh MSA Region

Jeffrey Belsky

Liberty University

School of Business

You are invited to be in a research study to examine the relationship between leadership and job satisfaction. You were randomly selected as a possible participant because you currently hold a valid Pennsylvania Registered Nurse (RN) license and live between zip codes 15001 and 16199. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Jeffrey Belsky, a doctoral candidate in the School of Business at Liberty University, is conducting this study.

**Background Information:** The purpose of this study is to examine the relationship between perceived leadership style and job satisfaction of registered nurses in the Pittsburgh MSA.

**Procedures:** If you agree to be in this study, I would ask you to do the following things:

1. Participate in a survey, which contains 72 questions and takes 30 - 35 minutes to complete. All responses will be anonymous.

**Risks and Benefits of being in the Study:** The risks involved in this study are minimal, no more than you would encounter in everyday life.

There are no direct benefits to the participants in this study.

**Compensation:** Participants will not be compensated for participating in this study.

**Confidentiality:** The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only the researcher will have access to the records. We may share the data we collect from you for use in future research studies or with other researchers. The research will use a third-party survey provide to maintain the anonymity of the responses. The data will be stored electronically and will be deleted three years after completion of the study, per federal regulations.

**Voluntary Nature of the Study:** Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or any healthcare organization. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**Contacts and Questions:** The researcher conducting this study is Jeffrey Belsky. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at The Liberty University Institutional Review Board has approved this document for use from 7/18/2017 to -- Protocol # 2928.071817

jbelsky@liberty.edu. You may also contact the researcher's faculty advisor, Dr. Eric Richardson, at elrichardson@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Green Hall 1887, Lynchburg, VA 24515 or email at irb@liberty.edu.

***Please notify the researcher if you would like a copy of this information for your records.***

**Statement of Consent:** I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

## Appendix C: MLQ-5X Survey Sample and Approval

© 1995 Bruce Avolio and Bernard Bass. All rights reserved in all media.

Published by Mind Garden, Inc., [www.mindgarden.com](http://www.mindgarden.com)

For use by Jeffrey Belsky only. Received from Mind Garden, Inc. on September 19, 2018



[www.mindgarden.com](http://www.mindgarden.com)

To Whom It May Concern,

The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

### **Multifactor Leadership Questionnaire**

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument may not be included or reproduced at any time in any other published material. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

**Citation of the instrument must include the applicable copyright statement listed below. Sample Items:**

As a leader ....

- I talk optimistically about the future.
- I spend time teaching and coaching.
- I avoid making decisions.

The person I am rating....

- Talks optimistically about the future.
- Spends time teaching and coaching.
- Avoids making decisions

Copyright © 1995 by Bernard Bass & Bruce J. Avolio. All rights reserved in all media. Published by Mind Garden, Inc. [www.mindgarden.com](http://www.mindgarden.com)

Sincerely,



Robert Most  
Mind Garden, Inc. [www.mindgarden.com](http://www.mindgarden.com)

## Appendix D: Spector Job Satisfaction Survey Sample Questionnaire

### Job Satisfaction Questionnaire

**Instructions:** Respond to each of the statements listed in each category by selecting the response that best demonstrates your attitude.

PLEASE SELECT THE ONE ANSWER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
I feel I am being paid a fair amount for the work I do.						
There is really too little chance for promotion on my job.						
My supervisor is quite competent in doing his/her job.						
I am not satisfied with the benefits I receive.						
When I do a good job, I receive the recognition for it that I should receive.						
Many of our rules and procedures make doing a good job difficult.						
I like the people I work with.						
I sometimes feel my job is meaningless.						
Communication seem good within this organization.						
Raises are too few and far between.						
Those who do well on the job stand a fair chance of being promoted.						

PLEASE SELECT THE ONE ANSWER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
My supervisor is unfair to me.						
The benefits we receive are as good as what most other organizations offer.						
I do not feel that the work I do is appreciated.						
My efforts to do a good job are seldom blocked by red tape.						
I find I have to work harder at my job because of the incompetence of people I work with.						
I like doing the things I do at work.						
The goals of this organization are not clear to me.						
I feel unappreciated by the organization when I think about what they pay me.						
People get ahead as fast here as they do in other places.						
My supervisor shows too little interest in the feelings of subordinates.						
The benefits package we have is equitable.						
There are few rewards for those who work here.						
I have too much to do at work.						
I enjoy my coworkers.						

PLEASE SELECT THE ONE ANSWER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
I often feel that I do not know what is going on with the organization.						
I feel a sense of pride in doing my job.						
I feel satisfied with my chances for salary increases.						
There are benefits we do not have which we should have.						
I like my supervisor.						
I have too much paperwork.						
I don't feel my efforts are rewarded the way they should be.						
I am satisfied with my chances for promotion.						
There is too much bickering and fighting at work.						
My job is enjoyable.						
Work assignments are not fully explained.						

Copyright Paul E. Spector 1994, All rights reserved.

## Appendix E: Demographic Survey Sample Questionnaire

### Demographic Questions

#### Gender (please select one)

- ☐ Male
- ☐ Female

#### Ethnicity (please select one)

- ☐ Caucasian
- ☐ Hispanic
- ☐ African American
- ☐ Asian American
- ☐ Native American
- ☐ Other

#### In what year were you born? (Enter 4-digit birth year; for example, 1976)

#### I am classified as:

- ☐ Full Time
- ☐ Part Time

#### I am currently employed in a (select one):

- ☐ Hospital Setting/Floor Nursing
- ☐ Clinic
- ☐ Home Health
- ☐ Physician Offices
- ☐ Skilled Care/Assisted Living
- ☐ Other

#### Years employed as a Registered Nurse (please select one)

- ☐ 0 – 5 years
- ☐ 6 – 10 years
- ☐ 11 – 15 years
- ☐ 16 – 20 years
- ☐ 21 – 25 years
- ☐ Over 25 years

## **Appendix F: Spector Job Satisfaction Survey Approval for Use**

6/7/2017 Mail - elrichardson@liberty.edu

<https://outlook.office.com/owa/> 1/2

RE: JSS, Survey - Request for Permission

Dear Dr. Richardson:

You have my permission for noncommercial research/teaching use of the JSS. You can find copies of the scale in the original English and several other languages, as well as details about the scale's development and norms in the Scales section of my website (link below). I allow free use for noncommercial research and teaching purposes in return for sharing of results. This includes student theses and dissertations, as well as other student research projects. Copies of the scale can be reproduced in a thesis or dissertation as long as the copyright notice is included, "Copyright Paul E. Spector 1994, All rights reserved." Results can be shared by providing an e-copy of a published or unpublished research report (e.g., a dissertation). You also have permission to translate the JSS into another language under the same conditions in addition to sharing a copy of the translation with me. Be sure to include the copyright statement, as well as credit the person who did the translation with the year.

Thank you for your interest in the JSS, and good luck with your research.

Best,

Paul Spector, Distinguished Professor  
Department of Psychology  
PCD 4118  
University of South Florida  
Tampa, FL 33620  
813-974-0357  
Pspector@usf.edu  
<http://shell.cas.usf.edu/~spector>



From: Richardson, Eric (School of Business) [mailto:elrichardson@liberty.edu]

Sent: Wednesday, June 7, 2017 12:15 PM

To: Spector, Paul <pspector@usf.edu>

Cc: Belsky, Jeffrey <jbelsky@liberty.edu>

Subject: JSS, Survey - Request for Permission

Dear Dr. Spector,

Good morning!

Jeff Belsky (DBA Graduate Student) of Liberty University, School of Business is conducting a doctoral study.

The title specifically is, "The Quantitative Examination of the Relationship Between Leadership Style and Employee Job Satisfaction in Registered Nurses in the Pittsburgh MSA".

We are requesting permission to use the JSS Survey inventory as part of his research as a measure of job satisfaction.

Spector, Paul <pspector@usf.edu>

Wed 6/7/2017 1:09 PM

To: Richardson, Eric (School of Business) <elrichardson@liberty.edu>;

6/7/2017 Mail - elrichardson@liberty.edu

<https://outlook.office.com/owa/2/2>

We request a response email and/or attached letter of approval to submit with our IRB Application with the University.

Please let me know if you have any questions. I can provide any other information as needed.

Thanks for your time!

Dr. Eric Richardson

Thanks,

Eric L. Richardson, PhD, MBA, SHRM-CP, PHR, CHHR, ACHE

Program Director, Healthcare Administration

Chair and Associate Professor of Business

School of Business

(434) 592-6946

Liberty University | Training Champions for Christ since 1971