Empowering Healthcare Workers through Transformational Leadership

by

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Doctoral Research Project – Case Study

Submitted in Partial Fulfillment

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Abstract

The Veterans Health Administration cares for a unique population of patients--Veterans. When it comes to job dissatisfaction, the administration ranked 18th among 19 other Federal agencies. Transformational leaders are instrumental in motivating and encouraging healthcare employees. The specific leadership problem in this research study was the failure of healthcare leaders to empower employees within Federal government healthcare facilities in the United States resulting in job dissatisfaction, lack of organizational commitment, and negative changes in behavior (increased absenteeism, increased turnover, burnout, and poor performance). The significant issue was addressed by interviewing 13 Vet Center Directors and two Nurse Managers to learn what type of leadership they use to curtail job dissatisfaction. No physicians participated. Overall, five themes was revealed and allowed the researcher to provide potential implementation strategies for leaders to adopt. The over-arching theme discussed in section two builds a foundation for current and new leaders to see that using transformational and servant leadership styles is a best practice in Federal healthcare organizations. Addressing such leadership problems may require leaders to introduce new and innovative strategies to accomplish goals while also creating an environment that is conducive the employee’s well-being. Accordingly, the organization's success relies heavily on the leader's ability to transform ideas into achievements, make unbiased decisions, communicate effectively, and take risks for the greater good of the organization and employees, thus, the most effective manner to do this is by building alliances through transformation and serving according to moral values. Leaders who personally and professionally know their followers (biblically known as disciples) are more gratified, hence, using their abilities to upbuild the kingdom of God.

Key words: transformational, leadership, theory, empowerment, job dissatisfaction.
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Section 1: Foundation of the Study

The following section is the beginning phase of researching a leadership problem in a Federal government organization. There are many leadership approaches to consider when working in the healthcare industry. The general problem in this project is ineffective leadership resulting in employee job dissatisfaction and employee behavior changes. Research questions were developed to understand how ineffective leadership in Federal government healthcare facilities contribute to employee dissatisfaction and changes in the employee’s behavior that directly affect quality patient care.

Flexible design is the chosen approach and is appropriate for this project because readers will be able to see descriptive themes, non-numerical paradigm that underscores the research problem, and the actual problem. Through qualitative research methods, the data gathered from the participants should not face any biases. The researcher will collect data from various sources that includes past and present literature, survey questions, and possibly participant observations and interviews. While interviewing the participants, they will have the freedom to communicate freely, which is contrary to how quantitative research is collected (Robson and McCartan, 2016). Since ineffective leadership is a recognized weakness in healthcare facilities, the researcher’s goal is to give recommendations to Federal healthcare leaders on how to improve leadership behavior and examine how transformational leadership and empowering employees are appropriate for this type of organization. Lastly, below is an outline that depicts the overall body of the research project.

Background of the Problem

Organizations require leaders to be quick-thinkers and flexible. By doing so, leaders must empower and depend on their employees by allowing the individual operational autonomy that is
needed to enhance their perception of empowerment, which adds to increased levels of job satisfaction and less employee turnover (Yaghi, 2016). Nurses as well as doctors make up a huge portion of health care professionals. A shortage of health care providers (i.e. nurses) are facing major shortages due to lack of educators/education, increased turnover, and extremely demanding caseloads (Haddad et al., 2020 & White et al., 2019).

Salem et al (2016) conducted a research study to determine the relationship between an employee’s level of commitment and job satisfaction. The researchers found organizations failed due to a lack of understanding the dynamics of satisfied employees. As it is, workload, incentives, job security, and leader-follower relationships are reported to affect job satisfaction. Today, basic employee needs and extrinsic gratification is explored in an effort to fill in the gap of increasing job satisfaction through empowerment, transformational leadership, autonomy, and loyalty (Salem et al., 2016 & Boamah et al., 2017); thus, enhancing a better work environment that is conducive to increased performance and better quality patient care (Boamah, 2018).

Moreover, Boamah’s (2018) study proves transformational leadership is in fact a tool for empowering followers thereby making employees feel independent, which allows them to pursue individual self-development. The importance of this study rests in understanding how empowerment is influenced by leadership style(s).

Physicians play an intricate role in improving the workplace through effective leadership—an ingredient that is needed for evolving healthcare industries. Empowerment and motivational theory research is scarce in this arena. As a result, Millar et al (2017) set out to study challenges health care workers, mainly physicians, face in the absence of empowerment or other motivating job factors. Extreme patient caseloads, performance issues, and quality patient care are a few elements that negatively influence staff physicians and physician department leader’s perception
of job satisfaction and employee behavior. Extrinsic gratification such as building trust, rewarding employees with financial incentives, and motivating employees are possible methods to improve job satisfaction and employee behavior for all stakeholders in the healthcare organization (Millar et al., 2017).

**Problem Statement**

The general problem to be addressed is failure of leaders to empower employees, resulting in increased job dissatisfaction, lack of organizational commitment, and negative changes in employee behavior (increased absenteeism, increased turnover, burnout, and poor performance). Unhappy employees, according to Choi et al. (2016), tends to negatively impact the organization through excessive absenteeism, high and costly turnover, burn-out, and retention issues. Kurnat-Thoma et al. (2017) conducted a study, which posits employee turnover is indicative of the overall performance of healthcare organizations. As a result, these researchers’ findings proves increased turnover directly affects fiduciary responsibilities, patient satisfaction, employee satisfaction, and employee behavior. Healthcare organizations are unique and Cogins et al (2016) study shows how organizations use polices to encourage organizational traditionalism. However, the problem lies in the excessive and unacceptable use of these policies to influence behavior, which ultimately inhibit the manager and leader’s authority to empower employees. Leaders often times pose as barriers to themselves, thus, they are incompetent, unable to solve problems, and unable to develop others (Ghiasipour et al., 2017). The specific problem to be addressed is the failure of healthcare leaders to empower employees within Federal government healthcare facilities in the United States resulting in job dissatisfaction, lack of organizational commitment, and negative changes in behavior (increased absenteeism, increased turnover, burnout, and poor performance).
Purpose Statement

The purpose of this flexible single case study is to add and expand on the understanding and reasons behind employee job dissatisfaction, negative employee behavior, and lack of organizational commitment when leadership fails to empower employees. Challenges in the healthcare field are becoming progressively complex. As a result, empowerment interventions and practical approaches over the last few decades have been used to encourage and exercise constructive behaviors by allowing leaders to shift responsibilities down to followers (Amundsen & Martinsen, 2015; Kim et al., 2018). The research will seek to deliver a scholastic understanding of employee job dissatisfaction, negative employee behavior, and lack of commitment in Federal healthcare facilities in the United States and see if there are specific influences on job dissatisfaction, negative behavior, and organizational commitment based on the type of leadership displayed. The breadth of job dissatisfaction, negative employee behavior, and lack of organizational commitment is deeply explored through the lens of leader’s failure to empower their employees. Not only does this problem affect vested employees, but new graduates entering the workforce are also affected by these occurrences (Laschinger et al., 2016; Srivastava et al., 2006).

Research Questions

RQ1. How does failure to empower employees lead to employee job dissatisfaction and changes in employee behavior (increased absenteeism, increased turnover, burnout, and poor performance)?

RQ1a. What effects do transformational, situational, servant leadership style, and the use of empowerment have on employee behavior and job satisfaction?
RQ2. In what way does situational and transformational leadership differ from servant leadership?

RQ3. What features of situational and transformational leadership are instrumental in creating positive changes in the employee’s behavior?

Nature of the Study

There are several research methodologies that provides a descriptive meaning to researchers to determine the best manner to approach their research problem. Quantitative, qualitative, and mixed methods covers philosophical worldviews, ethical dilemmas, strategic inquiries, and research approaches. The paradigm may be the approach or design used by the researcher (Atieno, 2009). The investigator must understand research fundamentals because it is useful in understanding scholarly literature, articulating information, and having the expertise to navigate through dense research terminology; more often than not, it is confusing and ambiguous (Crotty, 1998). Thomas Kuhn (Mayoral, 2020, as cited by Kuhn 1996) made research paradigms a method to suffice for easier interpretation of the literature and make research more accessible.

Discussion of Research Paradigms

Qualitative Paradigm

According to Creswell (2009), the qualitative paradigm is a depiction of how researchers choose their research design. Narrative research, case studies, and ethnographies are some research designs Clandinin and Connelly (2000) and Petty et al (2012) share in their research. Creswell (2014b) explicitly describes how qualitative research allows the investigator to collect data that allows them drill down to the heart of organizational issues. Other authors such as Hatch (2002) and Marshall and Rossman (2014) are in agreement with Creswell because through
their own research, they too have found that qualitative research is produced from various data sources.

Qualitative data creditability is compared to conveying a reliable theory a reliable theory (Glaser, 1965; Bashir et al., 2008). Shared community troubles, deviant behavior, supremacy over others, and people’s hardships are all practical means to create qualitative data. Glaser provides information on how to approach qualitative data that is measurable and has the ability to test hypothesis. Once the researcher cyphers through the data to get to the problems, the researcher may only want to investigate new concepts and theories. Therefore, the researcher will not rely exclusively on coding first and then analyzing. Qualitative research requires constant analyzation of the data reformatting abstract thoughts. Finally, Glaser posits the best method to determine the theory’s creditability is by using visuals that enable scholars to grasp the analyst's theory.

**Constructivist**

The constructivist based on Creswell (2014b) is the means to human behavior and seek to identify the realm in which research participant exist. Constructivists, more often than not, are combined with interpretivist. The constructivist focuses their attention on the participant's perception of the problem; in other words, the participant construct the problem (Berger & Luckmann, 1967; Glaser, 2002). Furthermore, constructivists are proponents for increasing qualitative research and practices by way of understanding the problem from the perception of person who exist in it.

**Interpretivist**

Interpretivist focus their attention on the specific problem--not the broad issues (Willis, 2007). Interpretivist's collect and analyze data simultaneously (Makombe, 2017). The
interpretivist’s principles guide their behavior, which are the foundation for the research model or framework (Denzin & Lincoln, 2005). Denzin and Lincoln consider all research to be interpretivist’s beliefs and requires the researcher to petition more questions and decode the answer’s significance. Facts and realism is shaped by the interpretivist’s research (Grix, 2004; Thanh & Thanh, 2015). Qualitative reports are not easily interpreted, says Denzin, Lincoln and Sanjay (1990); as a result, field notes and other documentation is created from the field. Reliability of interpretive research must be measured. When research is creditable, transferrable, dependable, and reliable, Grix (2004), believes the quality of interpretation is more beneficial to the researcher and reader.

**Ontology and Epistemology**

Ontology encompasses the philosophical aspect of qualitative research (the make-up of practicality) and epistemology (the purpose of research) (Creswell, 2007). Researchers adopt different realism and therefore, appreciate the value of other’s realism ideas. Creswell and Tuli (2010) believes ontological characteristics are multi-faceted with a plethora of features and perspectives to consider; this makes it possible for researchers to report various realities that are obvious references from participants. As a result, each participant brings about distinctive viewpoints.

**Quantitative Paradigm**

Strategies associated with quantitative studies lead those researchers with a post-positivist outlook to embrace tangible experiments and not so much of the meticulous studies called quasi-experiments (Campbell & Stanley, 1963). Scholars whose outlook on positivism and post-positivism approaches to research generally use inquires to probe and analyze data. Customarily, quantitative methodologies are susceptible to and expounded upon through
positivism paradigm especially in leadership studies (House & Aditya, 1997). Consequently, qualitative research is generous in the data it yields and more substantial if quantitative methods are not able to produce a significant amount of data to analyze (Amaratunga et al., 2002; Saetren, 2014).

**Positivist**

Auguste Comte believes positivism is method to reverence “something” in order to comprehend the experiment, observations, and the intended purpose (Harp, 2005, as cited by Comte 1880; Ryan, 2006). Comte also considers the notion that positivism encompasses an idea and society; thus, one cannot function without the other. Comte asserts the features of positivists are clearly identified and firm; thus, the researcher should get on board with the works of psychological, rational, and social revolution from which those before us laid the groundwork for others to perfect.

**Post-positivist**

Post-positivist is a derivative of positivist. Post-positivists believe qualitative research is essential because the properties of post-positivists offsets quantitative analysis when there is scarce data or it may supplement quantitative research (Ospina, 2004). Creswell (2014b) challenges the positivist’s belief by indicating that researchers should not be too hopeful in understanding human behavior and actions. Moreover, Creswell expounds on the researcher’s point of view when developing results; hence, post-positivists uncover the need to positively detect and value the reasons that affect the consequences found in experiments. The post-positivist begins with a concept and gather ancillary data that substantiates or disputes the idea; hence, making essential adjustments or performing more tests (Creswell, 2014b).

**Ontology and Epistemology**
Realism, says Guba and Lincoln (1994) and Mills et al. (2007), makes the assumption that ontology authenticity actually occurs. Realism starts, says Guba and Lincoln, with accepting the way things are, which equates to cause and effect relationships. This paradigm is known to aid researchers and scientists in forecasting predictions and know their controls well in advance over a period of time. Through reductionism, the researcher takes smaller components of human behavior to investigate and focus on the specific problem in a more candid manner. On the other hand, determinism lead researchers to believe social behaviors are innate and predisposed by the environment, thereby making it difficult to change once an act has transpired (Guba and Lincoln, 1994 as cited by Hesse 1980). Epistemologists posit the researcher and the object of investigation are unbiased and the researcher is free to study the element without manipulating it or being persuaded by the object, thereby preserving neutrality throughout the investigation (Guba and Lincoln, 1994). Measures are established to deter validity threats; thus, causing the researcher to apply procedures that lessens or eliminate threats, which ultimately isolate the researcher from the object (Dammak 2015 as cited by Pring 2000).

**Mixed-Methods Paradigm**

Mixed methods procedure is a process that permit researchers to gather, study, and clarify data (Creswell, 2014a). This tactic is used in social, behavioral, and health sciences. The investigator collects quantitative (closed-ended) and qualitative (open-ended) data. When quantitative and qualitative data are brought together, the researcher is able to draw conclusions based on the strength of both sets of data, which enables the researcher to identify and comprehend the research problems (Creswell 2014a, p. 2; Johnson et al., 2007).

**Pragmatic**
Pragmatism is used to divert the researcher's interest to real-world problems, which leads the researcher to practical experience as opposed to theories (Korte & Mercurio, 2017; Robson & McCartan, 2016). It is incumbent upon the researcher to immediately start collecting data and provide answers to the problem (Robson and McCartan, 2016). Researchers must be strict precautions to prevent disturbing the credibility of pragmatism approach. The theoretical methodology to pragmatism according to Cherryholmes (1992), Dewey and McDermott (1973), and Hildebrand (2018) is for researchers to ethically predict the results of their experiment because they view the community as a significant source of information. The researcher’s choice of designs, their findings, actions, and decisions cannot be complete without believing in values; hence, this is the framework that ties the research method and goals together (Morgan, 2013).

**Ontology and Epistemology**

Ontology pragmatism is the pragmatist's perception of reality, which is an unbiased approach to their research (Tashakkori & Teddlie, 2010). Tashakkori and Teddlie and Clark and Creswell (2008) refer to the realities and other generalizations by addressing the epistemology view of mixed-method design through the adoption of beliefs that are intended to influence the way researchers ask and reply to questions. Creswell’s ideological thoughts lead them to believe that it is nearly impossible to combine research without disregarding philosophical, moral, and ethical principles.

**Researcher’s Paradigm**

The researcher’s paradigm for this flexible case study project is constructivism. An individual’s perception is their reality. The constructivists are held accountable for preventing biases (Glaser, 2007). Researchers who use the constructivist theory approach is aware of the theory’s characteristics and their dependency on how data is collected and analyzed (Glaser,
Furthermore, Glaser tell researchers the constructivists approach is needed to control the positivist ideas and post-modernist condemnations. The epistemological function allows the researcher to work closely with the participant. By doing so, the researcher have an opportunity to have a greater understanding of what the participant conveying in their responses (Creswell, 2007; Tuli, 2010).

**Discussion of Design**

Antonakis et al. (2004) was on a quest to seek an understanding of organizations by approaching leadership problems through research, studying the factors that influence leadership behavior and outcomes. To do this type of research, the investigator must acknowledge and understand which research method to use in order to yield the answers to their questions (Antonakis et al., 2004).

**Fixed Research Design**

Scholars utilize fixed research design as a means to advance knowledge of intricate leadership events (Antonakis et al., 2004). Large quantities of data is a product of quantitative research (Basias & Pollalis, 2018). The benefit of such data allow scholars to emphasize deviations and variances that defines the connection between independent and dependent variables.

A significant feature of fixed designs is that it is similar to the scientific approach to conducting research (Bryman, 2003). According to Bryman, leadership researchers search for specific theories that possibly provides an explanation of the reality in leadership; thus, forming assumptions that will be tested. Some researchers, according to Robson and McCartan (2016), chooses fixed design methods to help them to comprehend and understand why there are social issues and criticize beliefs that contributes to meaning changes in the organization. Collins et al.
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(2004) and Robson and McCartan posit researchers may opt for a fixed design approach for a study that previously used flexible design because it may only work if there is an abundance of data to statistically analyze.

**Flexible Research Design**

The goal of flexible research design as it relates to leadership problems is to uncover, understand the participant’s involvement, and understand the participants as a whole (Antonakis et al., 2004). Leadership scholars decode data and publish the results that give leaders ideas of how to implement organizational and individual transformations (Denzin & Lincoln, 2005). Leaders take the data and willingly make decisions the impact the organization as a whole and the people that performs the work (Aldridge, 1991). Hypotheses permit researchers to explore leadership problems with the flexibility of differentiating and identifying unforeseen events during the research; thus, the researcher is able to efficiently investigate such elements of the research (Conger, 1998).

Flexible design is demanding and is mostly used by researchers who are knowledgeable, proficient, flexible, and pliable through to sudden instabilities (Ospina, 2004; White & Marsh, 2006). The constructivist, often called interpretivist, uses this paradigm to assess data (Guba & Lincoln, 1989). Investigators use this design to compile qualitative data to get a better understanding of the problem because there is minimal information on the problem. The data is then used to gain insight on object or participant’s encounters (Hanington, 2012; Johnson & Christensen, 2014; Skulmoski et al., 2007). The disposition of this research design is instrumental in developing new information through factual evidence. In leadership literature, unstructured interviews are candid methods of obtaining perceptions and theories that lead to meaningful conclusions regarding the variables, objects, or participants (Bryman, 2003).
**Appropriateness of Flexible Design**

Flexible design is appropriate for this project because readers will be able to see descriptive themes, non-numerical paradigm that underscores the research problem, and the actual problem. Through qualitative research methods, the data gathered from the participants may face biases; therefore, Robson and McCartan (2016) states establishing triangulation methods to assist in counteracting validity threats is useful in flexible design. Additionally, member checking can guard against biases. Member checking requires the researcher to return or present interpreted material back to the participant and also shows the participant how much the researcher value their contribution to the research. The researcher will collect data from various sources that includes past and present literature, survey questions, and possibly participant observations and interviews. In an informal setting, the participants will have the liberty to communicate their thoughts and feelings, which is contrary to how quantitative research is collected (Robson and McCartan, 2016).

**Mixed-Method Design**

Researchers use mixed-methods design to present data that is valuable to organizational leaders and pinpoint leadership problems (McCusker & Gunaydin, 2014). Another goal of mixed methods research according to Nastasi et al. (2007) is to develop leadership platforms that concentrate directly on the leadership problem and cultural matters. Mixed-methods data is then used to effect interventions related to the specific problem. Nastasi et al specifies that this method is best suited to advance on-going research that is substantial enough to safeguard evidence-based procedures that offers meaningful tools to improve leaders. Those who use mixed-method design should remember the strengths and weaknesses of this approach to successfully incorporate the outcomes (Morgan, 2013).
Discussion of Method

This research project will be conducted using a flexible design qualitative method; specifically, a single case study design. There are five types of flexible design methods---narrative, phenomenology, grounded theory, case study, and ethnography. An explanation of each technique will be discussed, and the kind of research best suited for the study. The goal is not to make one method more superior than the other but to examine the different means to accomplish the research goals.

Narrative

The narrative is the most difficult to define all methods and is best used for researchers who want to capture detailed stories (Floersch et al., 2010; Creswell & Poth, 2016). Narrative studies do not follow a systematic guide; instead, it is a compilation of various topics. Such research captures detailed events or experiences of an individual or group. The participant prepares information in the form of letters, diaries, or stories. Then, data is collected and analyzed into a general framework (Creswell & Poth, 2016). It is necessary for the researcher and the participant to collaborate to restore the stories to their natural state.

Phenomenology

Phenomenology is distinctive and is based mostly on lived experience (Goulding, 2003). Researchers hope that, by studying participants, they can uncover deeper meanings of their participant’s “lived” experiences. Creswell and Poth (2016) posit phenomenology is philosophically driven and is used to understand individuals’ common or shared experiences. Furthermore, Creswell and Poth explains how imperative it is for researchers to carefully select participants that have experienced the phenomena because this will help develop a keen understanding of the experiences.
Grounded Theory

Grounded theory is typically associated with sociology and health care industry studies; consequently, this theory is a target-driven theory that involves oral and written communication in addition to social interactions (Glaser and Strauss, 1967; Glaser, 1978; Strauss and Corbin, 1990). This method evolved based on the notion that there was a need to track and validate the process for building theories (Goulding, 2003). Coyle (1997) and Robson and McCartan (2016a) posits that information is defined before data collection commences, which enable researchers to address and focus on the problem. This methodology is suitable for studying any behavior or actions that have a collaboration component to it. The result leads to research that is beneficial for leaders to address problems.

Ethnography

This method encompasses modest cultural societies (Goulding, 2003). Using any part of the ethnic group, researchers must pay close attention to how the investigation may form the analysis framework (Tavory & Timmermans, 2009). It is painstakingly labor-intensive and involves lengthy and immediate contact with group members to look for detailed rationalizations. The process of collecting data is pure fieldwork, as the researcher must work with participants in their natural habitat. Additionally, descriptive data is often the product of ethnographic studies (Robson & McCartan, 2016).

Case Study Method

Case studies are associated with the situation, individual, group, or organization. This method is used for real-life empirical investigations (Robson & McCartan, 2016a). A case study is appropriate because it assists the researcher in understanding cases or comparing numerous cases. Researchers may use observations, interviews, or documents to collect data; hence, the
case study method is most valuable when the researcher has a clearly defined case with boundaries that seek a comprehensive understanding and appreciation of the cases (Creswell & Poth, 2016).

**Appropriateness of Single Case Study**

A signal case study is an appropriate approach for the reason that cases are not weakened due to comparing multiple cases. An in-depth description and analysis provide an understanding of the case. Interviews, surveys, observations, or artifacts are sources to collect data and provide descriptions of the cases. Moreover, a single case study is sufficient to provide enough information to recognize and identify themes. A case study allows the researcher to pilot test to refine and develop questions relevant to the problem or case (Yin, 2003). Each method has pros and cons. The narrative approach is not the best choice because access to authentic material and accounts may pose a problem during data collection, phenomenology data collection issues stem from associating the participant's experience to securing the logistics of interviewing techniques, grounded theory has problems with interviewing and participant openness, and lastly, ethnography has issues of divulging private information or the potential to deceive participants (Creswell & Poth, 2016).

**Discussion of Triangulation**

Triangulation, the art of land surveying and navigation, is a method of observing constructs from different aspects (Sharp, 1943). According to Campbell and Fiske (1959), multiple tests are utilized to calculate the same paradigm and search for "convergent validity," thus leading to understanding complex health care industry-related issues. Triangulation allows researchers to use a method, investigator, and theory triangulation to validate research data (Carter et al., 2016; Natow, 2019). Preferably, Campbell and Fiske indicate that using at least
two traits to measure a minimum of two methods of identical characteristics should correlate
greater among each other as opposed to measuring with different traits involving separate ways.
In all cases, the researcher must ensure he/she can triangulate data that is complete, convergent,
and display different, significant themes that are used to validate data (Farmer et al., 2006), thus,
allowing a better chance to understand the research problems. Triangulation data and theories
will be used for this project.

**Summary of the Nature of the Study**

Fixed, flexible, and mixed methods are all under the purview of philosophical and ethical
worldviews, strategic inquiries, and various research methodologies. The disposition of flexible
research design generate newfound thoughts by examining leadership through recognizable
actualities. In leadership works, perceptions are flexible while allowing the researcher to utilize
unstructured interviews that represent conclusions indicative of the study's variables, objects, or
participants. Researchers use fixed design methods as a way to fully understand societal issues
that lead researchers to evaluate ideologies that impact organizational change. Researchers
collect, examine, and explain procedures through a mixed-methods approach by using a
combination of fixed and flexible design.

Researchers are able to use fixed, flexible, and mixed-methods design to answer
leadership problems; so, there is no right or wrong method to apply. In spite of this, researchers
determine the best method that represents his or her understanding of the specific problem(s).
The power one method has over the other or the weaknesses of the research design is not a
telltale sign that one method is to be used. However, the researcher chooses the best approach
that is centered on the questions to be asked, familiarity of the problem, and the participants.
Research developments and models are improving There are many opportunities to improve
scholarly research based on specific problems that may negatively affect the organization and the individual. Researchers make the best efforts to address leadership problems through one of the three designs; fittingly, data does not propose one design is better than the other.

**Research Framework**

The research framework provides an understanding of how the lack of empowerment leads to job dissatisfaction, lack of organizational commitment, and negative changes in employee behavior. Kanter's empowerment theory and transformational leadership theory details the significance of how both ideas influence job satisfaction, employee behavior, employee performance, and organizational commitment (Sarmiento et al., 2004). Sarmiento et al. further illustrates that Kanter's theory makes significant inferences to healthcare leaders by showing them social structures, not just personal perceptions, allow employees to perceive their workplace as a place of development and access to a sense of independence to carry out their duties. Empowerment and transformational leadership supports the general achievements of the organization, which impacts employee job satisfaction and behavior (Rosak-Szyrocka, 2018). Empowerment deficiencies intensifies employee burnout and turnover (Rosak-Szyrocka, 2018; Sarmiento et al., 2004). The conditions reduces productivity is reduced leaving the organization vulnerable to breaking down (Kanter, 1979).
Diagram showing all Elements of the Framework

Figure 1. This diagram indicates an understanding of empowering, transformational leadership, job satisfaction, organizational commitment, and employee behavior.

Concepts

Nurse Managers

The nurse manager’s leadership style weighs heavily on their employee’s organizational commitment, turnover rate, and quality of care rendered to patients (Morsiani et al., 2017). The nurse manager’s leadership style, according to Manning (2016) is instrumental in engaging followers. She further explains that nurse managers can positively impact the work atmosphere, positive patient outcomes, efficient work ethics, and overall satisfaction.

Department Chiefs (Physicians)

Followers depend on physician leaders for their clinical expertise. As a result, leaders empower followers by giving them tools to solve problems as the healthcare industry is becoming increasingly complex (fostering a learning environment and creating a sense of
purpose (and increase their level of performance (Khoshhal & Guraya, 2016). As the healthcare industry becomes increasingly complex, the need for qualified physician leaders will be more pronounced. Leaders must understand physician leadership's unique nature and provide the proper training for the intricate role (Quinn & Perelli, 2015).

**Leadership (Climate)**

Leadership is necessary to fulfill the organization's mission, enrich the follower's effectiveness, and influence follower's behavior (Antonakis & Day, 2018). The role of leadership is to influence followers so they can willingly and extemporaneously work together to accomplish the organization's mission (Papathanasiou et al., 2014). Physician leaders and nurse managers can transform organizations by understanding their clinical roles in addition to their leadership roles (Quinn & Perelli, 2015).

**Employee Performance**

A person's performance is dependent on the leadership approach used to motivate employees to perform their duties (Buil et al., 2019). Efficient and effective work processes represent the amount of work the employee has accomplished through engagement, significant work, and shared knowledge among colleagues (Pradhan & Jena, 2017). Regardless of the type of leadership used to motivate employees, their performance leads to productivity and sound organizational interactions (Iqbal et al., 2015).

**Employee Job Satisfaction**

This term describes how an individual feels about their job and is usually associated with factors such as effective communication, positive or negative job performance, and organizational commitment are factors that contribute to job satisfaction (Pang & Lu, 2018). Job satisfaction among physician and nurses is an essential feature in the healthcare industry.
according to Depalma and Alexander (2019); consequently, job satisfaction ensures that healthcare practitioners provide quality patient care to patients that seek treatment at Federal government and other healthcare institutions. However, dissatisfied healthcare workers are prone to deliver poor service. While the population is living longer lives, it is critical for leaders to embrace transformational leadership because the demand for healthcare workers will increase (Farrington and Lillah, 2019).

**Negative Employee Behavior**

Increased absenteeism, increased turnover, burnout, and poor performance are factors of job satisfaction or lack thereof. As the healthcare industry evolve, it becomes increasingly important to understand factors that contribute to employee behavior or attitude (Erkutlu & Chafra, 2016). Increased absenteeism and disparaging working conditions often cause job dissatisfaction and absenteeism among healthcare workers; as a result, employees are not able to handle stress-related environments (Kottwitz et al., 2016). The organization's climate provides meaningful information on employee retention. Failure to evaluate the seriousness of turnover negatively affects financial resources, patient care, and the organization's overall perception (Kurnat-Thoma et al., 2017). Poor leadership and work-life balance led scholars to study 61,168 nurses spanning across 12 countries and found that more than a quarter of the nurses was burnt-out (Johnson et al., 2018). The researcher showed that physician burnout increased from 46 percent in 2011 to 54 percent in 2014. Employees do not perform their best when there are leadership challenges. Organizations must employ competent leaders who are capable of understanding. Poor communication and leadership reduces employee productivity and lead to job dissatisfaction (Ghiasipour et al., 2017).

**Theories**
Transformational Leadership Theory

Today, Burns’ (1978) transformational leadership input is still relevant. The universal meaning of leader led Burns to redefine employee engagement. During the late 1990s, Bass (1997) continued to study transformational leadership. Bass found that modern day leadership developments has not changed the overall definition of previous leadership studies; in fact, transformational leadership instills increased motivation to leaders and followers through empowerment and employee engagement. Transformational leaders are instrumental in promoting change by helping followers understand the benefit of changes and innovation (Shanker & Sayeed, 2012). Data shows that transformational leaders tend to creatively and successfully motivate followers through empowerment, which leads to job satisfaction and increased productivity (Antonakis & House, 2014; Avolio & Bass, 2002; Braun et al., 2013). Bass and Riggio (2006), provides descriptive elements of transformational leaders that are used in developing the Multifactor Leadership Questionnaire (MLQ). Overall, transformational leaders are typically known to empower others. Bass and Riggio profoundly explains transformational leaders are responsible for ensuring followers meet or exceed performance measures by understanding the organization's mission and onward goals.

Situational Leadership Theory

A situation, as the word implies, influences an individual’s behavior (Graeff, 1983). Situational leadership was introduced by Blanchard (1997) and Paul Hersey et al. (1979) over 25 years ago. Blanchard’s philosophy led him to believe that leaders are should be capable of identifying the developmental needs of their followers. The theory is parallel to the follower's situation thereby determining whether the follower has no experienced, a novice, or expert in their craft. Due to differences in Hersey and Blanchard's study, situational leadership prompted
them to revisit the theory that started in the early 1980s to present. The conclusion provided information that deemed empowerment, employee development, and performance is accomplished based on the situation and the achievements are garnered through people (Blanchard and Hersey, 1996).

**Empowerment Theory**

The empowerment theory provides a platform for leaders to engage subordinates. Empowerment is an action that allow leaders to use their power to inspire and influence followers beyond the status quo (Zimmerman, 2000; Manz & Sims, 2001). Wong and Kuvaar (2018) discovered three models--disconfirmation, ideal-point, and experience-only model that enable leaders to psychologically empower; thus, increasing job satisfaction. The models presented information to researchers and leaders on how to detect an individual’s response when their needs are (un)met. Individuals perceive the disconfirmation model as an avenue to seek guidance from their leader, which enables them to draw conclusions based on the help they received. This phase is used to evaluate the best possible outcome. Positive disconfirmation is associated the follower’s attitude about how they feel about their job (Wong and Kuvaar, 2018).

For example, Irving and Meyer’s (1994) research discovered that new employees perceived their work environment and job satisfaction was closely associated; hence, affirming the disconfirmation model was able to tell leaders how the employee’s need was met based on their responses and behavior.

Empowered employees feel their work is important even when the work is tedious; consequently, causing increased job satisfaction. When the employee’s experiences out-weigh their expectations, leaders should expect the employee’s behavior to change in a negative manner. Lambert et al. (2003) study shows when leaders make promises to pay their employees
monetary rewards, employees are more likely to be satisfied. On the other hand, the employee’s job satisfaction is reduced when their work productivity is not followed by tangible rewards. Some employees are not apt to making decisions while others are. Leaders should not forcefully empower their employees to make decisions. Such actions generates excessive stress for the employee; consequently, there is an increase in job dissatisfaction.

Leaders should be cautious not to over-use their empowerment authority. Excessive use of empowerment has the opposite effect on employees and obstructs the employee's awareness of their psychological and self-reliance necessities (Wong and Kuvaar, 2018). Other studies shows that employees who are granted the freedom to work and make decisions independently employees may result in positive and negative reactions on the employee's performance. The autonomy afforded to employees allow them to make decisions; however, this may also decrease social interactions or isolate the employee from others. Autonomy is only successful when the employee is frequently engaged. Otherwise, empowerment activities will fail (Wong and Kuvaar, 2018). By comparison to other models, the experience-only model is appropriate when attempting to resolve the outcome of the employee’s behavior, which is unrelated to the actual expectations. The only factor that matters to employees in this model is what is currently taking place. The leader’s expectations diminish as time progresses and reliable job performance becomes the substance that controls the employee's behavior (Wong and Kuvaar, 2018).

Kanter’s Theory of Empowerment

Kanter's (1993) theory of empowerment has left an endearing mark on the nursing field for many years. Kanter’s theory is known to study job satisfaction, commitment, burnout, and turnover in nursing and other allied professions. The theory examined structural empowerment and the association it has to health care professionals. Kanter emphasize that leaders must
understand the difference between the tasks to be performed and the organizational behavior of the employee. For example, if an employee offers to work extra hours on the weekend this action will contribute solely to the organization’s success. The action in and of itself is important to employees because it has the ability to enhance the employee’s social connection that further controls their job performance. In Aloiso et al (2018) study, they observed nursing assistants, nurse's aides, registered nurses, physiotherapists, and occupational therapists employed in nursing homes. The researchers examined the association between empowerment, stress/burnout, and performance. Aloiso et al found that job commitment and intentional turnover was evident of empowerment, stress/burnout, and performance.

_Spreitzer’s Theory of Psychological Empowerment_

This study focused the employee’s interpretation of their workplace from an emotional charged standpoint. Spreitzer’s theory of psychological empowerment determines the experience(s) an employee feels as an intervention to aid in the employee’s success. Competence, confidence, compatibility between values and beliefs for the job, self-determination, control over employment, and impact of contributions to the organization are elements of this theory. According to Spreitzer’s theory, job satisfaction is a result of psychological empowerment (Aloisio et al., 2018). Kim and Shin suggests that transformational leadership by way of the self-concept theory stimulate the employee’s attitude. The social exchange and self-concept theory provides justification that indicates transformational leadership and empowerment leads to employee commitment. Successively, transformational leadership spawns motivation and reinforces the likelihood of employee commitment (Kim and Shin, 2017).

_Psychological and Structural Empowerment_
Psychological and structural empowerment have an effect on job satisfaction (Aloisio et al., 2018). Empowerment is connected to nurse’s job satisfaction; however, the mixture of psychological and structural theories predict an even stronger relationship of job satisfaction than when used separately. The findings in Aloisio’s study provides a unique outlook on how psychological and structural empowerment facilitate nurse’s behavior; thus, the evidence shows that organizational empowerment changes the employee’s perception of job satisfaction by promoting psychological empowerment successes through less turnover and greater retention of nurses (Aloisio et al., 2018).

**Actors**

A sample of 15-30 participants from a Federal government medical facility will include both males and females ranging from age 18-70 years of age. The actors approach is the fundamental belief of creating reality as well developing knowledge of the problems in relation to the actors and the organization in the research project (Arbnor & Bjerke, 2011). Arbnor and Bjerke believes the research actors are important to successful organizational leadership and development (Khan et al., 2018).

**Followers**

A follower connect to persons in authoritative statuses. He/she adds value and contributes to successful leadership in the workplace. Leadership is important; however, followership is equally important in order for subordinates to work independently and be actively engaged, thereby, contributing to the organization’s goals (Khan et al., 2019). The perception of how followership relates to leadership is misunderstood. For this reason, understanding how the two
interact contributes to the overall success of the follower and organization (Oc et al., 2013; Sy, 2010).

Nurses

Nurses are hired with great responsibility and often, autonomy. Consequently, leaders are responsible for fostering a work environment that promotes and deliver quality patient care. Nurses are the largest group of healthcare professionals in a hospital (Ta’an et al., 2020). Enhancing quality patient care and implementing new technology are among the many challenges that contribute to job dissatisfaction and burnout among nurses. Considering there is little research on nurses and (structural) empowerment, including nurses as key actors in this study will provide top management with strategies to achieve organizational goals and better work performance (Ta’an et al., 2020; Seibert et al., 2011).

Physicians

Doctors save lives by identifying health challenges, making a diagnosis, and developing treatment plans to help patients return to full functionality. Physicians depend on leadership to help lessen burnout and job dissatisfaction. According to Dahrouge et al. (2019), low-performing physicians are less likely to participate in studies; as result, recruiting physicians for this study will illuminate leadership challenges and performance issues with an objective of improving the physician’s perception of leadership and negative employee behaviors.

Nurse Managers

Nurse managers supervise nursing staff and are supporters of the patients and staff. However, the critical effort is capitalizing on quality health care. Quality healthcare begins with recruiting and retaining the best nurse care providers (Broyles et al. 2011). However, addressing strategies to improve leadership, turnover, and burnout poses significant problems when a
nurse’s ability to lead others to a state of readiness is challenged by lack of leadership support to effect change (Broyles et al., 2011; Kodama & Fukahori, 2017). Relying on nurse manager’s participation in this study may build upon transformation leadership and exhibit the positive consequences it has on nursing practices.

**Physician Department Chiefs**

Physicians that choose to take on administrative duties oversee policies, quality control measures, and education. While patient contact may be minimal, medical staff depend on the department chiefs for their leadership and expertise, which affect quality patient care. As a clinician and leader, the physician is left to uphold the standards of both tasks without wavering (Jackson, 2017). With this in mind, physician leaders are often the best candidate to influence other physicians and potential physician leaders through transformational leadership (Deschamps et al., 2016).

**Constructs**

**Transformational Leadership**

Bass and Avolio (1990) are the pioneers of the transformational leadership theory. Their theory shares many facets on how leaders can successfully influence employees while accomplishing the organization’s mission. This type of leadership approach is used to create a work environment conducive to increasing quality patient care. Additionally, transformational leaders empower followers by having open dialogue, collaborating support, and training resources on hand (Boamah et al., 2017). Transformational leaders influence their followers and the follower depends on the leader to aid them in connecting to the organization (Kark et al., 2003)

**Situational Leadership**
Leaders should be able to adjust to various organizational situations. As a result, leader-follower relationships are developed by being flexible and modifying behavior to suit the individual's needs (Walls, 2019). Situational leaders differ from transformational leaders because situational leaders identify their follower’s effectiveness (Lynch et al., 2017). Blanchard (1997) developed a philosophy in which he believed that leaders should have the ability to recognize their employee’s developmental needs. Therefore, situational leaders are able to determine employee’s needs based on their abilities—the employee has no experience, is a novice, or expert in their field.

Servant Leadership

Robert Greenleaf (1977) instituted servant leadership in 1976. Servant leaders are those that put other people’s needs before their own and are normally hands on with their employees. According to Khattak et al (2019), servant leaders are concerned with the well-being of their employees. Once the needs of the employees and others are met, the servant leader is able to perform their duties. Additionally, this type of leadership leads to increased employee commitment. The goal of leaders is to remain effective and efficient, involve other people, and develop trust and communication (Khattak et al., 2019; Sherman, 2019). A nurse or physician servant leader promotes employee development as well as caring leadership. Such leadership builds trust and creates a psychologically, safe work environment for followers (Sherman, 2019).

Empowerment

Bass and Raggio (2006) posit transformational leadership as an effective leadership style intended to advance and motivate followers through empowerment. The organization’s mission is an essential factor and according to Bass and Riggio aligning the organization's mission with the follower's goals is a technique to increase performance. Managers and leaders are often
attending to five or more employees at any given time. As such, Seibert et al (2004) research reveals that empowerment strategies are effective when motivating employees to perform their best.

**Organizational Commitment**

Organizational commitment is dependent on job satisfaction, level of autonomy, workload, motivation, and employee engagement. It is expected that nursing shortages will continue to grow. Therefore, sustaining a devoted staff is critical to the medical facility's image, patient care, decreased costs associated with training new employees, and less recruitment (Salem et al., 2016). Transformational leadership is in the hands of the leader. When used effectively, transformational leaders inspire followers to cross hurdles they thought were impossible and overcome challenges by facing them spot-on. Moreover, there is data to support such actions thereby leading to increased job performance and satisfaction (Antonakis & House, 2014; Avolio & Bass, 2002; Braun et al., 2013). Leaders that create a sense of independence for their followers usually lead to positive behavior such as trust (Renteln, 2013). During times of high turnover, staffing deficiencies lead to unbearable workload and decreased patient care (Doosty et al., 2019). Transformational leaders and intrinsic motivation are important factors as it relates to organizational commitment. Employees feel a sense of obligation when they support their leader, thus increasing their motivation to stay with the organization (Schopman et al., 2015). In conclusion, employees who are engaged are more likely to be pleased with their job and enthusiastically devote their service to improve individual and organizational performance (Prottas, 2018).

**Relationship between Concepts, Theories, Actors, and Constructs**
Burns's (1978) account of motivation through transformational leadership aligns with Kanter's (1993) empowerment theory, which details how followers who have access to autonomy or power can complete their assigned tasks, ultimately satisfying their mission. Figure 1, above, describes the relationship between concepts, theories, actors, and variables by demonstrating transformational leadership and vertically listing empowerment and employees, which depict theories and influences that contribute to job satisfaction, employee behavior, and organizational commitment (Kim & Shin 2017).

**Definition of Terms**

**Constructivist:** A researcher that prevents prejudices throughout the research process (Glaser, 2007). Creswell (2014) believes constructivists are observers of the participant's behavior and seek to understand the world in which they live.

**Employee Behavior:** An action that may be positive or negative and may involve absenteeism, turnover, burnout, and poor performance (Kottwitz et al., 2016; Kurnat-Thoma et al., 2017; Johnson et al., 2018; Ghiasipour et al., 2017)

**Empowerment:** A method of influencing followers to advance, ultimately leading to accomplishing the organization's goals (Bass and Raggio, 2006). Empowerment provides techniques for leaders to practice, which motivates the followers' to contribute to the organization (Zimmerman, 2000; Manz & Sims, 2001)

**Epistemology:** The term is used to assume the researcher and the subject of the investigation are independent of each, thereby maintaining a high level of objectivity during the research process; how an individual analyze data (Guba and Lincoln, 1994).
Job Satisfaction: A perception in which a person possesses a sense of happiness about the work they do for the organization (Antonakis & House, 2014; Avolio & Bass, 2002; Braun et al., 2013).

Ontology: The moral facet of qualitative research; how an individual perceives reality—objectively or subjectively (Creswell, 2007).

Organizational Commitment: Leaders' ability to maintain dedicated workers (Salem et al., 2016).

Transformational Leadership: Burns' (1978) definition of transformational leadership is the ability of leaders to engage employees; transformation through enriched motivation, enthusiasm, and employee development promotes the organization so that followers have a greater understanding of why organizational changes are made (Bass, 1997).

**Summary of the Research Framework**

The research framework informs the reader of the overall understanding between transformational plus servant leadership and empowerment actions exhibited by social workers, psychologists, and nurse managers. The employee's job satisfaction and behavior during empowerment draw on the influence of transformational leadership theory and Kanter's empowerment theory. Followers without such leadership are deemed powerless and more likely to display negative behaviors in the workplace (Sarmiento et al., 2003).

**Assumptions, Limitations, Delimitations**

This section of the research project sets the boundaries and limits of the researcher’s study. Knowing the assumptions, limitations, and delimitations allow the researcher to grasp the fundamental principles of what separates the average research from the most incredible research, thus, adding to existing literature or paving the way to update existing literature. Recognizing
what each operational term means is significant to balancing the research shortcomings (Theofanidis & Fountouki, 2018).

**Assumptions**

When using a case study approach, the group, individual, or organization is what the researcher find most interesting (Robson & McCartan, 2016). There is an assumption that in order for the researcher to know the true reality of the situation, he or she must be there to embrace the experiences and actions by documenting the conditions the participants (Hathaway, 1995). Most researchers have a tendency to believe in the conventional assumption that the participants will answer all questions honestly and factually (Simon & Goes, 2013). In this type of setting, the participants will have the independence to share their emotions and perceptions; thus, leading a more informal environment to allow the individual or groups to be themselves (Robson & McCartan, 2016). The last assumption is that each participant fully understands the problems; hence, leading to detailed and realistic replies (Bergquist, 2018).

**Limitations**

The findings of this study is limited to social workers, psychologists and nurse managers at a Federal healthcare organization. In the future, healthcare organizations, whether Federal, state, or private, should be included in the study. Participants with one to two years of clinical or leadership experience is more restricted in comparing their job satisfaction, organizational commitment, and employee behavior as opposed to those employees that have three or more years of experience. Therefore, the job satisfaction survey (JSS) (Batura et al., 2016; Spector, 1985) and organizational commitment questionnaire (Mowday et al., 1979), which are both simple and reliable, will be used to measure job satisfaction and organizational commitment. The five-point Likert scale format was used to evaluate job satisfaction and organizational
commitment. Additionally, the Multifactor Leadership Questionnaire (MLQ) was used to help the participant discover how they see themselves as well as how others perceive their leadership style (transformational, transactional, and passive/avoidant leadership). The MLQ (5x short) contains 45 items that identifies and measures leadership and effectiveness behaviors. Previous research has shown a positive correlation to individual and organizational success (Bass & Avolio, 1995).

The researcher concentrated mostly on transformational leadership, empowerment, organizational commitment, job satisfaction, and employee behavior. A significant portion of the restriction is the subsidiary factors that influenced organizational commitment, job satisfaction, and employee behavior. Limitations can affect any study, and typically, the weaknesses are uncontrollable (Theofanidis & Fountouki, 2018). As a result, the study design, funding, or lack thereof, and other factors contribute to these limitations. For example, if the researcher does not use the appropriate participants for the study, it will limit the researcher’s efforts to obtain useful information (Connelly, 2013). Connelly further clarifies research limitations by indicating that limitations are subjective in nature and should not be over or understated; thus, moral but concise findings leads to the opportunity for researchers to make suggestions for future research showing how these findings are significant in further analysis of the particular problem.

**Delimitations**

The boundaries of this study rests on the outcome of transformational leadership and empowerment. Thus, the delimitations are within the researcher’s control. The researcher is concerned with the chosen participants’ job satisfaction, organizational commitment, employee behavior, and how transformational leadership influences the individuals. Careful consideration will be taken to ensure the population represents the nurse and physician's workforce (Choi et al.,
2016). For example, the outcomes of this study could be indiscriminate to nurses and doctors who work in Federal prisons or Department of Defense (DoD) medical facilities not just the Department of Veterans Affairs (DVA) medical centers, nurses and doctors who have been in leadership positions for more than 5 years, and include other allied medical occupations. Along with leaders empowering their employees resulting in improved job satisfaction and employee behavior, the researcher could have factored the employee’s health or well-being, level of employee engagement, and work place demands as reasons for job dissatisfaction.

**Significance of the Study**

Leadership has a significant role that affects healthcare and the people it serves (Bergquist, 2018). Job satisfaction and empowerment are two topics in the healthcare industry that have been studied for many years. Empowerment typically induces a positive sign to followers, which leads to sustainable medical facilities (Jung et al., 2020). The follower’s perception of empowerment consequently results in job satisfaction because the impression of empowerment suggests that the followers discover their work essential; therefore, leading to an intrinsic gratification in the workplace. Healthcare practices of the 1990s are not the same today. Transformational leaders are needed to keep up with modern changes and innovation, complexity in healthcare, and evolving technology (Newton, 1993). Knowing that leadership is key to organization and employee success (Bergquist, 2018), the rationale for conducting this study will help leaders find strategies that encourage job satisfaction and positive behavior, empowerment, and organizational commitment.

**Reduction of Gaps in the Literature**

This research may be instrumental in filling literature gaps by providing participant results that represent factors that impact job dissatisfaction. The information collected from this
study could decrease burnout, turnover, job dissatisfaction, organizational commitment, and malicious employee behavior by affording nurse managers and department chiefs (physicians) innovative methods that encourage empowerment (Bergquist, 2018). Although this research may contain gaps, the data obtained is still capable of revealing the circumstances of why the employees are dissatisfied (Buil et al., 2019). It is worth exploring private sector medical facilities in addition to Federal health care facilities. Expanding the organizations may produce more participants and adding factors such as the employee’s well-being and employee engagement may add additional literature on how to further reduce turnover and increase job satisfaction.

Job characteristics, Maslow’s needs hierarchy, and Herzberg motivator theories could have been incorporated, which may present a more inclusive consequence of leadership and empowerment. Job characteristics theory suggests that occupations should incorporate a variety of skills and greater independence for the employee to complete tasks. Job characteristics may result in job satisfaction, less burnout, increased retention, and decreased turnover (Mahoney et al., 2020). Maslow’s theory of motivation is a useful tool to advocate for retaining physicians (Dohlman et al., 2019). Organizational commitment is an employee behavior that is a facet of job satisfaction; as a result, transformational leaders are able to develop job engagement through the employee’s tenacity, perception, and interests (Sow et al., 2017). It is incumbent upon leaders to develop the right motivation with the expectation of increasing the employee’s commitment to the organization (Rahim et al., 2017). With respect to intrinsic and extrinsic motivation, Rahim et al (2017) posits there is a meaningful and affirmative relationship between motivation and turnover of nurses in the healthcare industry. Consequently, leaders and human resources must
determine factors that deter turnover and burn out, but increase satisfaction and positive employee behavior.

**Implications for Biblical Integration**

Leadership, under God’s domain, forms a relationship between God and (wo)man. Organizations entrusted the leader in executing their authority to create a Shepard to the employees (Patterson, 2017). A leader sets the example for others to follow; so, Christian leadership begins with devotion to the job and happiness being in the position (Patterson, 2017). The leader has to develop his or her people for the kingdom of God, as such, New King James Bible (1982), Matthew 28:18-19 provides a passage that declares God sacrificed His life so that others may be under the authority of a new foundation in Christ. Christ demonstrated his power through healing the sick and bringing demoralized people into a world of happiness. Likewise, leaders within organizations are entrusted with authority, which qualifies him or her to empower others to conquer the organization’s mission through job satisfaction. Leaders that demonstrate empowerment may have confident in knowing their followers (biblically known as disciples) are able to commit themselves to what they do because it is personally gratifying as opposed to those employees that are only at the workplace for rewards.

Transformational leaders, like other leaders, are not exempt from challenges. New King James Bible (1982), 1 John 2:29, indicates the Father instills in his followers that if you know a man is righteous, you know that everyone who practices righteousness is born of him. An individual’s failure to acknowledge their leadership flaws is a missed opportunity for the leader to effect corrective actions and encourage change (Fourie & Hohne, 2017). Paul relied on his trust in the Lord, and the Lord directed his path (New King James Version, 1982, Proverbs, 3:5-6). Leaders and followers need to know there is authority more superior to any individual that
receives prayers, turn the worst environment into a peaceful environment, and intercede on our behalf of those who call upon the Lord amidst workplace challenges (Ryken et al., 2018). If you abide in Christ and his words abide in you, you can ask for the desires of your heart, and it will be done for you (New King James Version, 1982, John 15:7).

**Benefit and Relationship to the Leadership Practice**

Medical center directors promote transformational leadership styles due to the theory’s characteristics. This style is influential in increasing employee/job satisfaction and employee behavior; as a result, satisfaction and behavior are dependent on each (Deshpande et al., 2018). For leaders to understand the employee’s desires, Laschinger and Fida (2015) and Salem et al. (2016) posits the leader must understand the influence transformational leadership and empowerment has on the employee. Employee job satisfaction may lead to behaviors that affect direct patient care delivery (Laschinger & Fida, 2015). Employee satisfaction manifests around the employee’s reactions, which indicate the individual's workplace experiences (Pang & Lu, 2018). Leadership quality has an insightful correlation to business. For that reason, leaders should be attentive to their employee's vulnerabilities and willingness to learn new skills to effectively communicate, make a decision, and solve problems (Malik et al., 2017).

Transformational leadership research has shown that there is data to support the collaboration of job satisfaction and behavior, which are heightened through intrinsic influences (DePalma et al., 2019). General observations from the will postulate data supporting how transformational leadership, psychological empowerment, and structural empowerment have on nurses and doctors. The leadership style, leader's empowerment abilities, followers' freedom to recommend or make decisions, and access to professional development or training opportunities are
encouraging factors to increase job satisfaction and employee behavior (Pandey and Singh, 2016).

Summary of the Significance of the Study

Healthcare leaders who understand the implications that define job satisfaction and employee behavior seem to assist leaders in providing strategies that are advantageous in addressing organizational and employee concerns (Scanlan et al., 2019). The consequence of job satisfaction posits Scanlan et al., results in enhancing the employee’s well-being and happiness. Accordingly, leaders should work towards constructing a work setting that encourages and supports the employee's satisfaction and behavior. The researcher attempts to provide more literature to the leadership community by sharing the influence that empowerment may result in a predictor of job satisfaction and improved employee behavior. The need for employees to commit to their organization is necessary to carry out the mission of the Veterans Healthcare Administration. Social workers, psychologists, and nurse managers should possess the knowledge and skills that may substantially decrease employee dissatisfaction and sustain the organization by rendering quality patient care.

A Review of the Professional and Academic Literature

The purpose of this flexible single case study is to add and expand on the understanding and reasons behind employee job dissatisfaction, malicious employee behavior, and lack of organizational commitment when leadership fails to empower employees. The researcher used Google Scholar and Liberty University's online library to obtain literature. The literature review contains peer-reviewed articles, dissertations, and textbooks. The researcher ensured that 75 percent of the literature was published in the past five years. As a result, empowerment interventions and practical leadership approach over the last few decades have been used to
encourage and exercise constructive behaviors by allowing leaders to shift responsibilities down to followers (Amundsen & Martinsen, 2015; Kim et al., 2018). The literature review provided a meaningful body of knowledge that helped the researcher formulate themes from the job (dis)satisfaction, employee commitment, employee behavior, and transformational leadership. This literature review will corroborate scholarly work and the researcher's questions. In essence, the literature review provided a wide range of information indicating how the current study may add to the existing works.

Many people deemed their leader as outstanding based on their ability to motivate, empower, and lead. However, the dark side of leadership that makes accomplishing the organization's mission difficult has gained traction among scholars; thus, leading to research mounds in the leadership arena (Timm & McLaren, 2019). New and past leadership studies provided data that shows undesirable working conditions, inadequate staffing, burnout, turnover, and employee commitment that contribute to job dissatisfaction and decreased quality patient care (Asif et al., 2019). Empowered leaders set the tone for followers, which denoted their support for autonomy, career development, and effective communication (Mustafa et al., 2012). According to Pyc (2017) and Asif et al. (2019), ineffective leadership caused excessive absenteeism, unnecessary costs to the organization, sub-par productivity, poor job performance, increased turnover, decreased commitment, and job dissatisfaction. Furthermore, the organization and customers suffered due to unmet goals.

Job satisfaction is an essential feature in the healthcare industry; consequently, job satisfaction ensures that health care practitioners provide quality patient care to patients that seek treatment at government healthcare institutions. However, dissatisfied healthcare workers are prone to deliver poor service. While the population lives longer, leaders must embrace
transformational leadership because healthcare workers' demand will increase (Farrington and Lillah, 2019). Considering how empowerment influenced subordinates help researchers identify the employee's desires and problems. Malik et al. (2017) believe that the employee's satisfaction is reliant upon their job experiences. This research aims to provide constructive data to Federal healthcare leaders (nurse managers, department chiefs, and other stakeholders) who are in the position to be the change agent that modifies the employee's behavior and consequently increasing job satisfaction, which ultimately influences quality patient care.

Overview of Theories

Transformational Leadership Theory

Today, Burns’ (1978) transformational leadership input is still relevant. The universal meaning of leader-led Burns to redefine employee engagement. During the late 1990s, Bass (1997) continued to study transformational leadership. Bass found that modern-day leadership developments have not changed previous leadership studies; in fact, transformational leadership instills increased motivation to leaders and followers through empowerment and employee engagement. Transformational leaders are instrumental in promoting change by helping followers understand the benefit of changes and innovation (Shanker & Sayeed, 2012). Data shows that transformational leaders tend to creatively and successfully motivate followers through empowerment, which leads to job satisfaction and increased productivity (Antonakis & House, 2014; Avolio & Bass, 2002; Braun et al., 2013). Bass and Riggio (2006) provide descriptive elements of transformational leaders used in developing the Multifactor Leadership Questionnaire (MLQ). Overall, transformational leaders are typically known to empower others. Bass and Riggio profoundly explain that transformational leaders are responsible for ensuring
followers meet or exceed performance measures by understanding the organization's mission and onward goals.

**Situational Leadership Theory**

A situation, as the word implies, influences an individual’s behavior (Graeff, 1983). Situational leadership was introduced by Blanchard (1997) and Paul Hersey et al. (1979) over 25 years ago. Blanchard’s philosophy led him to believe that leaders should identify the developmental needs of their followers. The theory is parallel to the follower's situation, thereby determining whether the follower has no experienced, a novice, or an expert in their craft. Due to differences in Hersey and Blanchard's study, situational leadership prompted them to revisit the theory that started in the early 1980s to the present. The conclusion provided information that deemed empowerment, employee development, and performance is accomplished based on the situation, and the achievements are garnered through people (Blanchard and Hersey, 1996).

**Empowerment Theory**

The empowerment theory provides a platform for leaders to engage subordinates. Empowerment is an action that allows leaders to use their power to inspire and influence followers beyond the status quo (Zimmerman, 2000; Manz & Sims, 2001). Wong and Kuvaar (2018) discovered three models--disconfirmation, ideal-point, and experience-only model that enable leaders to empower psychologically; thus, increasing job satisfaction. The models presented information to researchers and leaders on detecting an individual's response when their needs are (un)met. Individuals perceive the disconfirmation model as an avenue to seek guidance from their leader, enabling them to draw conclusions based on the help they received. This phase is used to evaluate the best possible outcome. Positive disconfirmation is associated with the follower's attitude about how they feel about their job (Wong and Kuvaar, 2018). For example,
Irving and Meyer’s (1994) research discovered that new employees perceived their work environment and job satisfaction were closely associated; hence, affirming the disconfirmation model could tell leaders how the employee’s need was met based on their responses and behavior.

Empowered employees feel their work is important even when the work is tedious; consequently, causing increased job satisfaction. When employees' experiences out-weigh their expectations, leaders should expect the employee's behavior to change negatively. Lambert et al.'s (2003) study shows that when leaders make promises to pay their employees monetary rewards, employees are more likely to be satisfied. On the other hand, the employee's job satisfaction is reduced when tangible rewards do not follow their work productivity. Some employees are not apt in making decisions, while others are. Leaders should not forcefully empower their employees to make decisions. Such actions generate excessive stress for the employee; consequently, there is an increase in job dissatisfaction.

Leaders should be cautious not to over-use their empowerment authority. Excessive use of empowerment has the opposite effect on employees and obstructs the employee's awareness of their psychological and self-reliance necessities (Wong and Kuvaar, 2018). Other studies show that employees who are granted the freedom to work and make decisions independently may result in positive and negative reactions to the employee's performance. The autonomy afforded to employees allows them to make decisions; however, this may also decrease social interactions or isolate them from others. Autonomy is only successful when the employee is frequently engaged. Otherwise, empowerment activities will fail (Wong and Kuvaar, 2018). Compared to other models, the experience-only model is appropriate when attempting to resolve the outcome of the employee’s behavior, which is unrelated to the actual expectations. The only factor that
matters to employees in this model is what is currently taking place. The leader’s expectations diminish as time progresses, and reliable job performance becomes the substance that controls the employee's behavior (Wong and Kuvaar, 2018).

*Kanter’s Theory of Empowerment*

Kanter's (1993) theory of empowerment has left an endearing mark on the nursing field for many years. Kanter's theory studies job satisfaction, commitment, burnout, and turnover in nursing and other allied professions. The theory examined structural empowerment and the association it has with health care professionals. Kanter emphasizes that leaders must understand the difference between the tasks to be performed and the employee's organizational behavior. For example, if an employee is offered to work extra hours on the weekend, this action will contributed solely to its success. The step in and of itself is essential to employees because it enhanced the employee's social connection that further controled their job performance. In Aloiso et al.'s (2018) study, they observed nursing assistants, nurses' aides, registered nurses, physiotherapists, and occupational therapists employed in nursing homes. The researchers examined the association between empowerment, stress/burnout, and performance. Aloiso et al. found that job commitment and intentional turnover resulted from lack of empowerment, stress/burnout, and individual performance.

*Spreitzer’s Theory of Psychological Empowerment*

This study focused on the employee's interpretation of their workplace from an emotionally charged standpoint. Spreitzer’s theory of psychological empowerment determined the experience(s) an employee felt was like an intervention to aid in its success. Competence, confidence, compatibility between values and beliefs for the job, self-determination, control over employment, and impact of contributions to the organization are elements of this theory.
According to Spreitzer’s theory, job satisfaction resulted from psychological empowerment (Aloisio et al., 2018). Kim and Shin suggested that transformational leadership, through the self-concept theory, stimulated the employee’s attitude. The social exchange and self-concept theory provided justification that indicated transformational leadership and empowerment led to employee commitment. Successively, transformational leadership spawned motivation and reinforced the likelihood of employee commitment (Kim and Shin, 2017).

**Psychological and Structural Empowerment**

Psychological and structural empowerment affect job satisfaction (Aloisio et al., 2018). Empowerment is connected to nurses' job satisfaction; however, the mixture of psychological and structural theories predicted an even stronger relationship of job satisfaction than when used separately. The findings in Aloisio’s study provided a unique outlook on how psychological and structural empowerment facilitated nurse’s behavior; thus, the evidence showed that organizational empowerment changed the employee’s perception of job satisfaction by promoting psychological empowerment successes through less turnover and more excellent retention of nurses (Aloisio et al., 2018).

**Overview of Transformational Leadership**

Bass and Avolio (1990) are the pioneers of the transformational leadership theory. Their theory shared many facets of how leaders successfully influenced employees while they accomplished the organization's mission. As a result of transformational leadership theory, the literature review included an analysis of employees, leadership climate, employee performance, employee commitment, job satisfaction or lack thereof, and employee behavior among healthcare workers. Bass and Avolio (2004) conceptualized the four components of transformational leadership: idealized influence, inspirational motivation, intellectual
stimulation, and individualized consideration. The idealized leader set high but attainable standards and developed trust and respect between the leader and follower; emotional motivators used words or symbols to present their vision to followers eloquently, intellection stimulation allowed the leaders to collaborate with others to brainstorm ideas that solved problems, the fourth and final component of transformational leadership is individual consideration, which is attending to the needs of the subordinate through coaching and mentoring (Bass & Avolio, 2004). Consequently, the follower is empowered to meet or exceed performance standards.

Modern approaches to leadership, a consensus among Mesu et al. (2015), Top et al. (2015), and Yahaya and Ebrahim (2016), determined transformational leadership as the universal approach to mentoring, motivating, and cultivating followers and up and coming leaders. Leadership is a critical ingredient needed to run a successful organization. Transformational leadership is a style that allowed leaders to develop, recognize, and build the employee's self-esteem (Keskes et al., 2018). Transformational leadership dynamics is a popular style known to increase employee commitment, behavior, and job satisfaction.

The healthcare industry is the supplier of various products and services. Federal, state, and local bureaucratic rules have been essential in making constructive advances towards redesigning and modernizing health care systems (Robbins and Davidhizar, 2020). The connection between patient and employee satisfaction increased the patients' probability of returning for treatment, increased revenue for the facility, and increased job satisfaction and employee retention. Healthcare facility leaders who discovered the need and implemented transformational leadership strategies modified the status quo, encouraged an unwavering work environment, decreased hospital expenditures, empowered employees, and improved staff attitude and performance (Khan et al., 2018; Robbins and Davidhizar, 2020).
Transformational Leadership and Job Satisfaction

Job satisfaction is a term that described how an individual felt about their job and is usually associated with factors such as effective communication, positive or negative job performance, and organizational commitment are factors that contributed to job satisfaction (Pang & Lu, 2018). Job satisfaction is the action of an employee to ensure quality healthcare is delivered in public and government healthcare institutions; however, unhappy healthcare workers is a warning that poor leadership may be the contributing factor which must be addressed to prevent declining patient care, burnout, stress, and turnover (Farrington & Lillah, 2019). Rewards, the workplace setting, and benefits described job satisfaction. Rewards come in the form of intrinsic or extrinsic value, including time-off awards, bonuses, or essential needs. Pandey and Singh (2016) postulated that the workplace setting is associated with the organization and the employee's level of comfort perception and the relationships developed among healthcare workers, co-workers, supervisors/leaders. Consequently, the leadership style, manner of communication, empowerment abilities, independence, and professional growth opportunities played a pivotal role in job satisfaction (Pandey and Singh, 2016).

The leadership chain of command is responsible for improving the organization's overall leadership climate and, in this case, improving patient care and safety through job satisfaction. Transformational leadership is an action that leaders used to gain trust and respect from their leaders and vice versa (Boamah et al., 2017). Boamah et al. conducted a study of 378 nurses and used the Multifactor Leadership Questionnaire on a five-point Likert scale that measured the four components of transformational leadership ranging from 0=not at all to 4=frequently. Job satisfaction was measured using the Global Job Satisfaction (GJS) questionnaire originally developed by Hackman and Oldham (1976). Their instrument used is Cronbach $\alpha = 0.72-0.84$. 
The coefficient in their study is 0.97, which exceeds their overall scale. Their study concluded there is a positive correlation between job satisfaction and leadership driven by the daily workload, professional growth, and empowerment.

Job satisfaction accounted for the employee's level of engagement, commitment, and employee behavior (Miedaner et al., 2018). Edwards-Dandridge (2019) conducted a study that included 155 full-time nurses using the Work & Well-being Survey (UWES-9), the Job Satisfaction Survey, and the Turnover Intention Scale. Her research focused and examined the relationship between work engagement, job satisfaction, and nurse turnover intention in a healthcare setting. The six-point Likert-type scale presented a mean score of 4.23; participants showed an average level for employee engagement. The mean score for job satisfaction is 4.01, using the Likert-type scale, which indicated the participants were more satisfied than dissatisfied with their job. Additionally, the Job Satisfaction Survey mean score for turnover resulted in 2.08, which means the participants had a low level of turnover intention instead of those who are considered leaving the organization. To sum up Edwards-Dandridge descriptive research, the observations for work engagement had an average of 4.23 (SD = .87, Min = 2.22, Max = 6.00). The observations for job satisfaction had an average of 4.01 (SD = .58, Min = 2.70, Max = 5.48). The observations for turnover intention had an average of 2.08 (SD = 1.05, Min = 1.00, Max = 5.00). She, along with Chen and Taylor (2016), Linh et al. (2016), and Semachew et al. (2017), concluded that job satisfaction is a significant factor of organizational commitment and less turnover.

Transformational leadership style was examined through the lens of the employee's behavior, specifically, the lack of employee commitment shifted studies that explored the relationships between leadership style and commitment (Moon & Park, 2019; Yahaya &
Ebrahim, 2015). In other words, transformational leaders changed perceptions and inspired followers to make changes for the good of the organization and self-gratification (Yahaya & Ebrahim, 2015). Although scholars have made numerous attempts to define commitment, there is no one-size fit approach. For example, Becker (1960, p. 32) described commitment as "coming into being when a person, Kanter (1968, p. 507) posited commitment as "the attachment of an individual's fund of affectivity and emotion to the group, Hrebinjak, and Alutto's (1972, p. 556) definition was "a structural phenomenon which occurs as a result of individual-organizational transactions and alterations inside bets or investments over time," Meyer and Allen (1991, p. 61) defined commitment as "a psychological state with at least three separable components reflecting a desire, need, and an obligation to maintain a relationship with the organization," and Aydin et al. (2011, p. 628) deemed commitment as "the desire to maintain organizational membership, identification with the purposes, successes of the organization, and a willingness to exert considerable effort on behalf of the organization." With these definitions in mind, the outcome of Moon and Park's (2019) study showed that transformational leadership is negatively associated with turnover; however, transactional leadership is positively related to turnover. The researchers gauged turnover based on reassignments, resignations, and voluntary retirements. Job satisfaction is deemed a determining factor that influenced an employee to commit to the organization. Albeit Sun and Wang (2017) begged to differ and believed more empirical research has to be conducted on employee turnover as it related to the value of transformational leadership, Caillier (2016) believed there are significant indicators of work-related consequences that showed transformational leadership encouraged employee turnover behavior because leaders that practiced transformational leadership motivated and impelled followers to go beyond their self-centeredness for the benefit of the organization.
Overview of Employee Behavior

As the healthcare industry evolved, it became increasingly important to understand the factors that contributed to employee behavior or attitude (Erkutlu & Chafra, 2016). Top management and leaders strived to enhance the organization through improved processes. Jain (2016) and Pagliaro et al. (2018) believed the employee's behavior and performance are assets that contributed to the organization's overall success or negatively impacted the services the organization provided. Researchers' grew interest is how leaderships roles influenced the employee's behavior, whether positive or negative (Pagliaro et al., 2018). The link between the organization's climate and the employee's behavior (i.e., turnover intentions, absenteeism, motivation, and leadership support) became a part of the leader's focus when it was determined the employee's specific reasons for their behavior (Pagliaro et al., 2018). Their study included a sample of n=376 employees. The six-point scale, using Cronbach’s α=0.75 measured the organization's climate of friendliness, identification, counter-productive work behaviors, and morality. The organization's friendliness culture is positively related (β=0.31) to employee identification, which increased the employee's positive behavior. Moreover, the findings indicated that the organization's psychological label drove the employee's conduct.

Employee performance is an area that challenged leader-employee relationships without strong communication (Morrow et al., 2016). Employees do not perform their best when there are leadership challenges. Organizations must employ competent leaders who are capable of understanding. Poor communication and leadership reduced employee productivity and led to job dissatisfaction (Ghiasipour et al., 2017). Lack of communication does not allow the leader or follower to develop relationships or dialogue, which helped to determine how an individual performed their job. One researcher's study used a sample size of 323 employees that predicted
how transformational leadership affected employees through the roles of identification, engagement, and proactive personality (Buil et al., 2019). Buil et al. used an eleven-point Likert scale that ranged from 0=strongly disagree to 10=strongly agree. A relationship between transformational leadership and job performance ($\beta=0.253; t$-value=3.692) was found to be accurate. Additionally, a positive but inconsequential relationship existed between transformational leadership and employee behavior ($\beta=0.014; t$-value=0.185). Ultimately, they found that transformational leadership is a great predictor of the employee's performance.

Leaders transformed employees through compelling motivation and empowered them to achieve organizational and personal goals (Yukl, 2010; Ribeiro et al., 2018). In Ribeiro et al. study, they surveyed 476 health care workers. Because this study was predicated on the plea for more research in this area, their findings are favorable towards transformational leadership that encouraged employee commitment, which is congruent with Allen and Meyer (1996), Bycio et al. (1995), and Kark et al. (2003) research on this topic.

**Absenteeism**

Absenteeism is costly for organizations. While employee call-out has risen, the leaders' need to assess the overall effectiveness of their organization is paramount. Prior research showed that leaders played a vital role in employee's call-out routines (Kuoppala et al., 2008). Decent leadership appeared to be an additive needed for improved job satisfaction and decreased absenteeism. Nielsen and Daniels (2016) studied transformational leaders and absenteeism for a span of three years. Using a five-point Likert scale, they gathered their data and transformational leadership was measured using median intraclass correlation coefficient (ICC1) = .12, range .07–.23; median ICC2 = .68, range .52–.82; median rwg = .70, range .22–1.00. Transformational leadership: $\alpha = .94$ at the individual level; $\alpha = .97$ at the group level, ICC1 = .16, ICC2 = .74,
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r wg = .91, range .81–.96). Absenteeism was low on the scale with a score of r = .28 (p < .01). There is evidence that supported transformational leadership is effective in curtailing absenteeism (Richard & Vandenberg, 2005; Zhu et al., 2005); however, Nielsen and Daniel’s findings found a positive correlation between transformational leadership and absenteeism. The organization’s climate provided meaningful information on employee retention. Failure to evaluate turnover’s seriousness negatively affected financial resources, patient care, and the organization’s overall perception (Kurnat-Thoma et al., 2017).

**Burnout**

Just as healthcare workers take care of their patients, the workers must take care of their health. Burnout among workers, in this case, physicians, is has surfaced. It is estimated that 25-60 percent of physicians experienced burnout (Montgomery, 2016). Burnout affected the physician's performance. As a result, their health declined due to tiredness, inability to exercise, improper diet, and alcohol consumption. Poor leadership and work-life balance led scholars to study 61,168 nurses spanning across 12 countries and found that more than a quarter of the nurses was burnt-out (Johnson et al., 2018). Johnson’s study showed that physician burnout increased from 46 percent in 2011 to 54 percent in 2014.

The World Health Organization (WHO) (2018) believed there will be a need to hire 40 million healthcare workers to meet the world's growing challenges and demands. In China, people that sought healthcare from outpatient clinics increased by 250 million, and 17.08 million people are hospitalized or became in-patient due to ailments. Such patient increase tripled the workload; consequently, there is a shortage of nurses, the pressure to work long hours, and burnout. Burnout became a significant concern for leaders. Wu et al. (2019) studied
transformational and its impact on the nurse's mental well-being and resignation intentions. The researchers believed that promoting a spiritual work environment minimized events.

The theory of spirituality allowed the employee to show devotion, empathy, and acceptance; thus, increased moral support and minimal burnout (Fry, 2016). Wu et al. studied two hospitals in Jiangsu Province in China with a sample size of n=391; there was a response rate of 97.75 percent. Age, clinical experience, and clinic location were variables used in assessing the spiritual climate, leadership, emotional exhaustion, and the intention to leave. The MLQ was used to develop responses to the leadership questions. Maslach's Emotional Exhaustion Scale was used to characterize burnout (Maslach et al., 2001). The employees perceived transformational leadership as medium levels of leadership from their manager. Emotional exhaustion is scored at 23.39, which indicated nurses frequently felt burnout; thus, nurses have the intent to leave the organization. Pearson's correlation \( r = -.455, p < .01; r = -.323, p < .01 \) was used to explore the relationship between teamwork, spiritual climate, transformational leadership, emotional exhaustion, and turnover intention. There is a negative relationship between spiritual climate and emotional exhaustion and turnover intention. Pearson’s correlation \( r = .100, p < .05; r = -.323, p < .01 \) was applied to spiritual climate and transformational leadership; there was a minor correlation between the two. Transformational leadership was significantly linked to spiritual climate \( \alpha = 0.198, p < .01 \) and negatively affected by emotional exhaustion \( c = -0.115, p < .05 \). Wu et al. identified that a positive spiritual climate was associated with the nurse's workplace experiences; thus, there is reduced burnout among the nurses. The linkage between transformational leadership and the spiritual climate was recognized and spiritual climate, as an arbitrated factor, influenced transformational leadership, thereby burnout and the intention to leave the organization was reduced.
The need to develop nurses into leaders, says Ferguson (2015), is a global problem that will not be obtained without nurses taking charge. Nurses are the largest healthcare group. With people living longer, discovery of new diseases, and innovative technology, transformational leaders are needed to develop and strengthen nurses. The International Council of Nurses (ICN) is an organization whose purpose ensured nurses and nurse leaders possess the knowledge, skills, and ability to perform their assigned duties. Through transformational leadership, sustaining nurses contributed to the nurse's well-being, prevented burnout, and increased quality patient care (Ferguson, 2015).

**Employee Performance**

Employees are more likely to be engrossed in their work when their leaders inspired and explained their work's benefit (Lai et al., 2020). In Lai et al. study, a total of 507 nurses participated in an investigation that measured transformational leadership, work engagement, task performance, and helping behavior. The leader-member exchange (LMX) scale was used ($\alpha=.94$). The coefficient for transformational leadership was $\alpha=.94$, work engagement $\alpha=.93$, task performance $\alpha=.90$, and helping behavior $\alpha=.93$. In one of Lai et al. hypotheses, work engagement was positively related to task performance and helping behavior (unstandardized $b = .24$, $SE = .09$; $p < .001$). However, the relationship between transformational leadership and task performance was not significant (unstandardized $b = .12$, $SE = .08$; ns) and the relationship between work engagement and task performance was significant (unstandardized $b = .23$, $SE = .07$; $p < .001$). Followers who are psychologically stimulated received high-performance ratings and exerted more effort to help other employees achieve their goals (Lai et al., 2020).

Transformational leadership behaviors are needed in the organization where leaders do not possess an adequate amount of experience to lead others (Breevaart et al., 2016). Some prior
research showed inconsistencies and insinuated transformational leadership is ineffective. For this reason, it became increasingly important for followers to be self-motivated and rely solely on the leader’s motivation. Breevaart's research team studied transformational and self-leadership related to employee engagement and the employee's performance. The first hypothesis is that transformational leadership is positively related to the employee's job performance through employee engagement. The second hypothesis posited self-leadership, is positively related to the employee's job performance through employee engagement. A sample of 57 (n=57) employees, 24 men and 33 women, participated in the study. The MLQ consisting of 15 questions was used to measure transformational leadership, and a six-item self-leadership questionnaire measured self-leadership. The mean for transformational leadership was 2.64 to 5.69, and self-leadership 4.40 to 6.97. Transformational leadership had a positive relationship to employee engagement ($b^* = 0.52$, SE = 0.08, $p < .001$, 95 percent CI [0.40, 0.65]) and employee engagement was positively related to employee performance ($b^* = 0.21$, SE = 0.09, $p < .01$, 95 percent CI [0.06, 0.35]). Lastly, there was one measure that had an indirect effect--transformational leadership was positively related to the employee's performance through work engagement ($b^* = 0.11$, SE = 0.05, $p < .05$, 95 percent CI [0.03, 0.19]), which supported the first hypothesis. Self-leadership was positively related to employee engagement ($b^* = 0.27$, SE = 0.09, $p < .01$, 95 percent CI [0.12, 0.43]) and employee engagement was positively related to employee performance ($b^* = 0.21$, SE = 0.09, $p < .01$, 95 percent CI [0.06, 0.35]). Employees that used self-leadership behaviors were more engaged and the employees performed better ($b^*$ indirect effect = 0.06, SE = 0.05, $p < .05$, 95 percent CI [0.01, 0.11]). When transformational leadership and self-leadership types are used, employees are more engaged in their work--increasing employee performance.
Organizational Commitment

Researchers are explored the significance of organizational commitment. Physicians and nurses, according to Miedaner et al. (2018), are more likely to stay with the same organization, provided leadership and managers responded appropriately to their needs and desires. As such, leadership became a better predictor of absenteeism and turnover. The employee's perception of their organization has been studied in different fashions (i.e., employee involvement, commitment, and engagement). Furthermore, along with Miedaner et al.'s study, Keskes et al. (2018), and according to Rezaei's (2016) study, commitment is divided into attitudinal and behavioral, normative, and practical. Of the three categories, normative commitment showed a tremendous effect on employee commitment, which means more effort, is exerted by the employee to perform above what is asked of them. Keskes et al. studied 427 senior leaders. The study’s dominating factors, commitment, and transformational leadership were reinforced in their results and showed the employee's loyalty to the organization and the leaders. Wilson-Chatman (2020) studied 119 full and part-time nurses. The results indicated and sparked new discussion that focused on the nurse staff level, job satisfaction, organizational commitment, and turnover intentions. Thus, the staffing level was the highest predictor of turnover at 56.2 percent, followed by the staffing level, 54.3 percent of nurses indicated job satisfaction as a predictor of organizational commitment and turnover, and 53.8 percent of the participants revealed that leadership is a predictor of organizational commitment with a statistically significant value at $p<.05$.

The challenge to curtail turnover and shortage of nurses is evident in the organization's leadership. In 2016, Asiri et al. conducted a cross-sectional survey to validate the relationship between leadership, empowerment, and organizational commitment. The MLQ (Bass, 1997), the
Psychological Empowerment Scale (Spreitzer, 1995), and the Three-Component Model of Employee Commitment (Meyer & Allen, 1997) were used. With rapid changes in healthcare, nursing shortages became increasingly hard to recruit and more important as leaders, at a minimum, should possess managerial experience or guidance from experienced leaders (Asiri et al., 2016). The critical role nurses played led to Asiri et al. research. Their study measured leadership style, psychological empowerment, and organizational commitment. Participants worked in various areas (i.e., medical, surgical, and critical care). The total number of participants was n=332. The mean score was 4.70 and a standard deviation (SD) of 0.90. 92.1 percent of the participants were female; the average age was 35 (±SD=7.94 years). The organizational commitment scale was measured on a 7-point Likert scale using the Organizational Commitment Questionnaire thought of themselves to be moderately committed to the organization. The mean score was 4.02, with a ±SD = 3.45. The nurse commitment level was 4.46, with a ±SD = 1.11. The impact of leadership style has a negative correlation on commitment (Pearson correlation = -0.130, p-value = 0.019 and transformational leadership (Pearson correlation -0.113, p-value=0.045). In this study, transactional leadership was positively correlated with nurse’s commitment level (Pearson correlation =0.124, p-value =0.028).

Caillier (2016a) conducted a study on Federal agencies in the United States and built their findings on previous studies that investigated the relationship between employee job satisfaction and attitudes. Data was taken from the Federal employee viewpoint survey and FedScope to test the hypotheses. The researchers found that when leadership is attentive to the employees' well-being, they are less likely to leave the organizations (Caillier, 2016a).

**Overview of Empowerment**
Nayak (2018) defined empowerment as the practice of giving authority to subordinate employees to make decisions, prioritize work, and self-direct. Lower-level employees who are empowered tend to engage in meaningful work activities that further developed their knowledge, skills, and abilities. The demands of complex healthcare continued to evolve, while the requests for patient needs did too. Supporting these demands, along with the diverse perceptions of management's authority, one may assume that leaders should be willing to empower their employees (Metcalf et al., 2018). The healthcare field is saturated with high-tech equipment, and the education that goes along with these new tools led nurses and physicians to train and recertify their skills continually so that they can accomplish their duties. Metcalf et al.'s importance showed that top management's needed to support their leader's empowerment initiatives, which led to improved quality patient care and job satisfaction.

Gunawan et al. (2017) studied n=158 employees to determine if empowerment and job satisfaction on employee performance are correlated. Their hypotheses led them to believe that empowering employees mean improved performance; thus, there is a surge in job satisfaction. As a result of this study, empowerment is an indicator of job performance, which has a coefficient of $\gamma_1$ as 0.163 and t statistics is more generous than t table (2.095<1.65). This test is consistent with Wibowo's study (2009, as cited in Gunawan, 2017) theory that suggested empowerment increased the employee's performance and, subsequently, the organization's performance.

Transformational Leadership and Empowerment

In high performing organizations, leaders used empowerment as a tool to influence their followers. The definition of empowerment for this study included sharing information, creating an autonomous environment, and forming a hierarchy (Chang, 2016). Chang researched
multisource and multilevel data that examined the linkage between high-performance work systems and organizational ambidexterity from diverse organizations. The sample included n=346 employees and n=184 managers. The researchers posited that empowerment was a moderating factor in the study. Data from managers had a 61.33 percent response rate, while the employees had a 72.08 percent response rate. The average employee’s age was 35, 48 percent were female with seven years with the organization; the average age for managers was 32 with 12 years of service with the organization, and 52 percent were female employees. Chang performed several confirmatory factor analysis (CFA) to validate his constructs. Using Liao et al (2009) one-factor solution (χ² (72) = 735.38, non-normed fit index (NNFI) = 0.92, comparative fit index (CFI) = 0.92, incremental fit index (IFI) = 0.92 and root mean square error of approximation (RMSEA) = 0.05) worked well with Chang’s ambidexterity (χ² (65) = 537.91, NNFI = 0.91, CFI = 0.91, IFI = 0.91 and RMSEA = 0.05. For this study, ambidexterity was measured using a 12-item scale developed by Lubatkin et al. (2006). The CFA results also fit the one-factor test (χ² = 57.35, df= 9, p<0.01, RMSEA= 0.04, CFI= 0.92, GFI= 0.92, TLI=0.90); the reliability (α=0.91) was good. The empowerment climate measurement (mean γwg = 0.91, ICC[1] = 0.22, ICC[2] = 0.71), Chang used, was items from previous studies (Randolph, 1995; Seiert el al., 2004). The reliability of (α=0.85) proved to be good as well. Overall, the findings proved that empowerment is vital to the promotion of healthy organizations.

The Center for Disease Control and Prevention (CDC) is the front-runner for the public’s health. As a result, Liu et al. (2019) analyzed the relationship between transformational leadership and burnout and tested the intervening function of psychological empowerment. The researchers used the Maslach Burnout Inventory-Human Service Survey, Transformational Leadership Questionnaire, and the Psychological Empowerment Scale to measure burnout,
transformational leadership, and empowerment. The employees (n=385) were surveyed, and 96.25 percent of the employees responded. The data, which is a cross-sectional design, was analyzed using SPSS 17.0. This literature review is most interested in transformational leadership and psychological empowerment. The transformational leadership questionnaire was modified with a comfortable level of reliability. Leadership was measured using six items on a 5-point Likert scale (1=strongly disagree and 5=strongly agree). The aggregate score ranged from 0 to 130, and a high score indicated how the employee's leaders perceived transformational leadership. Cronbach's coefficient scale is 0.933. Spreitzer developed the Psychological Empowerment Scale. Twelve items were used on the five-point Likert scale (1=strongly disagree and 5=strongly agree). The scores ranged from 0 to 60; the higher the score, the more the participant's perceived psychological empowerment. Cronbach's coefficient is 0.925. The overall results of this study concluded that transformational leaders who empowered subordinates reduced employee burnout.

Khan et al. (2018) collected data from a sample size of 164 nurses. The Multifactor Leadership Questionnaire (MLQ) and the Conditions of Work Effectiveness Questionnaire (CWEQ) were used in this research. Transformational leadership was measured using 20 questions on a 5-point Likert scale. The MLQ Cronbach's score is α=.69 to .83. Khan et al. study revealed a Cronbach's score of α=.61 to .95. The CWEQ measured structural empowerment and used 12 questions on a 5-point Likert scale. Cronbach's coefficient scale is .89. This study's Croabach's score is α=.68 to .89. The descriptive correlation analysis results showed that nurses perceived their nurse manager's transformational leadership behavior as "sometimes" while scoring 0.74, and empowerment was high with a score of 3.48. The Pearson correlation for transformational leadership and empowerment (r=0.647, P<.001) is statistically substantial and
showed a close positive correlation between the staff nurse's perception of the nurse manager's behavior.

**Overview of Leadership Practices**

Data from nursing management researchers identified several critical practices for creating and sustaining a healthy workforce (Shirey, 2017). In Shirey's peer review, she studied 137 articles and identified the top 10 articles that produced four significant themes. The first theme indicated quality leadership, in which the leader empowered the employee through visible and interpersonal actions. People-centered leadership tended to support job satisfaction, improve the work environment, and increase productivity. Transformational, servant, authentic leadership were the most positive leadership styles; hence, these styles influenced building leader-member relationships and subsequently improved quality patient care. As a result of these influences, Shirey continued to identify themes and noted that theme two identified employee engagement and increased job satisfaction. The relationship between the leader and the employee generated empowering relationships that contributed to a stable and positive workplace. Moreover, when the employee and leader's relationship is coupled with strong communication and collaborative practices, turnover decreased, and retaining nurses became more manageable. A safe and productive work environment that provided access to professional development or other resources supported the employee's well-being. Staff nurses believed the key to increased quality patient care is knowledge sharing, teamwork, shared decision-making, and communication between the leaders and followers. The final theme, organizational culture and climate influenced leadership. Organizations that supported positive direction (theme one) turned out to work in favor of how frontline leaders performed their duties. Leaders who worked in this environment empowered their followers because they are certified by top managers. Empowerment provided a foundation
for reforming negative perceptions and integrating flexible, trusting, and team commitments that ultimately led to job satisfaction for the leaders and followers.

Physician leadership in healthcare is vital to the organization, employees, and patients (Frich & Spehar, 2018). Developmental programs for physician leadership is used to promote teamwork, effective communication, and employee-organization understanding. The be-know-do leadership context helped physician leaders influence their character, master their specialties, and respond to challenges and attain the organization's goals. Oostra (2016) is the president of ProMedica, a healthcare system with 17,000 employees (2,300 physicians). To expand the physician's leadership practices, Oostra recognized his organization needed leaders who facilitated change. The current leadership model is based on physician leaders nearing the end of their career and mainly served in advisory capacities—they did not influence their followers; thus, followers perceived them as incompetent, having poor communication skills, and lost creditability. The present-day model, the governance model, was designed to engage leaders, increase their participation in the decision-making process, and improve patient healthcare. Engaged physicians at this level created a sense of belonging, leader-follower trust, and shared responsibilities. The leaders are self-directed, and the followers built off the leader's strength. Oostra (2016) posited servant leadership as the leadership style for this organization because the leaders focused and serviced the patient and employees first and then the organization. Furthermore, servant leadership was attributed to the employee's growth, performance, and retention.

**Empowerment**

Employees benefited greatly from empowerment. Preethi et al. (2016) posited that employees and patients benefit from empowerment because employees can own their work.
Researchers found that delegated work assignments allowed the employee to make decisions at the lowest level and increase knowledge sharing with access to critical information (Blau & Alba, 1982; Bowen & Lawler, 1992; Mainiero, 1986; Neilsen, 1986). The empowerment approach is an untraditional method that does not, per se, goes by the book, but it allowed support staff to take the initiative (Bowen & Lawler, 1992; Ta'an et al., 2020). A nurse or physician servant leader promoted employee development as well as caring leadership. Such leadership built trust and created a psychologically safe work environment for followers (Sherman, 2019). Empowerment is designed to allow leaders latitude to let employees take the initiative to make decisions, share knowledge among the team, and enhance performance through coaching (Spears, 2004; Sousa & Van Dierendonck, 2016).

Patient care is a concern that leadership impressed upon healthcare workers. While improved patient care is the leader's responsibility, leaders must also be aware that leadership is needed to influence followers (Boamah, 2018). Ta'an (2020) told readers that empowered followers exhibited independence and a deep awareness of their role. Ta'an et al. research investigated structural empowerment and the relationship to job performance. A sample of nurses from four hospitals in Jordan included 195 nurses (88 males and 107 females). Structural empowerment was measured using Laschinger et al. (2001) Workplace Effectiveness II Questionnaire (CWEQII) on a five-point Likert scale. The researchers also measured subscales—opportunity $\alpha = .81$, access to information $\alpha = .80$, support $\alpha = .89$, resources $\alpha = .84$, formal power $\alpha = .69$, and organizational relationships $\alpha = .69$. The scores from the CWEQII ranged from 6 to 13, 14 to 22, and 23 to 30, which represented low, moderate, and high structural empowerment. The nurses perceived their work environment as moderately empowering ($\text{mean}=18.99; \text{SD}=5.06$). Pearson's correlation coefficient was then calculated. The score ($r = 0.928, p <$
demonstrated significant positive correlations between structural empowerment and job performance.

**Employee Engagement**

Employee engagement is crucial to the healthcare organization's functions (Jha & Kumar, 2016; Moore et al., 2020). Flammer and Luo (2015) suggested that organizations who actively seek to exercise employee engagement tended to counter employee's adverse behavior. Furthermore, engaged employees compared their success with the organization's success; thus, leading to the employee's commitment to the organization (Stoyanvoa & Ivaylo, 2017; Moore et al., 2020). Employees who are engaged are more likely to be pleased with their job and enthusiastically devoted their service to improve individual and organizational performance (Prottas, 2018). Based on previous and Moore et al. research, employee engagement perception in healthcare inspired job satisfaction. Moore et al. research team measured employee engagement using Farley's (1989) Communication Assessment Questionnaire (CAQ) and Schaufeli and Bakker's (2004a) Utrecht Work Engagement Scale (UWES-17) questionnaire. This literature review is interested in the outcome of how employees observed engagement. The UWES-17 instrument consisted of 17 items utilizing a Likert-like scale ranging from 0 = never to 6 = always; the concepts associated with engagement include vigor, dedication, and absorption. Cronbach's coefficient is $\alpha = .80-.92$ (job vigor $\alpha = .81$, job dedication $\alpha = .89$, and job absorption $\alpha = .74$). The mean score for work engagement was 4.18 and SD 0.81, job dedication mean, 4.79 and SD .87, vigor means 4.13 and SD .88, and absorption means 3.77 SD 0.92. The research concluded that job vigor was negatively linked to scholarly communication and indirect communication, increased job dedication was associated with informed communication--nurse characteristics are influenced and determined by the work environment and level of enthusiasm.
As a result, nurse leaders provided open and honest communication to followers and noted that the method of communication used should meet the employee's various needs.

**Autonomy**

Most people agreed their success is dependent upon themselves. Employees who take responsibility for their success usually performed better than those that do not (Zheng et al., 2017). Leaders who supported a sense of employee independence ultimately welcomed the employee to take the initiative; on the other hand, leaders who controlled everything forced employees and followers to think and behave unnaturally (Slemp et al., 2015). According to McConnell (2019), some managers failed to empower employees to be independent and to receive the accolades from accomplishing the task or mission; however, an effective leader is an advocate for employee growth. Employees tended to miss opportunities for promotions because they cannot show they are responsible and independent workers (McConnell, 2019).

Gilbert et al. (2017) investigated the relationship between transformational leadership and autonomy. Participants were sent invitations, and 487 (48 percent) completed the survey. Healthcare personnel made up 13 percent of the participants. The researchers used the Multifactor Leadership Questionnaire (20-item scale) developed by Bass and Avolio (2004) to measure transformational leadership on a 5-point Likert scale ranging from 0=not at all to 4=frequently. The structure of transformational leadership ($X^2(165)=560.21; CFI = 0.92; TLI = 0.91; SRMR = 0.04; RMSEA = 0.08 (0.08; 0.09)$); the consistency was adequate at $\alpha=0.95$.

Autonomy was measured using the Perceived Autonomy Support Scale for Employees (21-item questionnaire based on a 7-point Likert scale) (PASS-E) (Moreau and Mageau, 2012). The correlations was a good fit, $X^2 (181)=709.32, CFI = 0.92, TLI = 0.91, RMSEA = 0.08 (0.07; 0.09), SRMR = 0.05$. The consistency was adequate for autonomy support ($\alpha=0.93$) and
psychological control ($\alpha=0.93$). Gilbert et al. concluded that transformational leadership is related to psychological well-being and burnout and is mediated by autonomy support and psychological control management behaviors. Furthermore, their results suggested that autonomy has more influence on the employee's psychological health than transformational leadership.

Jain and Duggal (2018) investigated autonomy and its relationship with transformational leadership. When leaders allowed followers to lead, it inspired their professional development; thus, job satisfaction increased. The MLQ, Bass, and Avolio (1997) measured transformational leadership, and the NOVA scale, a questionnaire that was created by Karasek and Theorell (1990), was used to measure job autonomy. Cronbach coefficient $\alpha=0.7$. Job autonomy was moderate (mean = 3.65); thus, the correlation between transformational leadership and autonomy was noticeably positive.

**Motivation**

Mayfield and Mayfield (2016) and Manz and Neck (2012) indicated that organizations are rapidly changing to keep up with new technology, workplace demands, generational changes, and economic uncertainties. These are factors that leaders must respond to with systems that inspire self-leadership. Self-leadership is the act of accepting intrinsic objectives and approaches (Manz & Neck, 2012). As a result, organizations must develop strategies to overcome these challenges. Successful organizations depend on motivated employees, which leads to employee commitment and job satisfaction (Varma, 2017). Job motivation is essential to healthcare organizations; therefore, leaders must pay close attention to factors that exacerbate job dissatisfaction (Alrawahi et al., 2019; Mayfield & Mayfield, 2016). Motivating language, says
Mayfield and Mayfield, is used by leaders to develop the employee’s self-leadership; thus, enriching employee outcomes, performance, and job satisfaction.

Motivated employees, especially teams, in the healthcare industry, can be challenging. Each employee brings a new dynamic of philosophies, principles, morals, and goals. The knowledge ranged from novice to expert; however, if an employee is not motivated, they will not perform to their highest potential (Rahbi et al., 2017). Rahbi’s team conducted a study that investigated the relationship between leadership styles (authoritarian, democratic, and laissez-faire) and motivation. After this study, Rahbi et al. found that leaders must support and encourage employee motivation. Their research also showed a need for dynamic leadership--transformational, transactional, authentic, and servant leadership styles that inspired motivation; hence, transformational, authentic, and servant leadership style was positively correlated to motivation; transactional had a negative correlation. Employees felt a sense of obligation when they support and are supported by their leader, thus, their level of motivation and commitment to the organization is increased (Schopman et al., 2017).

In the current circumstances, employee motivation became more critical, according to Plenty and Morrissey (n.d.). Employees suffered, morale and self-confidence decreased, performance declined, and absenteeism rose when organizations undergo modernization or other significant changes; thus, leading to turnover. The importance of how leaders manage changed and how they lead will make a difference in the employee's level of motivation. Involve, trust, and collaborate with employees--they will feel motivated to contribute, valued, and stay with the organization (Plenty & Morrissey, n.d.)

Summary of Literature Review
Overwhelmingly, the literature review is saturated with supporting evidence showing the significance of transformational leadership. The healthcare industry strives to build a work environment that increased quality patient care and retain employees (Nayak, 2018). Transformational leadership produced satisfying results that effectively paved the way for organizations to successfully interact with employees (Nielsen & Daniels, 2016). Healthcare leaders must understand the factors that determine job satisfaction and employee behavioral changes to help leaders provide promising strategies in addressing employee issues (Scanlan et al., 2019). Reintroducing current organizational services generates increased performance, renewed purpose and ensure followers and leaders adapt to its values and integrity (Chang, 2016). Transformational leaders openly and frequently communicate with followers, and are instrumental in engaging and improving performance and behavior. Transforming leaders spend over $14 billion in training for their followers. The benefit to the organization is that followers became independent, and the psychological impact increased the employee's well-being, which is a win-win for both (Gilbert et al., 2015).

When employees are involved in the decision-making process and work assignments, they are more committed and have the independence to develop strategies to accomplish the organization’s goals. The significance of job satisfaction, says Scanlan et al., is to add purpose and substance to the employee’s well-being and safety, which increased productivity. Accordingly, leaders must build a work environment that is beneficial to the employee and the organization. Through close observation, managers can tell the temperament of their employees (Valaei & Rezaei, 2016). Overall, several factors contributed to job satisfaction--communication, contingent rewards, peers, benefits, type of work, operational practices, promotion, level of supervision, and work-life balance. Job satisfaction in Federal, public, and private organizations
differ in that human resources practices vary. Nonetheless, job satisfaction is a significant predictor of trust, performance, and organizational commitment.

Increased absenteeism, increased turnover, burnout, and poor performance are factors of job satisfaction or lack thereof. As the healthcare industry evolved, it became increasingly important to understand the factors that contributed to employee’s behavior or attitude (Erkutlu & Chafra, 2016). The employee's perception of those, as mentioned above, is based on each individual, although physicians and nurses shared some of the same sentiments. Team-building exercises and open and honest communication are two of many strategies leaders can take to change their employee’s perception of them and the organization (Büssing et al., 2017). The result of researching the literature review enlightened the readers of past and current research with the hopes of finding a solution to negative employee behaviors. Finding the "right" leadership for an organization in and of itself is not a solution to the problem, yet understanding the root cause of malicious employee behavior, what causes it, and what leaders can do about it provided better guidance for organizations (Maslach et al., 2001).

Empowerment, structural and psychological, is an action known to improve employee independence and help them understand the pivotal role they play in the organization (Ta'an et al., 2020). In the healthcare industry, structural empowerment is vital to delivering quality patient care, increased healthcare worker job satisfaction, patient satisfaction, and decreased burnout. Top management is responsible for ensuring that healthcare providers are adequately trained. Doing so increased the opportunity for nurse managers, social workers, and psychologists to excel which is linked back to increased job performance. According to Maslach et al. (2001) and Ta'an (2020), many empowered healthcare workers performed better.
Many studies have been reviewed and showed reasonable evidence that leaders who are flexible, committed, and responsible created an environment that increased job satisfaction and decreased turnover (Shirey, 2017). Nurses are the largest healthcare group leading healthcare. Transformational leadership practices are needed to develop new or revamp existing strategies to meet the needs and demands of challenging healthcare systems (Ferguson, 2015). Nurse and physician leaders' role is best predicted in their ability to motivate, encourage, inspire, and communicate sound organizational objectives (Moon & Park, 2019). Nevertheless, whether transformational or other leadership styles are used, if the leader-follower relationship is not established, the implications for the leader, employee, and organization may suffer (Yahaya & Ebrahim, 2016).

**Summary of Section 1 and Transition**

In section one, the problem, nature of the study, and research framework, definitions, significance of the study, and literature review was discussed. Data from previous studies showed that empowerment significantly improved job satisfaction, employee behavior, and organizational commitment. The most significant hurdle for leaders is the inability to share knowledge and power with their employees; thus, employees relied solely on the leader for guidance and little independence to make decisions. Employees believed their leaders used their power as a tactic to hinder their learning, which decreased career progression, increased burnout and absenteeism due to tedious work. Overall, patient care is affected. Leaders may be able to modify the employee’s perception through empowered subordinates, hence, taking ownership of their work through employed transformational leadership strategies.

Researchers are able to use fixed, flexible, and mixed-methods designs to answer leadership problems and better understand the organization; consequently, there is no right or
wrong design method to apply. The researcher determined the best method that represented his or her understanding of specific problem(s); therefore, understanding the strengths and weaknesses of each design will be instrumental in determining the best design. The questions to be asked and answered concerning the best approach required the researcher to be familiar with the problem and participants. As research developments improve, scholars are better equipped to pinpoint the specific problems that have negatively affected the organization and the individual. Researchers made the best efforts to address leadership problems through one of the three research designs that is capable of yielding the best results to organizational leaders.

Section two is the research project and proposal that consists of the problem statement, research questions, methodology, participants, data collection, and data analysis. This section also captured updates relating to data collection and analysis. The permission request letter will be submitted to the chair for approval. Upon the approval, the researcher requested permission from the organization’s leadership to interview employees.

Section 2: The Project

Collecting data is the action researchers take to investigate their leadership problem. This section offers a detailed data collection method for this study. Although there is no one size fit approach, Robson and McCartan (2016) posited the data collection method is determined by the type of research questions the researcher is looking to answer; thus, time, resources, and skills moderated the collection method. Robson and McCartan further illustrated how the collection method should match the researcher's personality. For example, some researchers preferred interviews as opposed to gathering information over the telephone. Participant observations, interviews, and focus groups are a few methods discussed by Creswell and Poth (2017). Because researchers should have data collection choices relevant to their research problem, Creswell and
Poth believed the researcher's options for conducting qualitative research helped the researcher decide what approach is best suited for studying their problem(s). Ultimately, the participants will rate their leadership style by answering seven interview questions. The Multifactor Leadership Questionnaire (MLQ) developed by Bass and Avolio (2004) and the Psychological Empowerment Scale (PES) developed by (Spreitzer, 1995) will be used to rate the perception of the individual’s level of job satisfaction through empowerment. The survey will only be used for triangulation.

Data analysis is the heartbeat of a research project (Potestio et al., 2015). Data analysis for this study provided a foundation to understand employee job (dis)satisfaction. Working through themes and descriptive responses offered answers to the research problem and questions (Maree, 2015). The findings of this study will be collected and reviewed. The researcher ensured the data collected is valid and reported. The results of this study and survey will be used to provide top management with the ability to make decisions across the Department of Veterans Affairs (DVA) and community hospitals.

The researcher defended their work through trustworthiness, credibility, applicability, and consistency (Hammarberg et al., 2016). The qualitative research strength allowed flexibility and the ability to gather more information needed to understand the participants (Duffy, 1987). Reliability and validity demonstrated changes at different times; therefore, the researcher obtained similar outcomes when measuring the same behavior in other circumstances (i.e., when coding the same audio or videotape with a week timeframe) (Robson & McCartan, 2016). The researcher's creditability is a significant part of the research project because their creditability enhanced the data's quality and validity (Patton, 1999).

**Purpose Statement**
The purpose of this flexible single case study is to add and expand on the understanding and reasons behind employee job dissatisfaction, negative employee behavior, and lack of organizational commitment when leadership fails to empower employees. Challenges in the healthcare field became progressively complex. As a result, empowerment interventions and practical approaches over the last few decades are used to encourage and exercise constructive behaviors that allowed leaders to shift responsibilities down to followers (Admundsen & Martinsen, 2015; Kim et al., 2018). The research sought to deliver a scholastic understanding of employee job dissatisfaction, negative employee behavior, and lack of commitment in Federal healthcare facilities in the United States and see if there are specific influences on job dissatisfaction, negative behavior, and organizational commitment based on the type of leadership displayed. The breadth of job dissatisfaction, negative employee behavior, and lack of organizational commitment are deeply explored through the lens of leader's failure to empower their employees. Not only does this problem affect vested employees, but new graduates entering the workforce are also affected by these occurrences (Laschinger et al., 2016; Srivastava et al., 2006).

**Role of the Researcher**

The data collection method is selected early in the research project; however, it is possible to add additional research methods. The researcher is responsible for seeking the most suitable methods for his or her project. Whichever method the researcher decided, the research must be done per time and resource constraints (Robson and McCartan, 2016). Data will be collected from interviews, surveys, and observations. This method is popular and most often used. Surveys are ideal because they provide individual characteristics. With modern computer technology, the social science field used complex methods to collect, process, and evaluate data.
Therefore, qualitative research methods will be used to answer the researcher's questions. The researcher defended her work through trustworthiness, credibility, applicability, and consistency (Hammarberg et al., 2016).

Bracketing was originally used under the phenomenology tradition (Small, 2001; Spiegelberg, 1965). The historical and logical use of bracketing is used in qualitative research methods. Tufford and Newman (2010) explained that bracketing is used to minimize biases due to the researcher-participant relations. Researchers must understand how bracketing affected their research journey; thus, the developed strategies used to overcome the challenges faced was based on her experience with the research topic (Tufford & Newman, 2010). Furthermore, the researcher believed the bracketing techniques used throughout this research project permitted the researchers to realize the benefits.

**Research Methodology**

This project provided a qualitative, case study research approach. People who read this research project noticed a very descriptive and non-numerical paradigm that highlighted the research project's harsh reality. The means to collect data was flexible because the data will be captured through current literature reviews, participants' observations, and interviews (Turner et al., 2019). Researchers that used qualitative research collect open-ended data that is used to develop themes. Qualitative research characteristics occur in a real-world or natural setting that is shared and humanistic, with evolved data as opposed to prefigured data (Campbell, 2014). The non-numerical paradigm underscored the research. The researcher collected data from various sources that included past and present literature, survey questions, participant observations and interviews. In a Microsoft teams setting, the participants had the liberty to communicate their
thoughts and feelings, contrary to how quantitative research is collected (Robson and McCartan, 2016).

A single case study is an appropriate approach because cases are not weakened due to comparing multiple cases. An in-depth description and analysis provided an understanding of the case. Interviews, surveys, observations, or artifacts are sources to collect data and provided reports of the cases. Moreover, a single case study sufficiently provided enough information to recognize and identify themes. Case study allowed previous researchers to pilot test, refine, and develop questions relevant to the problem or case (Yin, 2003). Each method has pros and cons. The narrative approach is not the best choice because access to authentic material and accounts posed a problem during data collection. Phenomenology data collection issues stemmed from associating the participant's experience to the logistics of interview techniques. Grounded theory has problems with interviewing and participant openness. Lastly, ethnography had problems that exposed confidential information or the potential to deceive participants (Creswell & Poth, 2016).

Triangulation, the art of land surveying and navigation, is a method of observing constructs from different aspects (Sharp, 1943). According to Campbell and Fiske (1959), multiple tests are utilized to calculate the same paradigm and search for "convergent validity," thus, understanding complex health care industry-related issues. Triangulation allowed researchers to use a method, investigator, and theory triangulation to validate research data (Carter et al., 2016; Natow, 2019). Preferably, Campbell and Fiske indicated that using at least two traits to measure a minimum of two methods of identical characteristics correlated greater among each other as opposed to measuring with different traits that involved separate methods. In all cases, the researcher ensured the triangulated data was completed, convergent, and
displayed different and significant themes that were used to validate data (Farmer et al., 2006). This allowed a better chance to understand the research problem. Triangulation data and theories was used for this project.

**Participants**

Fifteen participants with at least one to thirty years of experience was randomly selected from an employee email list developed by the researcher in Birmingham, AL. Interested participants was fully informed of the requirements for the study. This research project consisted of nurse managers, social workers, and psychologists directors--male and female. The study was conducted with the Veterans Health Administration and Readjustment Counseling Service leaders. The participants were full-time employees with no documented disciplinary actions. The age range varied from 40 to 70 years. No temporary employee was selected to partake in the study.

The participants was chosen based on who could best respond to the research questions and provided information so that the researcher understood the phenomena that being studied (Creswell, 2009). For example, this study looked at a leadership problem. Therefore, the participants (nurse managers, social workers, and psychologist) perspectives (those that approved or disapproved the type of leadership), experience (number of years in the occupation), and diversity (age, gender, race, or other backgrounds) are representative of the chosen participants. Furthermore, Creswell indicated the researcher should capture participants based on the theoretical perspective and evidence that substantiated the study.

**Population and Sampling**

This flexible single case study added to and expounded on the understanding and reasons behind employee job dissatisfaction, negative employee behavior, and lack of organizational
commitment when leadership failed to empower employees. The following discussion of the population and sample provided the framework for the participant's demographics and sample size. Eligible participants met the criteria for inclusion. The employees who did not meet the conditions was not be able to contribute to the research study.

Data saturation as described by Fusch and Ness (2015) is having enough material to duplicate a study when the wherewithal to acquire new information has been reached and when coding is no longer possible. The researcher’s objective ensured data saturation positively impacted the research and maximized content validity; hence, data saturation is not all numbers it is the breadth of the data (Burmeister & Aitken, 2012; Fusch & Ness, 2015). Interviews and focus groups helped researchers achieve data saturation (Bernard, 2012). Moreover, Bernard explained that the number of interviews cannot be enumerated, but the researcher ensured she asked participants the same questions to enable data saturation. Focus groups created dialogue between participants and was instrumental in creating diverse perspectives on the research topic (Nepomuceno & Porto, 2010). Nepomuceno and Porto further explained that a group of six to twelve participants is adequate to allow participants to communicate their thoughts and is sufficient to create diversity. Failure to meet data saturation may result in invalid data. Since there is no one-size-fit-all approach to reach data saturation, the researcher’s design is critical in getting the best answers to the research questions (Fusch & Ness, 2015). Furthermore, no new data, themes, or coding equated to saturation and for this reason the appropriate sample size and research design is critical.

This study's population consisted of nurse managers, social workers, and psychologists in leadership roles. Leadership roles are defined as those with higher level responsibilities and decision-making authority. When the participants was selected, their job title was identified.
Case study data included documents, interviews, direct observation, and participant observation, which eliminated the need for a massive sample size (Yin, 2014). The population is nurse managers, social workers, and psychologists. The leaders have the ability to hire, effect disciplinary actions, and empower subordinates.

The sample size ensured enough people was available to confirm leadership outcomes and depended on the research design. A purposive sampling, according to Baur et al. (2015), was used to produce a sample that is representative of the population and is valuable in understanding a problem from the participants' standpoint; thus, allowing for the best capture of information from the participants closest to the problem (Azaroff et al., 2013). Snowball sampling may be used to obtain referrals from the study participants. The researcher obtained a list of employees from the program office. Interviews were held at the participant's convenience, face-to-face via Microsoft teams at a location of their choice. There were minimal interruptions for at least 30 to 45 minutes duration of each interview.

Data Collection

The researcher's plan to collect data began with interviews; the surveys was used for triangulation purposes. Participants were asked to complete and return their consent form before they received the survey link and were scheduled for an interview. Once the consent was returned to the researcher, the participants were asked, via their email, to voluntarily access a survey through a link provided by Mind Garden®. No information (i.e., email address, social security number, or date of birth) was collected to reveal the participant's identity. There is no designated location for the respondents to take the survey; therefore, they choose their site. It took 15 to 30 minutes or less to complete the questionnaire.
Interviews were used to prompt discussion related to the employee's perception of leadership. The reader reviewed the interview questions to gain perspectives on how the employees felt. All staff are authorized to observe (Paddock, 2019). Observations and notes focused on body language, interaction, and body language between the employees. Observations was a combination of participatory or non-participatory activities. The observer passively observed the participants and contributed, informally, to the observations by acting as an employee who took the survey. Because of the amount of time it took complete the research project, the observations occurred at the same time with the interviews. The days and times was scheduled in manner that the researcher reduced the possibility of the data being focused on the participants (Paddock, 2019). The interviews were held with minimal distractions and via Microsoft teams. The researcher closely observed the participants and focused on their facial expressions and body language as they responded to the questions. The researcher took notes that were used later to identify themes that aligned with the research questions. Lastly, the interviews' results gathered pertinent information related to the research project and answered the researcher's questions. There were four focus areas-- actions and behaviors, organizational or workplace climate, employee attitudes and outcomes, and leadership opinion. This question's purpose determined how the organization's leadership style(s) affected employee job satisfaction and behavior in a healthcare setting.

This case study used interviews to aid in job satisfaction improvements. The participants included nurse managers, social workers, and psychologists. This study met the objective to gather information to improve job satisfaction and employee behavior in a Federal government health care systems. The data provided useful information and strategies to the district directors, which is needed to increase employee job satisfaction and organizational commitment, decrease
burnout and absenteeism, and improve employee behavior and performance. The survey will be
used for triangulation purposes only.

The interview questions addressed the research questions using the MLQ and PES
instruments to gather information on leadership, job satisfaction, and empowerment. A copy of
the survey is located in appendix C and D. The researcher combined each section of the
instrument into one survey. Bass and Avolio (2004) MLQ (5X-short form) was used to assess
transformational leadership. Spreitzer's (1995) PES instrument was used to measure
empowerment. The survey's demographics portion included ethnicity, gender, age, occupation,
time in position, and education level. Bass and Riggio (2006) provided descriptive elements of
transformational leaders used in developing the MLQ. Moreover, the MLQ contained 45 items
that identified and measured laissez-faire, transactional, and transformational leadership and
effectiveness behaviors. This research used the MLQ (5X-Short Form) on a five-point Likert
scale ranging from 0= not at all, 1= once in a while, 2=sometimes, 3=fairly often, to
4=frequently (Bass & Avolio, 2004). The scores defined the leadership style used and displayed
the scores that indicate the most and least used leadership style. It took approximately 15 minutes
to complete these questions. The PES developed by Spreitzer (1995) contained a list of
individual tendencies for how the participant perceived the work they performed. This scale used
the five-point Likert scale, ranging from A=very strongly disagree, B=strongly disagree,
C=disagree, D=neutral, E=agree, F=strongly agree to G=very strongly agree. Additionally,
Spreitzer's PES is composed of meaning, competence, self-determination, and impact to
construct the entire empowerment score. It took approximately 15 minutes to complete the
questions.
The research data, signed informed consent, survey results, demographic, and questionnaires remained with the researcher; only the researcher has access to the information (Kissel et al., 2014). Each participant was identified by a survey number (i.e., 1, 2, 3). Data that was recorded was transcribed and typed on a Word document. Notes taken during the interview will be referenced, transcribed, and analyzed. In addition to participant observation, these notes are significant in supporting a rigorous case study (Rosenberg & Yates, 2007).

The data collected for this study provided the district director and other leaders with evidence that supported the researcher's leadership problem. Using the interview results to assess the transformational leadership and job satisfaction climate, the researcher developed themes and provided descriptive details that analyzed data from collection to interpretation (Robson & McCartan, 2014). Furthermore, Robson and McCartan explained how incumbent it is for the researcher to know what data she has, what needs to be retrieved, and understand the data to carry out a successful analysis.

**Data Analysis**

This research's constructs included transformational leadership, situational leadership, servant leadership, empowerment, and organizational commitment. The independent variables are transformational leadership, situational leadership, servant leadership, and empowerment. The dependent variables are organizational commitment, job satisfaction, autonomy, workload, intrinsic motivation, and employee engagement. Demographics included gender, ethnicity, years of experience, and occupation. The researcher became familiar with the data and read the notes taken during the observations. After the data is coded, themes were identified. The thematic framework of the data was compared to current literature. Based on the themes, charts of data was developed (Paddock, 2019). Themes helped to identify patterns and explained the research
findings. The researcher hoped to identify themes that correlated similar experiences to previous research on this topic and was able to add to the current research.

The primary focal point that triangulation is most involved with is data problems, the investigator, philosophy, and research methods (Murphy, 1989). For this project, triangulation validated the interview data and confirmed the data collected from participant observations and interviews (Adami & Kiger, 2005). According to Campbell and Fiske (1959), multiple tests are utilized to calculate the same paradigm and search for "convergent validity," thus understanding complex health care industry-related issues. Triangulation allowed the researcher to use a method, investigator, and theory triangulation to validate the research data (Carter et al., 2016; Natow, 2019; Thurmond, 2001). Preferably, Campbell and Fiske indicated that using at least two traits to measure a minimum of two methods of identical characteristics correlated greater results among each other as opposed to measuring with different qualities involving separate methods. In all cases, the researcher ensured she could triangulate data that is completed, convergent, and displayed different, significant themes that are used to validate data (Farmer et al., 2006), thus, allowed a better chance to understand the research problems. The MLQ and PES was used for triangulation.

Upon completion of the results, there were some numerical values but no statistical values. Codes and themes carried the majority of the findings that came from the interviews and observations. This analysis required the researcher to carefully review and revise themes as presented during the data analysis phase. The data collected is analyzed based on the framework of the research questions. Additionally, charts, tables, and figures were developed to communicate further findings of this study (Lauri, 2019).

**Reliability and Validity**
Stability in qualitative research is indicative of data reliability, in which data can be repeated (Drost, 2011; Golafshani, 2003). Drost further explained that reliability is a dependable measurement when duplicated by a different person, on a separate occasion, and under unique circumstances measure the same thing. Minimizing biases and increasing the researcher's truthfulness about the study is typically achieved through triangulation. Reliability accounts for personal preferences that may influence the data analysis (Noble & Smith, 2015). The researcher ensured reliability through developed and unambiguous questions, comprehensive but straightforward instructions, and provided detailed instructions for the observer to score respondents properly (Drost, 2011). In a case study approach, where interviews occurred, the researcher established trust with the participant (Meyer, 2001). Cronbach's alpha coefficient is used as a guide for reliability; the coefficient measures the internal consistency of a test or scale (Tavakol & Dennick, 2011). The acceptable values for an alpha range from 0.70 to 0.95. Low numbers are indicative of poor correlation (Tavakol & Dennick, 2011). High values mean the test is reliable, and the more questions asked, the higher the reliability. For internal reliability, the correlation coefficient's importance represented the existence of a real relationship; therefore, the outcomes may be significant between two constructs (Creswell & Creswell, 2017).

A developed and detailed research plan is advantageous to the researcher (Robson & McCartan, 2016). Case studies typically study individuals, groups, or organizations. The proper use of case studies is handy when there is a greater need to examine real-life context issues (Crowe et al., 2011). Moreover, Crowe et al. posited case studies explain, describe, and investigate situations to help others recognize and clarify connections that lead to new organizational policies. As a result, using multiple sources (i.e., focus groups, surveys, and observations) improved the data's internal validity. Lincoln and Guba (1985) developed criteria
to evaluate qualitative research—creditability, dependability, transferability, and authenticity. The data told the truth, including the participant's view, the researcher's interpretation, and the data findings (Cope, 2014). Furthermore, in qualitative research, validity is considered when the explanations of human experiences are instantaneously acknowledged by individuals that contributed to the same practices (Sandelowski, 1986). The researcher ensured the collected data is valid by allowing for flexibilities that included resourcefulness, meticulousness, and similarities (Cope, 2014).

Member checking is another method of validation and was used to check validity as it involved the participant’s review (Doyle, 2007; Varpio et al., 2017). Additionally, Doyle stated that member checking may be formal or informal and is supposed to be a judicious way to establish the researcher’s findings and interpretations that are true and meaningful to the research project; thus, lessening the chance of participants coming back at a later time to recant statements made during the interview. Through this process, the participants did not dispute or correct any misinterpretations. The researcher and participant brought countless viewpoints to the research process. As such, it is imperative for researchers to stay devoted to the research purpose and the goal of member checking which is to interpret audio recordings into valid data (Varpio et al., 2017). The researcher's creativity required her to think outside of conventional fashions and demonstrated methods to enhance findings while staying within the research methods' parameters. Meticulousness is referred to as adequate data collection and samplings.

To ensure the data collected was interpreted as the participant intended, the researcher provided each participant a copy of the transcript for member checking. This method stimulated the participant’s thoughts, collected additional data, and validated the accuracy of the transcribed data. The researcher, through NVIVO, transcribed the interviews verbatim. The transcripts were
prepared and ready, then sent to each participant for member-checking. The participants had the opportunity to make edits, especially, if it was information that may breach confidentiality or the participant wished to illuminate specific data. Doyle’s (2007) research on member checking posit participants may be enthused to expound further on their responses, which decreases the odds of participants changing their story at a later date. The researcher did not have to make any corrections to the transcripts. At the conclusion of the member checking interviews, the researcher did not have a reason to make changes, rather she proceeded with identifying themes, which aided the researcher in becoming engrossed with the research subject.

Similarities represented the association between research questions and the process, data collection, analysis, current study, and previous literature (Cope, 2014). Although case studies has been blasted for lacking "rigor," the use of hypothetical sampling, respondent validation, and transparency throughout the research project addressed the shortfall (Crowe et al., 2011). The researcher applied triangulation through the MLQ and PES; thus, strengthening data creditability (Casey & Murphy, 2009; Shi, 1998).

Bracketing was initially used under the phenomenology tradition (Small, 2001; Spiegelberg, 1965). The historical and logical use of bracketing is used in qualitative research methods. In qualitative research, bracketing led to asking supplementary questions; moreover, bracketing was instrumental in concentrating on the research questions and receiving hints from the evolved interpretations during data collection (Tufford and Newman, 2010). Tufford and Newman explained that due to the researcher-participant relations, bracketing is used to minimize biases. Researchers must understand how bracketing affected their research journey; thus, strategies were developed to overcome the challenges the researcher faced based on their experience with the research topic (Tufford & Newman, 2010). Furthermore, they believed
committing to bracketing throughout the research process permitted researchers to realize its benefits. There are several methods of bracketing. Cutcliffe (2003) explained that researchers should write memos throughout the data collection process. Rolls and Relf (2006) recommended the researcher solicit an outside source to facilitate the interviews. Reflexive journaling, explained Ahern (1999), is another bracketing mechanism that is done before defining the research question(s). This method allowed the researcher to note biases that may be recognized throughout the research project. This researcher believed there is no one size fit when determining the bracketing method for her research problem. However, the researcher took notes and was fully engaged during the interviews, which minimized the chances of preconceptions and biases.

**Summary of Section 2 and Transition**

This section pinpointed the population and sampling method for a flexible design using qualitative methods, precisely, a single case study design. The identified population and sample for this qualitative case study provided a sample representative of the Federal healthcare system population constructs, which identified transformational leadership and empowerment issues. Aligning the research population was captured through demographics and characteristics that led to a more defined sample size (Creswell & Creswell, 2017). While sample size is important, data saturation is equally important in testing the researcher’s content validity. The lack of data saturation impedes validity. For this reason, the appropriate sample size and research design is critical to the research project.

Credibility and trustworthiness are how researchers defended their work. Qualitative research allowed for flexibility and the ability to gather more information needed to understand the participants. Minimizing biases and increasing the researcher’s reliability and validity about
the study is generally achieved through triangulation. Reliability took into account personal biases that may have influenced data analysis. Reliability is secured through the development of clear and unambiguous questions, developed comprehensible and straightforward instructions, and providing detailed instructions for observers to score respondents appropriately. Focus groups, surveys, and observations improved internal validity. Creditability, dependability, transferability, and authenticity was developed to measure qualitative research. Validity is truth; hence, including the participant's view, the researcher's interpretation, and the data findings. Additionally, validity in qualitative research is considered when individuals that contributed to the same research practices instantly acknowledged explanations of human experiences. Researchers must understand how bracketing affected their research journey. Committing to bracketing throughout the research process permitted the researcher to realize its benefit. Given the various bracketing methods, the researcher determined the best way for her to research the problem. The developed strategies to overcome reliability, validity, and bracketing challenges is not impossible as long as the researcher is saturated with the knowledge of the research process and topic.

Section 3: Presentation of the Findings

As a human resources practitioner, the researcher approached a leadership problem from the aspect of leaders who are essential to the mental health community and leading their employees. Fifteen interviewees [leaders], including social workers, nurses, and psychologists, played an intricate role in the success of their employees and the organization. As a result, the leadership style must maximize efficiency and reduce stress, anxiety, and burnout, decreased motivation leading to job dissatisfaction (Rahbi et al., 2017). First, I wanted to understand the terms empowerment and leadership--servant, transformational, and situational. Section one and
two of this research exposed readers to how leaders and employees of this particular Federal agency and other stakeholders weaved through a system of politics and bureaucracy while treating a unique population of clients—Veterans. Between servant, transformational, and situational leadership styles, I wanted to recognize the importance of each and present the best leadership style that is instrumental in empowering employees, improving job satisfaction, and the employee's performance. Lastly, the information contained in the study’s findings relates to the overall leadership problem, thus, providing an avenue for leaders to practically and operationally implement real-world processes for improvement.

This study examined how healthcare workers' leadership style and empowerment strategies interfered with job satisfaction and employee behavior. Job dissatisfaction among healthcare workers is a challenge that affects many Federal employees. As explained by Sullivan (2016), job dissatisfaction goes back many years, and through the years, healthcare organizations are recognized for being too bureaucratic. As such, nurses, social workers, and psychologists leaders find themselves in complex organizations that leave a gaping hole in what should be a client-centered leadership environment. Most importantly, the division between professional staff and leadership left little choices but for workers to feel they have no voice, isolated, withdrawn, and dissatisfied (Sullivan, 2016; Vinter, 1959). Researching job dissatisfaction among nurses, social workers, and psychologists allowed the researcher to improve current practices and develop innovative methods that strengthens patient care, employee satisfaction, and enhanced employee behavior (Colegrove, 2018; Trzeciak et al., 2017). Job dissatisfaction and lack of empowerment are leadership problems worthy of research to reinforce the practicality and influence of practice for healthcare leaders.
The purpose of this qualitative single case study project was to present a leadership problem in an organization outlining the failure of leaders to empower employees, resulting in increased job dissatisfaction, lack of organizational commitment, and negative changes in employee behavior (increased absenteeism, increased turnover, burnout, and poor performance).

The Veterans Health Administration is an organization with a history that dates back to the Continental Congress of 1776, which provided compensation and housing to disabled Veterans across the United States (VA History Office, n.d.). Fast forward to 1929, the Veteran's Health Administration was created. The 1995 Health Care Reform Act sparked many transformations that led executives to focus on measuring healthcare performance based on the outcome of patient treatment. While still aggressively transforming, the organization's budget increased from $786 million to $63 billion and from serving 4.6 million to 25 million veterans. Over 92% of the 236,000 employees are healthcare providers (Department of Veterans Affairs, n.d.); hence, the need to evaluate less than satisfactory transformational leaders. The participants answered seven open-ended questions in a relaxed environment of their choice, and used their camera, although not mandatory, to answer seven leadership and empowerment questions (see appendix B). The researcher sent a participant email to an email group soliciting 15-30 directors and managers who have experienced job dissatisfaction. To be eligible for the study, the employees must hold or have held a leadership position (Vet Center Director or Nurse Manager), maintained a full or part-time permanent job, have no documented disciplinary actions, and have at least one to 30 years of leadership experience. The researcher did not accept requests from temporary employees to partake in the study. Among the 15 participants, only 12 completed the survey with a response rate of 80%. Figure 2 showed the number of participants and the job title.
The researcher conducted semi-structured, one-on-one interviews with Veterans Health Administration Vet Center Directors and Nurse Managers through Microsoft Teams. The researcher obtained detailed responses from the participants, which is needed to collect rich and meaningful data (Gladwell et al., 2016). Once all interviews were completed, the researcher transcribed the audio, and the data was imported into NVIVO 12 plus software for coding. The following themes emerged: transformational leadership, servant leadership, situational leadership, democratic leadership, managing change, bureaucracy, time constraints, and trust. This data was used to answer the research questions. At the conclusion of section three, the researcher summarized the outcomes and transition to application to professional practice.

**Overview of Themes Discovered**

For this research project, face-face interviews were conducted through Microsoft teams. The audio was recorded using the dictation feature in Microsoft Word, and the accuracy ranged from 80-90 percent. The researcher made sufficient edits to bring the accuracy to 100 percent. A total of 15 participants was instrumental in addressing the purpose of the study and the research questions. Purposeful sampling and pre-determined interview questions were used for this study.
Each open-ended question was intended to offer the participant a platform to expound on his or her leadership style to improve job satisfaction and decrease the employee's negative behavior. Participants were labeled with the letter "P" for the participant and a number (i.e., P1) to preserve their confidentiality. The software, NVIVO, was used to code the data. Houghton et al. (2016) posited NVIVO is helpful software that delivered the researcher enriched qualitative data that provided leaders and other stakeholders substantial material to support decisions. In addition to NVIVO, the researcher also used Microsoft Excel to further unwrap layers of each code. Since this was a case study, words, phrases, or data segments were used to relate to the participant's leadership style (Kassim, 2019; Lincoln & Guba, 1985).

The leadership problem in question is the failure of healthcare leaders to empower employees within Federal government healthcare facilities in the United States, resulting in job dissatisfaction, lack of organizational commitment, and negative changes in behavior (increased absenteeism, increased turnover, burnout, and poor performance). Themes were generated to address: how do failure to empower employees lead to employee job dissatisfaction and changes in employee behavior (increased absenteeism, increased turnover, burnout, and poor performance)? What effects do transformational, situational, servant leadership style, and the use of empowerment have on employee behavior and job satisfaction? in what way does situational and transformational leadership differ from servant leadership? What features of situational and transformational leadership are instrumental in creating positive changes in the employee's behavior?

Once the data was analyzed, the themes—servant leadership, transformational leadership, situational leadership, bureaucracy, and trust—were discovered. Table 1 and Table 2 showed how frequently the main themes emerged and was instrumental in cultivating an environment
EMPOWERING AND TRANSFORMATIONAL LEADERSHIP

Conducive to increased employee job satisfaction and improved employee behavior in the workplace. These findings confirmed previous research studies by (Robbins & Davidhizar, 2020).

From this point forward, participants will be labeled as P1, P2, and so forth.

<table>
<thead>
<tr>
<th>Theme</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Servant leadership style</td>
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<td>46.67</td>
</tr>
<tr>
<td>Transformational leadership style</td>
<td>8</td>
<td>53</td>
</tr>
<tr>
<td>Situational leadership style</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Bureaucracy</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Trust</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 1. Job Satisfaction Factors
Note: N=the number of times the job satisfaction factors appear; %= frequency of job satisfaction factors divided by 15 participants

<table>
<thead>
<tr>
<th>Theme</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Servant leadership style</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transformational leadership style</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Situational leadership style</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bureaucracy</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Trust</td>
<td>6</td>
<td>40</td>
</tr>
</tbody>
</table>

Table 2. Empowerment Factors
Note: N=the number of times the empowerment factors appear; %= frequency of the empowerment factors divided by 15 participants

Discussion of Themes

Theme One: Servant Leadership Style

Some participants at the Veterans Health Administration indicated they use servant leadership style as a means to improve employee job satisfaction. As a servant leader, P3 chose to set an example for the rest of the staff to emulate. Sy (2010) posited that setting the standard for followers increased the follower's level of job satisfaction; consequently, followers that are treated negatively tend to be dissatisfied with their job. Each employee has a different need; providing them the necessary support and tools needed results in building a culture of understanding and job satisfaction. P8's response to servant leadership in collaboration with other
leadership styles led him to motivate employees that allowed them to voice their concerns. He further explained that:

Collaboratively, I seek out the employees' opinions, especially regarding organizational changes. We are in a business where changes are made daily, sometimes hourly. I make sure that I have created an employee buy-in process. Depending on the change, sometimes it may be impossible to bring everybody together to obtain feedback. The employee's feelings and motivations are essential. Allowing them to voice their feelings, positive or negative, without repercussion, helped build a team at this Vet Center where everyone has power, but the ultimate decision remains with the Vet Center Director.

P9 stated the following about servant leadership:

We have a culture in our Vet Center where if there is an issue, we address it. I purposely built a culture that emphasizes that we all are professionals, and so as a leader, my job is to foster that relationship with my employees. If we have an issue, I am open to communication. This has been the most effective in my leadership. I appreciate that my team can come to work the next day with a fresh slate. We continue to conduct business you know professionally and appropriately. Additionally, I try to exemplify and model expectations that I require from my staff.

Semachew et al. (2017) validated P9's statement by confirming in their study that job satisfaction occurred when followers and leaders have an understanding of each other, and each is professionally committed to their responsibilities. P10 and P13 use of servant leadership led them to identify the needs of their employees, ultimately keeping them encouraged and engaged.
All participants showed that servant leadership is essential to increasing job satisfaction. These participants' responses mirrored Rezaei's (2016) and Owusu's (2014) study of job satisfaction because opportunities for leaders to capitalize on their employee's level of satisfaction improved when the leader knows and understands the employee's needs, and the leaders communicated effectively.

**Theme Two: Transformational Leadership Style**

The next theme, transformational leadership style, is a derivative of the analyzed data. P1 states:

“I was bought up in the church, and so servant leadership is always what we preach in our church. I have done lots of medical training, so servant leadership is something that I identify with, and I embrace some situational leadership stuff. I am more of a transformative leader more than anything else. I try to make the other people around me feel like they are a part of the team; however, with the understanding, the final decision is always going to be mine (the leader).

"Implementing and selling the change at the macro level is the key as well as having a system that allows you to think outside the box." The change process is a four-step process, says Kodama and Fukahori (2016). The method included "having beliefs and empathizing with staff nurses to achieve goals explored by self, having both micro and macro perspectives, respecting own beliefs and external standards, being proactive, and having empathy for a staff nurse (Kodama & Fukahori, 2016, p.209)". Transformational leaders empowered employees through teaching, coaching, mentoring according to P4, and influencing according to P1. Lai et al. (2020) believed transformational leaders influenced, motivated, stimulated, inspired, and are considerate of individuals, which is consistent with P1 and P4 responses.
Theme 3: Situational Leadership Style

As it correlates to situational leadership, responses from P8 and P10 strengthened the finding of previous studies. Change, while trying to improve job satisfaction and the employee's behavior, is difficult. According to Aas (2017), professional development opportunities are instrumental in helping leaders identify their flaws, making them more effective and confident when faced with different situations. Such development helped leaders to adapt to the environment at that particular time, thereby strengthening their ability to change.

Theme 4: Bureaucracy

Bureaucracy, red tape, and political correctness are troublesome challenges that often conflict with leaders, policies, and procedures. Frequent changes by legislation decreased job satisfaction, nearly making it impossible to empower others (Ghiasipur et al., 2017). P1, P2, and P5 shared explicit details of how bureaucracy posed complex leadership challenges. According to Ghiasipur et al. (2017), healthcare bureaucracy wasted leaders' and employee's time; hence, a reduction in time led to a lack of communication.

P1’s example of bureaucracy makes him think that sometimes we operate in systems; those systems sometimes dictate what you can and cannot do. While we can think about how we want the system to operate, 80% of the time, the system determines what we got to do. But, it's how you implement and how you sell it, really. I do make them [employees] feel okay about things they do not have any control over. I talk about it from an organizational perspective. I have been in the business a lot of years up in these bureaucracies, unions, and union stewardship. As a union steward, I get it, and I get how these things come together on a macro level. So, we don't really have a choice; but that is
the biggest problem that the system sometimes does--not allow for thinking outside the box.

P2's response, for lack of better words, there is a lot of red. That is the biggest challenge. For the longest time in my position, I could honestly say I was 80% clinical and 20% administrative. I like doing therapy, and I always had good office managers who are very helpful. You probably know now for directors in vet centers, the ratio is 80/20--in the other direction--80% administrative and 20% clinical. That is my job that's, and it is not relevant to my staff, but it is in a sense that now I cannot carry as much of the clinical load as I used to carry. The employees must deal with this burden. The bureaucracy of all the administrative stuff sometimes it is hard for them [employees] to do if they have seven clients scheduled and each visit is an hour. There is not a lot of time at the end of the day or in between clients to do treatment plans, to do military history, and all these other administrative tasks that are to be completed within two days. Sometimes it is a week or more behind, and I have to be the buffer to deal with the people above me and say, look, these people are running through walls taking care of veterans. They are doing their best if they are falling more than few days behind. I will be talking with him or her, and we're going to do the best we can to get that up to par. I do not want to see them get to the point where they are not happy to come to work. Granted, the culture makes the Vet Center a nice place to work, and people are happy to come in; however, over the last year, not quite as happy--still dedicated, still working as hard as they work, but it's starting to take a toll on them.
P5 says being politically correct makes everything too sensitive. So, it is just everything you can't be really transparent with someone; you got to be politically correct at all times. Okay, just navigating and just trying to be a leader in the 21st century.

**Theme 5: Trust**

The trust bestowed upon leaders posed many challenges when broken. In the healthcare profession, P7 demonstrates the importance of trust.

When I first became the director, some previous employees were here doing very unethical things and weren't following the policy of what they were supposed to do. The previous leader tolerated the behavior. Inheriting all those issues was probably a big struggle when attempting to empower staff to work independently.

Effective communication tends to take place in a trusting environment (Xue et al., 2010). The vulnerability the individual experienced is based on the expectation of their leader's competence and level of integrity. Trusting in the capabilities of others made it easier for leaders to extend more power to employees; thus, positively influencing the individual's attitude toward their job and increased job satisfaction. "As a leader, says P15, it is hard to empower and motivate someone you do not trust. Especially, now since the organizations are working remotely. You have to trust your employee is doing what they are supposed to be doing.”

Transparency, as indicated by P9 and P10, is an attribute of trust.

**Overarching Theme: Transformational and Servant Leadership Empowerment Strategies**

The primary research question in this study was developed to identify how transformational leadership and empowerment improved job satisfaction and employee behavior. An unexpected theme arose, indicating transformational and servant leadership used together to inspire and motivate employees to increase job satisfaction and employee behavior. This resulted
because the actions of such leaders required a transformative leader to transform the organization, whereas servant leaders are instrumental in cultivating an environment that focused on the well-being of other people. Participants 8 and 10 identified with both transformational and servant leadership. P8 indicated he gets to know his employees and empowered them to take ownership of the Vet Center's mission; likewise, P10 stated meeting the employees' needs, accommodating them, and compromising demonstrated her ability to lead knowing that she is sensitive to the needs of the organization and the employee. Throughout the literature review in section one, it is noted by Top et al. (2015) and Yahaya and Ebrahim (2016) that transformational and servant leadership is the universal approach to mentoring, motivating, and cultivating followers and up-and-coming leaders. Leadership is a critical ingredient to run a successful organization. Transformational leadership is a style that allowed the leaders to develop, recognize the need for change, and build the employee's self-esteem (Keskes et al., 2018). Oostra (2016) posited servant leaders focus on service and contribute to the employee's growth, performance, and commitment. The researcher concluded there is no definitive answer as to how to lead or which leadership style is best; however, factors such as influencing, trusting, motivating, and listening to employees make them feel valued and connected to the organization and mission.

Triangulation

The Multifactor Leadership Questionnaire 5x short form and Psychological Empowerment Survey was used for triangulation purposes. After reviewing the established categories, the researcher compared the categories with the transcribed interviews and observations. The Psychological Empowerment Scale (PES) consisted of 12 items using the 7-point Likert scale. The purpose of each scale was to validate the participant's interview responses
and observations that were inferred from the participants who elected to turn on their cameras. Each category of themes developed from the interviews and observations was analyzed until there was no new emerging information.

Further analysis dwindled the list of themes from eight to five, and the researcher developed the main themes as described above. Since there are no statistical values in qualitative research, the researcher relied on her own understanding of the collected information. Patton (2015) believed it is imperative for researchers to spend a considerable amount of time during the data analysis phase to capture the most descriptive data. Doing so led the researcher to "rely heavily on interpretive perceptions throughout the planning, data gathering, analysis, and write-up of the study (Patton, 2015, p. 55). Spreitzer's (1995) theory of psychological empowerment determined the experience(s) an employee feels like an intervention to aid in the employee's success. The questionnaire measured an individual's leadership style that ranged from passive to transformative leaders that can transform others into becoming leaders (Bass & Avoila, 2004).

Trustworthiness

Trustworthiness of the data, explained Lincoln and Guba (1985), is essential as it allowed qualitative researchers to produce creditable findings. Along with triangulation, member checking is also instrumental in gathering creditable data. In the current research, after the data was transcribed, the researcher returned each transcript and recording to the participant via email to evaluate the transcribed data and correct any misunderstanding of what was interpreted. Member checking simply another method of validation and is for researchers to check validity as it involved the participant's review (Doyle, 2007; Varpio et al., 2017). Additionally, Doyle stated that member checking may be formal or informal and is supposed to be a sensible way to establish the researcher's findings and interpretations that are true and meaningful to the research
project; thus, lessening the chance of participants coming back at a later time to recant statements made during the interview. Through this process, the participants could dispute and correct any misinterpretations. The researcher and participant bring countless viewpoints to the research process. As such, the researcher stayed devoted to the research purpose and the goal of member checking, which is to interpret audio into valid data (Varpio et al., 2017).

Relationship of the Findings

Research Question One

The researcher explored the literature and interview transcripts for question one. How does failure to empower employees to lead to employee job dissatisfaction and changes in employee behavior (increased absenteeism, increased turnover, burnout, and poor performance)? P1, P2, P4, P8, P10, P11, P14, and P15 all identify as transformational leaders. The participants highlighted many factors that are instrumental in minimizing job dissatisfaction, which curtailed negative behavior. The most notable responses included inspiring, reinforcing the employee's strengths, teaching, and coaching. P1 "I influence my employees and motivate them to think independently and come up with solutions or ideas that are beneficial to the entire team. This increase teamwork and team cohesion". P2 and P15 had similar responses--they build on the employee's strengths. P15 stated,

I try to delegate things that I think they [employees] would enjoy doing. To give them a little bit more empowerment, I try to give them performance awards at the end of the year to show them they are appreciated. If I get something good from a client, someone who is talking about one of my counselors, I bring it up to my district office to let my folks there know the quality of the people that I have.
Transformational leaders enhance the intrinsic value of achieving the organization’s mission, which allowed the employee to attach a sense of relevance to the goals; thus, this stimulation helped individuals further engulf themselves physically, intellectually, and fervently in their job (Lai et al., 2020). P14 indicated she modeled previous leaders that were "good" and also took characteristics from "bad" managers and vowed to never treat employees in a manner that is not consistent with how she wants to be treated. She further elaborated by saying:

I'm not being smart when I say this. I flat out ask, in our one-on-one meetings with people, are you happy? And if they are not happy, I ask what I can do to make you happy or ask them for ideas for better processes. Being blunt and transparent allowed me to gain employee-leader trust. Both were receptive to each other’s ideas and constructive criticism. Now, employees approach me with innovative ideas and suggested changes.

Figure 2. Frederick Herzberg’s Two-Factor Principle (Latham, 2016)

Research Question One A
The research question one a defined the effect a particular leadership style has on the employee. What effects do transformational, situational, servant leadership style and the use of empowerment have on the employee's behavior and job satisfaction? In the researcher's literature review, there are several attributes of each leadership style. Empowering health care workers is not a one-size fit all. As a result, leaders must be cognizant of the organization's needs and their leadership approach (Bowen & Lawler, 1992). The link between transformational leadership and empowerment is established in the participant's interview responses. P1, a transformational leader, provided tools and training for her employees. This training, along with knowledge sharing, empowered the employees to find their work more profound, which led to less turnover, absenteeism, and poor performance (Bowen & Lawler, 1992). P1 concluded by saying:

For me, transformational leadership is like really helping them [employees], not just telling them what to do but giving them the tools and make sure that they can reach their full development. You know even the position that they are in or even their goals for the future. I try to do that as time allows. I think using that model really helps, especially in the environment that we're in. It is really helpful because there's not a lot of monetary incentives to give, but we can help make sure that our employees feel empowered and make sure that we're not only telling them what to do, but we're teaching them; thus, using those skills independently. I find that that really helps with increasing their motivation and job satisfaction.

Situational leadership, when applied appropriately, led to employees working autonomously. This, in turn, significantly impacted job satisfaction and fewer performance issues. P8 remained calm and focused in various capacities. Working collaboratively with employees allowed everyone to voice their concerns. P8 believed this led to employees
holistically taking stock in their work and the organization's mission. P8 closed with the following remarks:

I try to increase job satisfaction among my employees by working collaboratively. A directional approach may seem confrontational as this old style of years ago no longer work, well at least it works upfront and maybe gets that job done, but in the long run, you know you're going to have turnover. You will have people that are not working at their maximum capacity. Why would they if they know it's not something in it for themselves? If you can't connect them to the mission, they're just punching a clock.

Suriyadi et al. (2019) posited work motivation and group collaboration weigh heavily on the employee's behavior and performance.

Servant leaders instituted positive changes through empowerment. Servant leaders such as P11 and P12 indicated they lead by example. P11's leadership style and occupation make her a "natural helper." "I have learned if you help and do right by your people, they will do right by you." As a servant leader, leaders are expected to affect others through a spiritual influence, which sets the foundation to spiritually, emotionally, and physically motivate and inspire others while also accomplishing the organization's goals (Samul, 2020).

The same way I meet a client where they are, I meet the staff where they are. I have two female employees that have young children. I have an older Veteran that is planning to retire in two years. I have another older employee working for another three to five years. So, everybody is at a different place and in their life and career. When things, happen we all look out for one another; we come together as a team. For example, one of my employees is unexpectedly out of the office today, and she physically works in the building—not remote. She called in;
I rallied the team to let them know Jane Doe will be out today and we need to cover the clients that she had scheduled. Without hesitation, one employee (that remotely work) said I could do it, and she came in without hesitation. That is what we do for each other and our clientele. It is the entire team that comes together for the greater good of others and still satisfying the unique clients we see daily. I try to do things that allow others to see that my actions and my words align. So, I am not going to ask you to do something that I would not do. I am cool getting down and dirty with you. The same expectations I have for them are the same expectations I hold for myself.

P13 validated her employees and considers their well-being over her own. Her narrative of servant leadership indicated:

She is a helper and works with your employees if you want to accomplish the same goal or the same mission. The same way I would like to be cared for and heard is the same thing I try to give and actually live. My staff is important, and their well-being is more important to me. I genuinely care. You are not above them; you are with them; we are all on the same mission. It is just that I am a guide versus I am an in-charge kind of person. Although, I am do not want to give that impression.

**Research Question Two**

Many identifiable traits distinguish transformational and situational leadership from servant leadership. Most organizations flourish from the elements of transformational and servant leadership; both are responsible for offering employees direction, support, and inspiration through organizational changes (Allen et al., 2016; Kokemuller, n.d.). In the third
research question, the participants described several traits of each leadership style they practice. Empowerment and transformational leadership supported the general achievements of the organization, which impacted employee job satisfaction and behavior (Rosak-Szyrocka, 2018). Empowerment deficiencies intensified employee burnout and turnover (Rosak-Szyrocka, 2018; Sarmiento et al., 2004). The conditions reduced productivity leaving the organization vulnerable to breaking down (Kanter, 1979).

Coincidentally, two participants indicated they use a combination of transformational and servant leadership to improve employee job satisfaction and behavior. Transformational and servant leaders inspired, influenced, and motivated their employees through charismatic leadership theory (Melchar & Bosco, 2010; Ward, 2019). Situational leaders embraced the organization's culture and insist on the employee's cooperation to complete the task. Essentially, the leader's communication style is determined by the employee's abilities, which ranged from novice to expert (Kokemuller, n.d.). Additionally, situational leadership focused on the organizations and employees' most pressing needs instead of the long-term needs (Gaille, 2018; Kokemuller, n.d.). As a result, opportunities to learn and train are hindered. Transformational leaders lead by example and display desirable behavior (Nielsen & Daniels, 2016). Nielsen and Daniels further explained that transformative leaders encouraged, promoted, and shared interests that go beyond what the individual or team is required to do. Lastly, according to Buil et al. (2019) and Ribeiro et al. (2016), transformational leaders shared their vision through inspiration and vital expectations; therefore, employees are more inclined to collaborate with peers, achieve the organization's goals, display positive attitudes, and commit to the organization. Based on the participant's responses in table 3, the researcher did not discover situational and transformational nor situational and servant leadership findings. The table below
showed how each participant's leadership style differ and focused on how they use transformational and servant leadership characteristics to minimize dissatisfaction and negative behavior.

Research question three is as follows: in what way does situational and transformational leadership differ from servant leadership?

<table>
<thead>
<tr>
<th><strong>Transformational Leaders</strong></th>
<th><strong>Situational Leaders</strong></th>
<th><strong>Servant Leaders</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>P1 motivate, coach, and mentor employees and individually influence them</td>
<td>P9 foster relationships</td>
<td>P11 uses a team approach and promote employee autonomy</td>
</tr>
<tr>
<td>P2 focus on inspiring encouraging employees</td>
<td>P8 focused on the employees and clients</td>
<td></td>
</tr>
<tr>
<td>P8 solutions-focused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P10 engage employees and the organization demonstrate the ability to lead</td>
<td>P10 uses team approach and meet employee’s needs</td>
<td></td>
</tr>
<tr>
<td>P14 allows employees to participate in some decision-making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P15 encourage employees</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 3. Comparative traits of a servant, transformational, and situational leadership**

**Research Question Three**

How employees are led is associated with their behavior. Each leadership style has advantages and disadvantages. The features of situational and transformational leadership provided directors and managers an advantage because, ultimately, the result should be to meet the needs of the organization and the employee (Gaille, 2018). The benefits and of situational and transformational leadership guided research question three: what features of situational and transformational leadership are instrumental in creating positive changes in the employee's behavior? Top et al. (2015) conducted a study and found that transformational leaders are instrumental in boosting morale, performance, motivating and inspiring their employees. These actions are instrumental and created lasting employee-leader trust, relationships, organizational
commitment, and the ability to work and think independently. Top's study confirmed the finding for this research question. Participants 1, 2, 4, 10, and 14 believed that inspiring, motivating, and empowering employees to work autonomously lets them know they are valued. With value-added, employee engagement increased, there is less burnout and less turnover (Gilbert et al., 2017). On the other hand, situational leadership required the leader to be flexible and adapt to various conditions to achieve a specific level of effectiveness (Lynch, 2015; Patrulescu, 2009). Although only one participant, P8, identified as being an "ultra-hybrid" (a combination of transformational, situational, and servant leadership), he stated, "that knowing and understanding employees allowed them to connect to the mission instead of just punching the clock." He further elaborated by saying:

I have to adapt to whatever the situation is. I am more collaborative and solution-focused. It is all based on what I use in therapy as well, which is choice theory. People are going to do, essentially, make choices based on their self-interest or their needs at the time. I embrace that and do not want to take that choice away from them.

**Relationship of Findings to the Research Framework**

The research framework explained how the lack of empowerment leads to job dissatisfaction, lack of organizational commitment, and negative changes in employee behavior. Kanter's empowerment theory and transformational leadership theory detailed the significance of how both ideas influenced job satisfaction, employee behavior, employee performance, and organizational commitment (Sarmiento et al., 2004). Sarmiento et al. further illustrated that Kanter's theory made significant inferences to healthcare leaders by showing them social structures, not just personal perceptions, allowed employees to perceive their workplace as a
place of development and access to a sense of independence to carry out their duties. Empowerment and transformational leadership supported the organization's general achievements, which impacted employee job satisfaction and behavior (Rosak-Szyrocka, 2018). Empowerment deficiencies intensified employee burnout and turnover (Rosak-Szyrocka, 2018; Sarmiento et al., 2004). The conditions reduced productivity leaving the organization vulnerable to breaking down (Kanter, 1979).

Some of the employees in this study did not label themselves with a specific leadership style. For example, P5 stated he used "coaching, teaching, and mentoring" as his leadership style. One can argue that the traits fall in line with a transformational leader. As such, the elements of this research project, transformational leadership and empowerment, are unique in health care organizations. Upon completing the research and analyzing the data, job satisfaction and positive employee behavior are aligned with transformational and servant leadership and empowerment theories. Transformational leadership theory required leaders to promote change by helping followers understand the benefit of changes and innovation (Shanker & Sayeed, 2012). Transformational leadership, servant leadership, and trust are methods to improve employee job satisfaction and employee behavior. Veteran healthcare leaders utilize these strategies, as a whole, to increase job satisfaction and employee behavior, which ultimately led to adequately caring for patients, decreased turnover, organizational commitment, and lack of burnout (Boamah, 2018). The empowerment theory provided a platform for leaders to engage subordinates. Empowerment is an action that allowed leaders to use their power to inspire and influence followers beyond the status quo (Zimmerman, 2000; Manz & Sims, 2001). Wong and Kuvaar (2018) discovered three models--disconfirmation, ideal-point, and experience-only. The model enabled leaders to empower psychologically; thus, increasing job satisfaction.
Figure 3. Shows leadership and empowerment theory that is used to increase job satisfaction and employee behavior

Relationship of Findings to Anticipated Themes

This research included both anticipated and unanticipated findings. The literature review provided many studies that illustrated the positive effects of empowerment and transformational leadership. They shared how trusting their employees allowed them to do their job better because they are then entitled to function independently. Giving the employees a platform to express their opinions, whether positive or negative, allowed the employee to feel valued and appreciated. Additionally, participants expressed that lack of time, objection to change, too much red tape, and minimal time to reflect on self-well-being contributed to job dissatisfaction and negative employee behavior. The relevancy of this information is in the literature review and expressed during the one-on-one interview sessions. To sum up, leaders found that being transparent and
sharing knowledge with employees allowed for creating meaningful and trusting relationships. Empowering employees increased job satisfaction and organizational commitment; hence, turnover, burnout, and negative employee behavior are reduced.

Findings Related to the Literature

Scholars in the United States and other countries had studied leadership dating back as far as 1978 when Burns' (1978) introduced transformational leadership. The universal meaning of leader led Burns to redefine employee engagement. During the late 1990s, Bass (1997) continued to study transformational leadership and found that modern-day leadership developments have not changed the overall definition of previous leadership studies; in fact, transformational leadership is designed to help leaders increase employee empowerment and employee engagement. Transformational leaders are instrumental in promoting change by assisting followers in understand the benefit of changes and innovation (Shanker & Sayeed, 2012). Data showed that transformational leaders tend to create and successfully motivate followers through empowerment; thus, leading to job satisfaction and increased job performance (Antonakis & House, 2014; Avolio & Bass, 2002; Braun et al., 2013).

Situational, transformational, and servant leadership all connect in a meaningful context. The purpose of the researcher’s findings, as it focused on both similarities and differences, is not to state the obvious but highlight the subtle distinctions and unexpected similarities. This research focused on empowerment, situational, transformational, and servant leadership. Illustrating distinct characteristics increased the reader’s knowledge and understanding of this leadership problem.

There are positively similar associations regarding transformational leadership, empowerment, and job satisfaction. Transformative leadership and empowerment give leaders
the ability to motivate, inspire, and trust employees to accomplish the organization's mission. The Veterans Health Administration is a healthcare organization that provided services to a special population--Veterans. The bureaucracy, policies, and procedures frequently challenge an already strained environment causing job dissatisfaction. The literature suggested that transformational leadership has an advantage over other leadership practices because it dissuaded employees from leaving the organization (Sun & Wang, 2017). The researcher's current findings indicated transformational leadership ensured employees are motivated, inspired, and encouraged, thereby, effectively communicating to employees in a manner that stimulated them intellectually, causing them to think outside the box, work collaboratively with others, and participate in some of the decision-making processes. Consistent with Lee's (2020) findings, motivation through transformational leadership surpassed motivation factors using the transactional leadership style. Applying transformational leadership is advantageous to the employee and organization, making a significant difference in the motivational influences (Lee, 2020). Additionally, when Federal healthcare organizations undergo major over-hauls, especially after a new administration is in place, the likelihood of transformational leaders succeeding is highly probable due to the leaders' influence and identification with the employee (Singhry, 2018). They lead by example. On the contrary, situational leadership depended on the situation and the maturity level of the employee. There is no identifiable way for a situational leader to influence the employee (da Silva et al., 2019); however, da Silva et al. found the leadership style is positively related to a general commitment to the organization.

Many researchers have studied servant and transformational leadership. Servant leaders are known to serve others. In the current findings, servant leaders were identified as genuinely caring for others, showing great interest in the employee's well-being, and having difficulty
setting leader-employee boundaries. Anderson (2018) believed that servant and transformational leaders focused on the person and the organization simultaneously. As a result, it is duly noted that servant leaders can be transformational leaders and vice versa (Anderson, 2018). As the researcher noted, two participants identified as being transformational leaders and interject some servant leadership attributes. Doing so allowed the leader to offer more compelling reasons for the employee to be committed to the organization through job satisfaction.

Only one participant, a nurse manager, identified with democratically leading her employees. Although she allowed the employees to voice their opinions and give them authority to function independently, there is still a bone of contention for organizational changes and (re)evaluating systemic processes. The participant indicated her use of democratic leadership because it is driven by open and transparent communication with employees. In addition to open communication, previous researchers believed that democratic leaders rely heavily on transformational leadership elements to create lasting relationships and increase motivation by both the employee and the leader (Rahbi et al., 2017; Wilson, 2020). Specifically, Rahbi concluded democratic leadership is performed best by experts in information technology careers, the restaurant industry, or the manufacturing industry and requires minimal supervision. On the contrary, Lumbers' (2018) study revealed transformational and democratic leadership style is a recipe that fostered effective leadership during burdensome change. This approach, according to Lumbers transfer well to healthcare organization because many leaders within this setting are not managers. These approaches valued and empowered others' opinions while enabling the team to participate in decision-making and providing ownership of the project. Operating inclusively ensured best practice is achieved by learning and utilizing other team members' previous skills and knowledge. The nurse must always find the most appropriate leadership style that is suited to
achieve the task and the best outcome, hence, acknowledging the constraints of each project (Lumbers, 2018 p. 557; Marquis & Hudson, 2017).

This validated the nurse manager’s response because she is the only manager with employees ranging from medical support assistants to registered nurses. Lastly, the takeaway for democratic or participative leaders is that nurses should not make hasty decisions. It is ideal to understand leadership theories such as situational, transformational, and to some extent, transactional. Combining these styles makes it possible to solve organizational and employee problems on a grander scale than by using one type of leadership.

Summary of the Findings

This study examined the dynamics of how leadership and empowerment are the foundation for small and complex healthcare systems. Transformational and servant leadership styles worked best for the industry due to complex healthcare operations, collaborating practices, and patient care needs. Through these changes and challenges, teamwork, motivation, influence, and the ability to meet the needs of the organization and employee are crucial to success (Rahbi et al., 2017). Each election year, the new administration typically chose new leaders for the Department of Veterans Affairs with a specific agenda--either continue with the status quo or go through significant overhauls--that affect the organization and people. This created a tsunami of changes in policies and practices making it difficult for some leaders to cope. From the visionary leader's project to the lowest worker required tremendous influence and motivation to see positive achievements for the organization and stakeholders (McIntosh & Layland, 2018). Leadership and encouragement are vital to strengthening the organization; thus, job satisfaction skyrockets and the employee's behavior is less damaging.
The Veterans Health Organization participants applied various leadership styles to increase job satisfaction and improve employee behavior. The researcher's findings addressed the elements of transformational leadership and empowerment, hence, discovering healthcare organizations need transformational leaders to influence and motivate employees to see the vision, move the idea forward, and implement the concept. Finding satisfaction allowed the leader to trust and let the employee work in a team setting or function independently while still being inspired. Moreover, transformational leadership used in conjunction with servant leadership or any other leadership type enhanced success by transforming the organization and focusing on the employee while accomplishing the organization's goals. From the current research outcome, 33 percent of the participants mentioned transformational leadership and empowerment were instrumental in increasing job satisfaction and decreasing negative employee behavior. Therefore, I have determined that leadership style affects the organization and employees. Using a non-conducive technique in the environment resulted in organizational failure, job dissatisfaction, and negative employee behavior.

Application to Professional Practice

The researcher's study was developed to determine how leaders empowered their employees to improve job satisfaction, and the information illustrated how the findings correlate to the leadership topic. The research and conclusions are both significant, appropriate, and practical in Federal health care organizations. Below the reader will find additional topics on how the findings related to leaders within the Readjustment Counseling Service and the Veterans Health Administration’s ability to empower their employees. The applicability of these findings reflected how leaders impact the employee's personal and professional growth from a biblical standpoint.
Improving General Leadership Practice

Empowering employees through transformational leadership has evolved rapidly. Leaders, especially those in the mental health field, feel positive changes through transformational leaders (Robbins & Davidhizar, 2020). Key factors in my research findings that improved job satisfaction are the ability for leaders to exercise empowerment strategies that increased job satisfaction, reduced burnout, reduced turnover, and increased employee engagement. Gutierrez et al. (1995) posited that top leadership must support empowerment-based programs to be effective and successful. Eight out of 15 leaders interviewed were identified as transformational leaders. The interviewees provided examples of transformational leaders, which included but were not limited to trust, autonomy, improved employee performance, increased job satisfaction, less absenteeism, and less turnover. In conjunction with the interviewees' responses, the literature review suggested that transformational and servant leadership traits are instrumental in improving job satisfaction among their employees.

Moreover, transformational leadership, as it related to job performance, created a positive peer-to-peer interactive and collaborative work environment and relationship (Buil et al., 2019). On the other hand, servant leadership remained a compelling style that promoted organizational commitment and created a psychologically safe work environment (Khattak et al., 2019; Sherman, 2019).

The results of this study can improve general leadership practices by aligning the transformational leadership style with empowerment strategies. As the literature review pointed out, the leading cause of job dissatisfaction is the employee's inability to identify with the organization, ultimately influencing their behavior, whether positive or negative. Transformational leaders positively contributed to improving the employee's behavior and
performance (Buil et al., 2019; Rezaei, 2016). Through this study, practically and theoretically speaking, the researcher suggested leaders embrace the importance of job satisfaction through organizational challenges, workplace innovation, and employee creativity. These challenges allowed the organization, leaders, and followers to take risks, encourage others, and be inspired by a shared vision. Building trust between the leader and follower strengthened the relationship, and the leader can help the employee cultivate self-confidence. Additionally, as transformational leaders set the example, minor wins are commended, individuals are acknowledged for their accomplishments and contribution to the success of established milestones, and lastly, employee engagement is improved (Kouzes & Posner, 2016).

Job satisfaction and empowerment factors identified in the researcher's findings share similar themes--bureaucracy, trust, servant, transformational, and situational leadership style. Participants that identified with transformative ideologies tended to allow employees a certain level of independence while knowing that the final decision lies in the hands of the Vet Center Director or nurse manager. The leaders indicated that when they have top leadership support and less bureaucracy, they can motivate the employee and voice their concerns without repercussions. The Department of Veterans Affairs, the over-arching organization, is rapidly changing; hence, the changes trickle down to the Readjustment Counseling Service. As a result, transformational leaders will become increasingly popular, as they are known to implement and "sell" the organizational changes. Kodama and Fukahori's (2016) process for preparing transformational leaders included sharing beliefs, empathizing with staff, respecting other's opinions; moreover, influencing, coaching, and mentoring are also attributes of a transformational leader (Lai et al., 2020). An overwhelming majority of the interviewees agreed that trust is essential to job satisfaction because, without it, leader-follower relationships rapidly
deteriorate, causing discord and ineffective communication (Xue et al., 2010). Improving general leadership practices will vary by organization, but the ultimate goal that each organization share is for their leaders to use a leadership approach that is feasible for all stakeholders. For some, this may be transformational leadership only; for others, it might be a combination of servant, situational, and transformational leadership.

Lastly, the findings required top executives to ensure leaders receive training in transformational leadership because most interviewees believed this leadership approach fosters a welcoming environment to improve job dissatisfaction. Although some interviewees preferred other leadership styles, it is still possible for them to adopt transformational leadership traits. Nonetheless, a leader's ability to empower, motivate and increase employee job satisfaction regardless of the leadership approach yields positive outcomes for the organization and the employees.

**Potential Implementation Strategies**

The research sought to add additional finding to current research by showing that transformational leaders who empower their employees increase job satisfaction and decrease negative employee behavior. Practically speaking, the over-arching theme discussed in section two built a foundation for current and new leaders to see that using transformational and servant leadership together is a best practice in Federal healthcare organizations. Addressing leadership problems required stakeholders to introduce new and innovative strategies to accomplish the organization's goals. Consequently, the organization's success relies on the leader's ability to convert ideas into action, make decisions, communicate effectively, and take risks (Miller, 2020).
The association between transformational leadership and empowerment impacted job satisfaction or lack thereof. Another implementation technique to identify transformative leaders is during the hiring process. It begins with the interview, employee promotion opportunities, or staff training sessions where managers considered a candidate's leadership style. Fostering a framework for leaders to learn about transforming leadership and empowerment theories enhanced their productivity, thinking, and understanding, hence, delicately and intelligently taking on challenges amid Federal law bureaucracy and politics.

Proctor et al. (2013) created a table that provide leaders with potential implementation strategies that are easily duplicated and make it simpler for leaders to report progress. Knowing how to implement and sustain established strategies makes it increasingly realistic for the organization to overcome obstacles that prevented job dissatisfaction. The leaders must name, define, identify and execute strategies according to Proctor et al.

Naming the strategy allowed organizational leaders and subordinates to feel a sense of purpose in their work. As a result, naming andJustifying components of the implementation strategy clearly identified specific terminology that the employees are able to relate to their job. If there is a need, the leader may seek training opportunities for employees to gain a better understanding of the terminology associated with the implementation strategy. Next, the leaders defined the strategy. Defining the strategy helps the leader and employee conceptually understand what is involved during the implementation phase. While naming and defining the strategy is imperative, operationalizing the strategy is bringing the strategies to fruition. Stakeholders should be able to provide feedback that may contribute to the effectiveness of the implementation strategies. For example, the leader in conjunction with human resources management service may be required to review all employee functional statements to ensure the
document accurately captures the job description and the qualifications needed to perform tasks. Leaders will be able to measure progress and make decisions, ultimately, to make it simpler to perform the action and achieved a desirable outcome.

It is crucial to assess the organization’s current practices to identify leadership strategies that are or are not working. Because healthcare leaders are considered the most influential beings in the organization, they use their understanding to be the change agent in the organization, thereby implementing crucial strategies to patient care outcomes and employee satisfaction (Tucker & Melnyk, 2019). Engaging all stakeholders, including lower-level staff members, allow management teams to properly assess job satisfaction indicators such as stress, burnout, and any barriers that prevent the employee from performing at an optimal level.

The findings in this study are relevant to executive healthcare leaders as well as frontline workers. Leaders that are interested in the employee's well-being may find these results helpful. Implementing the results of the study may be done in various phases. The director and all participants will receive a copy of the final report. Finally, I will request permission from the director to present the results during a town hall meeting or leadership training. Doing so may continue to encourage those already in leadership and motivate other employees that had no desire to be in leadership to consider the opportunity for such a role.

**Summary of Application to Professional Practice**

This case study was developed to gain insight into how transformational leadership and empowerment affect employee job satisfaction and employee behavior. The findings highlight transformational and servant leadership used separately or together as the best leadership style in Federal healthcare organizations. From the findings, transformational and servant leadership works best for the Federal healthcare industry due to complex healthcare operations,
collaborating practices among various disciplines, and unique patient care needs. Through these changes and challenges, teamwork, motivation, positive influence, and the ability to meet the organization's needs and employees are crucial to success for both (Rahbi et al., 2017). The researcher's findings addressed the elements of transformational leadership and empowerment, hence, discovering that Federal healthcare organizations need transformational leaders to influence and motivate employees to see the vision, move the idea forward, and implement the concept. Finding satisfaction allows the leader to trust and let the employee work in a team setting or function independently while still being inspired.

Recruiting the "right" leader is paramount to understanding the impact of job dissatisfaction on the organization and the employee. Transformational leadership, used in conjunction with servant leadership or any other leadership type, enhances success by transforming the organization and focusing on the employee while accomplishing the organization's goals. Moreover, retaining employees in a psychologically safe workspace minimizes turnover, absenteeism, improves employee performance, and increases job satisfaction (Sun & Wang, 2017).

**Recommendation for Further Study**

The results of this case study, *Empowering Employees through Transformational Leadership*, are used to improve employee job dissatisfaction and behavior. Vet Center Directors and Nurse Managers within the Veterans Health Administration, Readjustment Counseling Service offer medical services to an exclusive population. Understanding the impact leaders have on the type of services provided requires leaders to have the ability to empower others through transformational leadership. One recommendation for further studies will be to select participants, leaders, and staff-level employees in any direct patient care occupation (i.e., nursing
assistants, respiratory therapists, and speech pathologist) within the Federal healthcare system to garner their perception of transformational leadership and the effect it has on job satisfaction. One may find differing opinions on the leadership style that provides the best means to empower others. Recommendation two is to use quantitative research methods to explore the relationship between specific leadership styles and their effect on particular healthcare occupations in terms of job satisfaction. Quantitative research methods, in this case, would create descriptive statistical data that is used to make predictions and simplify research findings by testing theories, supporting or rejecting them (Robson & McCartan, 2016). Another area for further study is to compare the Department of Veterans Affairs versus the Department of Defense health care industry. Comparing the two may reveal specific leadership styles that are more suitable for Veterans Affairs hospitals (civilians) and Department of Defense (military personnel). As a final point, it would be noteworthy to study the use of combining two or more leadership styles to see how it would affect the themes found in this study, thus, learning servant and situational leadership together, which focuses on serving other people and leading during specific situations or transformational and servant leadership.

Reflections

Fifteen participants, consisting of social workers, psychologists, and nurse managers, shared pertinent information that may increase employee job satisfaction. Data were generated from seven open-ended questions, which was necessary for preventing quick responses from the interviewees. Interviews were scheduled and conducted via Microsoft Teams; however, the answers to each question differed according to the interviewee's perception. Upon completion of the interviews, the recordings were transcribed and returned to the interviewee for member
checking. When the documents were returned with no corrections, I sift through the responses looking for themes.

This research project was a thought-provoking realization that enlightened the researcher on how a simple leadership style can make or break its followers. Being a part of an organization that tailors its medical services to a unique patient population resonates within me because I am one of those patients. My partiality to the organization in no way persuaded the results of this study. I had no personal dealings with any of the interviewees before starting the research project, which further prevented any personal biases.

**Personal and Professional Growth**

When the leader has to be led, organizational success may not be attainable if it is not consistent with modern leadership practices. Over the past two years, I have read and researched countless articles, journals, and books on transformational leadership, emphasizing empowering employees. This study allowed me to grow personally and professionally based on the need to define and understand the term leadership when status quo leadership processes are not as effective on the new generation of healthcare employees. Rahbi et al. (2017) posit that outdated leadership practices restrict the organization and the employee; hence, affecting the appropriate leadership style in the proper time supports positive outcomes through employee motivation. Moreover, I learned that complex organizations could survive bureaucratic barriers when transformational leadership practices are implemented.

This study provided me a solid foundation to leap back into leadership with an understanding that transformational leadership is not a one-size-fits-all approach; however, with the intent to remain with the Department of Veterans Affairs, the results of this study provided a rationale for instituting transformational leadership as it promotes autonomy, trust, increased job
satisfaction, and improved employee behavior. The results of the survey are in favor of transformational leadership and, in some cases, servant leadership. Additional implementation strategies and recommendations for future studies were harvested, which presented more research on the topic. Moreover, this study enabled me to see how transformational leaders impact the decision-making process.

The research findings made me aware of specific leadership features necessary to increase job satisfaction and minimize negative employee behavior. Similarly, before the researcher's current position, she was previously in a leadership role with the Department of Veterans Affairs, Birmingham, AL VA Medical Center for four years. This position was both demanding and gratifying, demanding because I had to learn how to be a leader in conjunction with increased responsibilities and gratifying because I had great mentors that had strong desires to see me succeed. The research findings helped me confirm that using the correct leadership approach in Federal healthcare overshadows an individual's skill set because, without motivation and empowerment, their productivity is stalled, thus making the employee's skillset useless. Consequently, the researcher decided to step down from her leadership role to pursue higher education in leadership so that she may be able to empower and develop others through transformative actions in future leadership roles.

**Biblical Perspective**

Leadership under the anointing of our Father is key to forming a meaningful relationship between God and (wo)man. Organizations entrust leaders in executing their authority to create Shepherds for employees to follow (Patterson, 2017). Leaders are role models; therefore, Christians are charged with devoting themselves to the job and serving others to improve the organization and the employee's behavior (Patterson, 2017). The leader has to develop his or her
people for the kingdom of God, as such, New King James Bible (1982), Matthew 28:18-19 provides a passage that declares the sacrificial offering of our Lord and Savior so that others may be under the authority of a new calling in Christ. Christ demonstrated his power by healing the sick and bringing demoralized people into a world of happiness. Likewise, leaders within organizations are entrusted with authority, which qualifies them to empower others to achieve job satisfaction and conquering the mission. Leaders who demonstrate their jurisdiction may have confidence in knowing their followers (biblically known as disciples) can commit themselves to their calling because it is personally and professionally gratifying as opposed to those employees that are only achieving the mission for the rewards.

Transformational leaders, like other leaders, face daily challenges that prevent them from being immune to constructing effective leadership strategies. The New King James Bible (1982), 1 John 2:29, indicates the Father instills in his followers that if you know a man is righteous, you know that everyone who practices righteousness is born of him. An individual's failure to acknowledge their leadership flaws is a missed opportunity for the leader to effect corrective actions and encourage change (Fourie & Hohne, 2017). Paul relied on his trust in the Lord, and the Lord directed his path (New King James Bible, 1982, Proverbs, 3:5-6). Leaders and followers need to know there is authority more superior to any individual that receives prayers, turns the worst environment into a peaceful environment, and intercedes on our behalf of those who call upon the Lord amidst workplace challenges (Ryken et al., 2018). If you abide in Christ and his words abide in you, you can ask for the desires of your heart, and it will be done for you (New King James Bible, 1982, John 15:7).
Finally, I am reminded of the *Teacup Story* I received from my mentor. Due to the length of the story, it will be shortened to get to a valued point. A copy of the *Teacup Story* can be found in the appendix.

Teacups are formed from raw material that includes clay, porcelain, ceramic, or glass. This particular teacup is made of clay material hammered, rolled, and placed on a spinning device to be shaped. Later, the teacup is painted and placed in a hot oven two times to cure. The finished product is left to cool. It was then that the teacup could look at itself for the first time to see an exquisite marvel created by the potter. Had the potter not put the teacup through all the extreme processes, it would have collapsed (Anonymous, n.d.). Now, enjoy a cup of tea from a well-refined piece of clay without fearing the cup will crack from the heat [pressure]. This transformation goes true for new and experienced leaders. Sometimes, as leaders, we must go through a refining process. The process allows one to become engaged as he or she looks to Jesus Christ for wisdom, knowledge, and strength to influence and discern between right and wrong positively. Therefore, the bumps and bruises received during the refining [learning] process encourage the leader to persevere and honor God. God has gifted many people, and these people are called to encourage, teach, and counsel others that are less than satisfactory. An unrefined leader is a hurt leader, which leads to a destroyed organization (White, 2018). A refined leader is a representation of our Lord and Savior; thus, New King James Bible, (1982), Daniel 11:35 tells us "some of those of understanding shall fall, to refine them, purify them, and make them white, until the time of the end; because it is still for the appointed time." God's transformation is His strong will for those leaders who desire success.

**Summary and Conclusion**
The purpose of this flexible single case study was to present a leadership problem within a Federal healthcare organization drawing on the failure of leaders to empower employees, resulting in increased job dissatisfaction, lack of organizational commitment, and negative changes in employee behavior (increased absenteeism, increased turnover, burnout, and poor performance). The data collected reveal the challenges leaders face in the healthcare field, showing no signs of slowing down. Studying job dissatisfaction among nurses, social workers, and psychologists allowed the researcher to propose new or improved implementation strategies and develop modern methodologies to increase quality patient care, increase employee satisfaction, and enhanced employee behavior (Colegrove, 2018; Trzeciak et al., 2017). As a result, empowerment interventions and practical approaches over the last few decades have been used to encourage and exercise constructive behaviors by allowing leaders to shift responsibilities down to followers by using empowering strategies (Admundsen & Martinsen, 2015; Kim et al., 2018). The primary objective was to ascertain information from the interviewees, which provided insight as to what type of leadership they use to empower their employees ultimately increasing job satisfaction and decreasing negative employee behavior.

The literature review allowed the researcher to conclude transformational and servant leadership, used together or separately, provide empowering strategies that motivate, encourage, and develop leaders and employees. Challenges in the healthcare field are becoming progressively complex; therefore, a case study method was determined to be the best methodology as it allowed the researcher to collect data through observations and interviews that to add and expand our understanding of employee job dissatisfaction, negative employee behavior, and lack of organizational commitment when leadership fails to empower employees.
The researcher conducted 15 interviews. Each participant completed the MLS X5 and PES survey. Then, they were interviewed. Data was collected in order to answer four research questions. The transcribed responses found 36 codes; subsequently, identifying five major themes and one over-arching theme. The researcher's current findings indicate transformational leadership ensures employees are motivated, inspired, and encouraged, thereby effectively communicating to employees in a manner that stimulates them intellectually, causing them to think outside the box, work collaboratively with others, and participate in some of the decision-making processes. Consistent with the professional and academic literature findings, motivation through transformational leadership surpassed motivation factors using the transactional leadership style. When Federal healthcare organizations undergo major over-hauls, especially after a new administration is in place, the likelihood of transformational leaders succeeding is highly probable due to the leaders' influence and identification with the employee and the organization. On the contrary, situational leadership depends on the situation and the maturity level of the employee. Previous researchers believe servant and transformational leaders focus on the person and the organization simultaneously, thereby, allowing the leader to offer more compelling reasons for the employee to commit to the organization through job satisfaction.

The Veterans Health Organization participants applied various leadership styles to increase job satisfaction and improve employee behavior. The researcher's findings addressed the elements of transformational leadership and empowerment, hence, discovering healthcare organizations need transformational leaders to influence and motivate employees to see the vision, move the idea forward, and implement the concept. One unpredicted finding, transformational leadership used in conjunction with servant leadership, enhances success by transforming the organization and focusing on the employee. Even though many of the
interviewee’s responses were similar, transformational and servant leadership styles used together is a major factor in increasing job satisfaction and decreasing negative employee behavior. Adding to the literature, working independently and autonomously, leading by example, sharing decision-making responsibilities, and mentoring are reasons for improved behavior and increased job satisfaction, thus, proving leadership style can positively or negatively impact the organization and employees.
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Appendix A: Interview Guide

Applicant Name: _______________________________________________________________

Interview Date: ________________________________________________________________

Phone # or Meeting Location:_____________________________________________________

Introduction

Note: This is to set the tone for the interviewee or the focus group. We will introduce
ourselves and set the ground rules for the interviews.

- My name is ______________________________
- Thanks for interviewing with me today. This interview will take approximately 30 to 40
  minutes.
- We will discuss leadership, job satisfaction, employee behavior, and empowerment.
  Other information may be discussed as it relates to leadership and the organization. I will
  ask you some questions, and then allow you time to respond.
- This discussion is confidential. Personal identifiable information, responses to the
  questions will not be shared with the public; therefore, please feel free to speak your
  mind.
- There are no right or wrong answers. I request that you share what you are actually
  feeling and thinking—not what you think I want to hear.
- You will be recorded; however, the recording will not be distributed to anyone.
- Please initial the sign-in sheet (I will present the sign-in sheet and have the participant to
  initial).

Ice Breaker
Before we get started with this interview, share with us what it was about this research project that prompted you to participate in this study? How do you feel the information you share with the researcher will contribute to the overall leadership climate in the organization?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Appendix B: Interview Questions

<table>
<thead>
<tr>
<th>Participant Number:</th>
<th>Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>Ethnicity:</td>
</tr>
<tr>
<td>Date: MM DD YYYY</td>
<td>How long have you worked in this facility?</td>
</tr>
<tr>
<td></td>
<td>_____________Years _______________Months</td>
</tr>
</tbody>
</table>

Job Category (put an “x” next to the category--only check one):
- Nurse Managers
- Nurse and Midwife (all specialties)
- Physicians and Dentist (all specialists, general practice, etc.)
- Department Chiefs (Physicians and Dentists)
- Other

- Interview questions
  - Tell me what type of leadership you use to empower your employees and prevent job dissatisfaction and changes in the employee’s behavior.
    - What are some of the biggest challenges you face?
  - What tactics do you apply that contribute to job satisfaction?
    - What were the circumstances when you employed the tactics?
    - What was the results?
  - What type of leadership style have you identified as being most effective for increasing job satisfaction? Why?
  - What leadership barriers prohibits you from empowering employees?
    - What were the circumstance that prevented you from empowering your employees?
  - How did you deal with the leadership impediments that stalled empowering strategies?
  - What method(s) do you employ to track the results of those strategies?
  - List additional leadership challenges that you would like to add.
Appendix C: MLQ Form 5X-Short (Bass and Avolio, 2004)

These questions provide examples of the items that are used to evaluate leadership style. The MLQ is provided in both self and rater forms. The self form measures self-perception of leadership behaviors. The rater form is used to measure leadership. By thinking about the leadership styles as exemplified below, you can get a sense of your own belief about your leadership.

**Key:** 0 = Not at all  1 = Once in a while  2 = Sometimes  3 = Fairly often  4 = Frequently if not always

<table>
<thead>
<tr>
<th>Transformational Leadership Styles</th>
<th>Not at all</th>
<th>Once in a while</th>
<th>Sometimes</th>
<th>Fairly often</th>
<th>Frequently, if not always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idealized Influence (Attributes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I go beyond self-interest for the good of the group.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idealized Influence (Behaviors)</td>
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<tr>
<td>I consider the moral and ethical consequences of decisions.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inspirational Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I talk optimistically about the future</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Stimulation</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I reexamine critical assumptions to question whether they are appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individualized Consideration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I help others to develop their strengths</td>
<td></td>
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</tbody>
</table>

| Transactional Leadership Styles    |            |                |           |              |                          |
| Contingent Reward                 |            |                |           |              |                          |
| I make clear what one can expect to receive when performance goals are achieved |            |                |           |              |                          |
| Management by Exception: Active   |            |                |           |              |                          |
| I keep track of all mistakes.     |            |                |           |              |                          |

| Passive/Avoidant Leadership Styles|            |                |           |              |                          |
| Management by Exception: Passive  |            |                |           |              |                          |
| I wait for things to go wrong before taking action. |            |                |           |              |                          |
| Laissez-Faire                     |            |                |           |              |                          |
| I avoid making decisions.         |            |                |           |              |                          |
Appendix D: PES (Spreitzer, 1995)

Listed below are a number of self-orientations that people may have with regard to their work role. Using the following scale, please indicate the extent to which you agree or disagree that each one describes your self-orientation.

**Key:**

- **A** = Very Strongly Disagree
- **B** = Strongly Agree
- **C** = Disagree
- **D** = Neutral
- **E** = Agree
- **F** = Strongly Agree
- **G** = Very Strongly Agree

_____ I am confident about my ability to do my job.

_____ The work that I do is important to me.

_____ I have significant autonomy in determining how I do my job.

_____ My job activities are personally meaningful to me.

_____ I have a great deal of control over what happens in my department.

_____ I can decide on my own how to go about doing my own work.

_____ I have considerable opportunity for independence and freedom in how I do my job.

_____ I have mastered the skills necessary for my job.

_____ The work I do is meaningful to me.

_____ I have significant influence over what happens in my department.

_____ I am self-assured about my capabilities to perform my work activities.
Appendix E: Permission Letter

Date: March 12, 2021
Recipient: Ms. Joanne Boyle, MSW, LCSW-C
Title: District Director, District 1 North Atlantic District
Company: Department of Veterans Affairs, VHA-RCS
Address: Commercecentre East, 17777 Reisterstown Road Baltimore, MD 21208

Dear Ms. Boyle,

As a doctoral student in the Business Department at Liberty University, pursuing a Doctor of Strategic Leadership, I am conducting a research project to examine the failure of healthcare leaders to empower employees within the Federal government healthcare facilities in the United States resulting in job dissatisfaction, lack of organizational commitment, and negative changes in behavior (increased absenteeism, increased turnover, burnout, and poor performance). Participants will be asked questions related to empowering employees, effects of transformational, situational, and servant leadership, and the features of transformational leadership that are instrumental in creating positive changes in employee’s behaviors. The working title of my research project is Empowering Health Care Workers through Transformational Leadership. My study method will be a case study. This is a Doctoral Research Project (DRP) and neither the research project nor the results will be published. At the completion of the study, I will provide your organization with a final manuscript. I will be available to make a presentation of the research project and results.

I am writing to request your permission to conduct my research project at your organization and contact your employees to gain their participation in this study. Taking part in this study is completely voluntary and participants are welcome to discontinue participation at any time. I welcome an opportunity to discuss this with you further and to answer any question you might have.

Thank you for considering my request. If you choose to grant permission, I will need a signed statement indicating your approval.

Sincerely,

[Redacted]

Angela N. Craig
Doctoral Student
Liberty University School of Business

Contact Information: [Redacted]

January 05, 2020
Appendix F: Permission Letter Response

Angela,

I am approving you to move forward with the this project in RCS. I will ask the VCDs to send their volunteers directory to you for scheduling.

Joanne M. Boyle, MSW, LCSW-C
District Director, District 1
North Atlantic District
410-828-6619
410-570-2035 (cell)

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Hi Joanne, thanks for taking time to speak to me this morning. As we discussed, I am nearing the end of my Doctoral program at Liberty University. In partial fulfillment of my Doctoral requirement, I am requesting approval to post flyers to survey and interview employees within your organization. This research project will not be published, which, removes the potential for harming any of the participants. The employees will have the opportunity to choose whether or not to participate in the project; RCS in general would not be engaged in the project and I do not need access to any of RCS employee or organizational data. My data will be generated based on the volunteers only.

You will find attached a permission memo request and the interview questions and surveys.
Appendix G: Informed Consent Letter

Angela Craig, who is a doctoral candidate at Liberty University, conducts this research project.

You are invited to partake in a research project that focuses on a leadership problem. Leaders must empower and depend on their employees by allowing the individual operational autonomy, which is needed to enhance their perception of empowerment and also adds to increased levels of job satisfaction and less employee turnover. The researcher has extended an invitation to healthcare leaders that holds a leadership position in the Veterans Health Administration. The researcher received your name in response to a solicitation email in which you volunteered. The informed consent provides information about the study and may help you determine if you want to proceed with the interview and completing the survey.

Background Information:

The purpose of this flexible single case study is to add and expand on the understanding and reasons behind employee job dissatisfaction, negative employee behavior, and lack of organizational commitment when leadership fails to empower employees.

Procedures:

If you agree to partake in this research project, you will be asked to:

□ Participate in a recorded interview session requiring no more than 30-60 minutes of your time.

□ Review transcribed documentation to ensure your opinions are accurately interpreted and complete.

□ Complete a survey after the interview.

Sample questions:
How does failure to empower employees lead to employee job dissatisfaction and changes in employee behavior (increased absenteeism, increased turnover, burnout, and poor performance)?

What effects do transformational, situational, servant leadership style, and the use of empowerment have on employee behavior and job satisfaction?

In what way does situational and transformational leadership differ from servant leadership?

What features of situational and transformational leadership are instrumental in creating positive changes in the employee’s behavior?

**Voluntary Nature of the Study:**

Your participation is strictly voluntary and your choice to complete the interview and survey is your decision. Everyone will respect your decision of whether or not you choose to complete the project. If at any time you decide to forego the project interview and/or survey, you may do so or you may stop the interview. You may change your mind before the study begin or after the study ends. Participation can end at any time.

**Risks:**

There are no risks.

**Compensation:**

You will not receive payment for participating in this research project. However, you may request a copy of the findings, recommendations, and conclusion of the completed project.

**Privacy:**

All information you provide will be kept confidential. No personal identifiable information (PII) will be revealed to anyone. The researcher will not use your information for
anything outside of this research project. Your name will not be included in any reports. Data will be kept on a password-protected computer. Any printed and stored data will be kept in accordance with the university’s policy.

Contacts and Questions:

You contact me at any time via email [REDACTED] should you have any questions or concerns about your rights as a participant. You will receive a copy of the signed consent for your records.

Obtaining Your Consent

Please indicate your consent to this research project by signing below.

Date: __________

Participant’s Name: _________________________________________

Participant’s Signature: ________________________________________

Researcher’s Name: _________________________________________

Researcher’s Signature: ________________________________________
Appendix H: Mind Garden MLQ License

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Online administration and scoring of the Multifactor Leadership Questionnaire is
available from Mind Garden, (https://www.mindgarden.com/16-multifactor-leadership-
questionnaire). Mind Garden provides services to add items and demographics to the
Multifactor Leadership Questionnaire. Reports are available for the Multifactor
Leadership Questionnaire.

If your research uses an online survey platform other than the Mind Garden Transform
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procedure described at mindgarden.com/mind-garden-forms/58-remote-online-use-
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Appendix I: Spreitzer’s PES Approval

From: [Redacted]
To: [Redacted]
Subject: [Redacted]
Date: Tuesday, March 23, 2021 9:34:47 AM

Sent from my Sprint Samsung Galaxy S20 Ultra 5G.

-------- Original message --------
From: Gretchen Spreitzer <spreitz@umich.edu>
To: [Redacted]
Cc: [Redacted]
Subject: Re: PES

Hi Craig, you have my permission to use the scale for your dissertation at no charge. Best wishes to you!

On Mon, Mar 22, 2021 at 10:18 PM Craig, Angela Nicole - [Redacted] wrote:
Hello Dr. Spreitz, I am interested in using the PES survey for my doctoral research project. Can you tell me who I should contact to obtain/purchase the license for the PES? Or, do you approve of students to use the PES?

Thanks,

Angela Craig

---
Gretchen Spreitzer
Associate Dean, Engaged Learning and Professional Development
Keith E. and Valerie J. Aeissi Professor of Business Administration
Ross School of Business | University of Michigan
Office: R-2429 (Dean's Suite) | R-4372 (Faculty office)
Contact: +1.734.936.2868 (o) | spreitz@umich.edu
EA: Ms. Sandy File | 1.734.763.3752 | files@umich.edu

Pronouns: She/Her/Hers