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# Respiratory Managers and Their Leadership Styles in Hospitals Recognized for Magnet Recognition Status

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RESPIRATORY MANAGERS AND THEIR LEADERSHIP STYLES  
IN HOSPITALS RECOGNIZED FOR MAGNET  
RECOGNITION STATUS

This thesis submitted in partial fulfillment of the  
requirements for the degree of  
Master of Science in Leadership Development

By

Jennifer Wendling  
B.S., Wright State University, 2009

2012  
Wright State University

WRIGHT STATE UNIVERSITY  
GRADUATE SCHOOL

May 31, 2012

I HEREBY RECOMMEND THAT THE THESIS PREPARED UNDER  
MY SUPERVISION BY Jennifer Kay Wendling ENTITLED Respiratory Managers and  
Their Leadership Styles in Hospitals Recognized for Magnet Recognition Status BE  
ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF Master of Science.

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## **ABSTRACT**

Wendling, Jennifer Kay M.S.L.D. Wright State University, 2012. Respiratory Managers and Their Leadership Styles in Hospitals Recognized for Magnet Recognition Status.

The purpose of this study is to evaluate leadership styles of respiratory managers in the hospital environment, through examination of B.M. Bass's (1995) model of transformational, transactional and laissez-faire leadership. The author measured leadership alignment and outcome factors through the multifactor leadership questionnaire (MLQ 5x-short) survey.

Respiratory managers are a large part of the healthcare team. They provide the respiratory therapist they manage with education, orientation and supervision. The respiratory managers of 200 Magnet recognized hospitals located within the United States were mailed a MLQ 5x-short survey. Each manager was asked to fill out the survey and return it in the self-addressed envelope that was included. No personal information was obtained; the survey included 45 descriptive statements. The respiratory managers were asked to rate themselves on how frequently each of the descriptive statements described their leadership style. The statements are grouped into related leadership behaviors. Each of the leadership behaviors then is located in one of the leadership styles, transformational, transactional, or laissez-faire.

The MLQ surveys were then scored. Each of the managers was given a score in each of the leadership behaviors. Scores were then analyzed using repeated measures

analysis of variance. Results revealed that respiratory managers use a higher level of transformational leadership behaviors than transactional or laissez-faire behaviors. The mean score of the transformational behaviors was 3.4, transactional 2.68 and laissez-faire .63.

The literature revealed that transformational leadership style was predominating in Magnet recognized hospitals. This study was looking specifically at respiratory managers. Since no literature can be found on the leadership styles of respiratory managers this will add to the body of knowledge. This study supported the literature, in that managers in Magnet recognized hospitals predominately used transformational leadership styles.

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## **Chapter I**

### **INTRODUCTION**

Today's health care environment is experiencing unprecedented reformation. Leaders must transform their organization's values, beliefs and behaviors to meet these improvement demands. It is easy to lead people where they want to go; the transformational leader must lead people to where they can meet the demands of the future (ANCC, 2011). This study will examine the leadership styles between two different disciplines within the hospital environment. Registered nurses and Respiratory therapists both serve in management positions within the hospital setting and while much research has focused on leadership styles of nursing managers it is virtually non-existent on respiratory managers.

### **SIGNIFICANCE OF STUDY**

This study will support the idea that these respiratory managers in hospitals with Magnet recognition practice transformational leadership. The study holds significance because there is a lack of any research related to respiratory manager leadership styles. Also, the literature supports the fact that nursing managers use transformational leadership. This study will also examine the leadership styles of respiratory managers and how it compares to nursing managers and their leadership styles.

## STATEMENT OF THE PROBLEM

Looking at the leadership styles of management personnel in the healthcare environment, there seems to be some gaps. Research in the area of the leadership styles of nurse managers is abundant; however, in other areas of health care management, specifically respiratory managers, there is a void in the research literature. The personnel who move into a management-level position in a discipline area may be proficient in the technical area in which they have been educated, but lack proficiency in leadership skills. Nurses are taught skills in areas of patient care, but are they great at leading a team of other nurses? The same can be asked of respiratory therapists; they are taught skills and patient care in their profession, but can they lead? Duham-Taylor (2000) explained that every level of healthcare is affected by leaders and, moreover, is linked to the leadership influence (Casida & Parker, 2011). An organization with good leadership in place should have increased performance levels and commitment to the organization.

Transformational leadership is proposed as the empowering leadership style that better fits within today's healthcare setting and nursing environment (Thyer, 2003 & Jooste, 2004). Transformational leadership aims to empower the workers to grow not only in their personal relationships but in their professional development as well. Data from the Magnet recognition hospitals indicated that organizational characteristics of the work environment influenced patient satisfaction (Aiken 2002). Managers who are involved and support their staff have more employees who are satisfied with their jobs. Northouse (2010) stated that transformational leaders exhibit vision, charisma, risk taking, out-of-the box thinking and an aptitude for motivating others while acting as role models and mentors for the followers.

## **DEFINITION OF TERMS**

**Active Management by Exception:** Leaders provide rewards and recognition contingent of followers' carrying out their roles and reaching their objectives (Bass, B. M. 1990).

**Contingent Reward:** Leaders focus on clarifying role and task requirements and provide followers with material or psychosocial rewards contingent on the fulfillment of contractual obligations (Northouse, 2010)

**Laissez-Faire:** Leaders avoid decision making and supervisory responsibility (Bass, 1990) Operationalized as measured by MLQ

**Licensed Bed:** The maximum number of beds for which a hospital holds a license to operate ([www.ahrq.gov/research/havbed/definitions.htm](http://www.ahrq.gov/research/havbed/definitions.htm), Nov 6, 2011)

**Magnet Recognition:** A formal accreditation program administered by the American Nurses Credentialing Center (ANCC), a division of the American Nurses Association (Pamela Shervill-Naiarro, Karen L. Roth, 2007)

**Passive Management by Exception:** Leaders wait until there is a problem in order to correct it (Northouse, 2010)

**Transactional Leadership:** Transactional leadership is based on the assumption that subordinates and systems work better under a clear chain of command (Kuhnert & Lewis, 1987) Operationalized as measured by MLQ

**Transformational Leadership:** Occurs when one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality (Burns, 1978). Operationalized as measured by MLQ

**Nurse:** A person who provides services essential to or helpful in the promotion, maintenance, and restoration of health and wellbeing and has met all the requirements to sit for and passes the national licensing examination, known as the National Council Licensure Examination (NCLEX-RN) ([www.bls.gov/oco/ocos083.htm](http://www.bls.gov/oco/ocos083.htm), Nov 10, 2011)

**Respiratory Care Practitioner:** A person who is licensed to practice respiratory care in the state ([www.cga.ct.gov/2011/pub](http://www.cga.ct.gov/2011/pub), Oct 30, 2011) (aka, a respiratory therapist) practices under the supervision of a physician and is responsible for evaluating, treating and caring for patients with cardiopulmonary or breathing medical conditions (Mosby Elsevier, 2008)

## **RESEARCH QUESTION AND HYPOTHESIS**

This study will investigate the leadership styles of respiratory managers within a Magnet recognized hospital. The results of previous studies have laid the foundations for nurse managers having transformational leadership styles; however, this study will add the variable of respiratory therapist managers' leadership style to the research.

**Research Question:** What is the most frequent leadership style among respiratory managers in a Magnet recognized hospital?

**Hypothesis1:** More respiratory managers in Magnet recognized hospitals are transformative leaders than transactional leaders.

**Hypothesis 2:** There is no significant difference between respiratory manager leadership styles and nurse manager leadership styles.

**Null hypothesis:** Respiratory managers in Magnet recognized hospitals will use transformational leadership styles more than any other leadership style.

## **ASSUMPTIONS**

The following assumptions were adopted for this study:

- (1) Respiratory managers will respond truthfully on the Multifactor Leadership Questionnaire (MLQ).
- (2) Respiratory managers will perceive no threat of repercussion for their participation.

(3) The reliability and validity for the questionnaires being used will hold for the sample population being studied.

(4) Assuming that responders were open and honest.

(5). Assuming that non-responders are the same response. Research shows that nurse in Magnet recognition hospitals have more transformational than transactional leadership behaviors among the managers (Kramer, 2010). Respiratory managers will exhibit the same transformational leadership style as nurse managers.

### **LIMITATIONS**

The study has several key limitations. The scope of this study was limited to the identification of leadership styles among respiratory managers employed in Magnet recognition hospitals with between 400-700 licensed beds. Only Magnet recognized hospitals were used in this study. The results of the research were based on the report of only a sample of multihospital respiratory managers. Therefore, the findings are not a general representation of the perceptions of all respiratory managers. Nursing managers were not included in this study. Therefore, a direct comparison of nursing managers' leadership styles and respiratory managers' leadership styles unobtainable.

## **Chapter II**

### **LITERATURE REVIEW**

This literature review aimed to locate the national and international research on leadership styles in the healthcare environment within the realm of nursing. A widespread search included electronic databases and search engines such as ERIC, CINAHL, MEDLINE, and Health Source. Nursing/Academic Edition, and Professional Development Collection, a range of websites including research associations and government sites, as well as a search of printed electronic journals on leadership and nursing. The choice of material to include was based on key words: “leadership, nursing, organizational leadership, healthcare employee” and “patient satisfaction”. While articles in peer-reviewed journals form a part of reviewed materials, there was much information found in books, and professional journals, which have been included from these sources as well.

#### **Introduction**

Transformational leaders play an important role within the healthcare sector (Dunham-Taylor, 2000). Every level of the healthcare organization is affected by leaders. The environment within the organization is increasingly competitive and hectic (Dunham-Taylor, 2000). Nurses are involved with day-to-day crises, meetings, programs and patient care. This makes the nurses’ leadership style more critical because it can positively or negatively influence the organizational performance (Dunham-Taylor, 2000).

This literature review will investigate transformational and transactional and laissez-faire leadership styles, and their relationship to, or influence on, organizational outcomes in the healthcare setting. It will examine the thinking behind nursing leadership and how it affects the organization. It will also explore the following research on healthcare: nursing leadership style, job satisfaction, and patient satisfaction. Finally, it should show similarities of leadership styles between nursing managers and respiratory managers within the hospital setting. By understanding the impact of leadership styles on the organizational and personal outcomes mentioned above, leaders can influence and motivate the behavior of employees in such a way that the resultant behavior has a positive impact on the organization.

### **Leadership Styles**

Transformational leadership theory has captured the interest of many researchers in the field of organizational leadership over the past four decades. This theory was identified and defined by Burns (1978) and later enhanced by Bass (1985, 1998) and others (Avolio & Bass, 1988; Bass & Avolio, 1999). Transformational leadership fits the needs of the work environment of today, and employees need to be inspired and empowered (Northouse, 2010). Bass & Riggio (2006) suggested that the transformational leadership style is popular because it places an emphasis on intrinsic motivation and follower development. Transformational leadership has four components: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Bass, 1985). Burns suggested that transformational leaders inspire followers to accomplish more by helping the follower align their values with the values of the organization. Furthermore, transformational leadership as a relationship in which

the leader and the follower motivated each other to higher levels. This results in a value system congruent between the leader and the follower (Northouse, 2010).

Transactional leadership is most often explained as an exchange between leaders and their followers (Kuhnert & Lewis 1987; Northouse, 2010). There are three components of transactional leadership: 1) contingent reward-rewards staff for desired work; and 2) active or 3) passive management by exception (Avolio & Bass, 1999). In active management by exception, the leader monitors work performance and then corrects in, whereas passive management by exception, the leader waits until there is a problem to correct it. Transactional leadership is different in that the leader does not individualize the needs of subordinates or try to increase their development (Northouse, 2010). Transactional leadership involves leaders assigning goals and objectives, communicating to organize tasks and activities with the co-operation of their employees to ensure that wider organizational goals are met (Bass 1985). Transactional leadership is based on the assumption that subordinates and systems work better under a clear chain of command. The implicit belief in the leader / follower relationship is that people are motivated by rewards and penalties (Kuhnert 1994; Northouse, 2010). Leader-Member Exchange theory (LMX) is a process that focuses on the interactions between the leader and the follower (Northouse, 2010). Two general types of relationships are the in-group and the out-group. The in-group is considered extra-roles, while the out-group is those based on the formal employment contract (Northouse, 2010). Some studies view leadership as an exchange relationship between the leader and the follower, and differentiate between in-group and out-group by the degree of negotiating latitude between the two (Goetze, 1999). The success of this type of leader-follower relationship

can increase leader-member relationships, increase job-related communication and increase performance (Harris, 2009).

Both transformational and transactional leaders are considered active leaders. They actively respond and try to prevent problems. When researching these two active forms of leadership, they are often differentiated with an extremely passive laissez-faire leadership. Laissez-faire describes the absence of leadership (Northouse, 2010). This leader relinquishes responsibility, delays decisions, gives no feedback and makes little effort to help followers satisfy their needs (Northouse, 2010). There is no purposeful interaction between the leader and the employees, so a group of followers does not form (McGuire & Kennerly, 2006). Laissez-faire leadership is unsuccessful in stimulating interaction between the leader and employee.

### **Leadership in Healthcare**

There are several styles in nursing leadership, they are transactional, transformational and laissez-faire (Sorensen, Idema & Severinsson, 2008, Fraczkiwicz-Wronka, 2010). Leadership development is an interactive, inter-dependent process that occurs between the clinical leaders and team members, and the relationship is rather circular (Casterle, Willemse, Verschueren & Milisen, 2008). The transformative leadership model has a more positive effect on communication and teambuilding than does the transactional leadership model (Thyer, 2003).

Transformational leadership has been associated with the nursing role (Dunham-Taylor, 2000; Nielsen, 2009; Wallick, 2002) as well as organizational outcomes (Boerner, Eisenbeiss, & Griesser, 2007; Zhu, Chew, & Spangler, 2005; Jorg & Schyns, 2004; Barling, Weber, & Kelloway, 1996; Pearson, 2004; Lindholm, Sivberg, & Uden,

2000). Research has shown that transformational leadership impacts follower satisfaction (Hatter & Bass; Koh, Steers, & Terborg, 1995, Northouse, 2010) and commitment to the organization (Barling et al., 1996 & Koh et al.). Due to the impact on employee and organizational outcomes, transformational leadership is needed in all organizations (Tucker & Russell, 2004)

### **Leadership Linked to Job Satisfaction**

Research has also shown that transformational leadership increases job commitment, job satisfaction (Nielsen, 2009) and organizational performance in the field of nursing (Wallick, 2002). Transformational leadership aims to empower the co-workers to help them grow in their personal and professional development (Casterle, Wilemse, Verschueren & Milisen, 2008). Thyer (2003) supported the idea that nursing employees' exposure to transformational leaders is the key to improving healthcare delivery in the future. The nurses within the organizational will be more satisfied with transformational ideas for team building, than the use of transactional (Thyer, 2003). It could be argued that transactional leadership could be destructive to the team and cause a disciplinary concave (Thyer, 2003).

A number of studies reported associations between transformational leadership style and organizational job satisfaction (Podsakoff, 1990, Morrison 1997, Shieh, 2001, Bono & Judge, 2003, McVicar, 2003, Thyer, 2003, Berson & Linton, 2005, & Nielsen, 2009). Transformational leaders help ensure job satisfaction and well-being in healthcare professionals. Nielsen (2009) reviewed research on the relationship between transformational leadership and job satisfaction, and found an increased attention on transformational leadership within nursing has been linked to increased job commitment

and job satisfaction. Another study completed by Kutzscher, Sabiston, Laschinger & Nish in 1997 looked at the effects of teamwork on staff perception and job satisfaction. They found that there are positive effects of involvement in multidisciplinary teams on staff perceptions and workplace empowerment.

A study by Dunham-Taylor (2000) utilized the Bass and Avolio's Multifactor Leadership Questionnaire. They examined a national sample (n= 396) randomly selected hospital nurse executives. The results from this study found that nurse executives were transformational leaders and achieved better staff satisfaction and better work group effectiveness. It also showed that there was a decrease in staff satisfaction and work group effectiveness as nurse executives were more transactional.

Other studies correlated that there is a direct relationship between empowerment and job satisfaction (Laschinger, 1999, 2000, 2003, 2001, Loke, 2001, Manojlovich, 2002 & McNeese-Smith, 1995) Laschinger (1999, 2000, 2001, and 2003) completed 8 different studies with nurses within a 4 year time frame and found that there was a correlation between nurse empowerment and organizational commitment and job satisfaction. In addition, transformational leadership was associated with the highest number of outcomes.

Unit-level LMX quality and unit-level empowerment positively influenced staff nurses (Laschinger, 2009). 21 hospitals, with 217 units with more than 30 staff nurses were samples, which resulted in 7,875 nurses. LMX-MDM was used to measure 4 dimensions of LMX (affect, loyalty, contribution and professional respect) and was rated on a 7-point scale from "strongly disagree" to "strongly agree". The total LMX-MDM

was .92 and .94. The results from this study suggest that leaders who empower employees can make a difference in job satisfaction (Laschinger, 2009).

Overall, literature shows that there is a link between leadership style and job satisfaction among nursing staff and healthcare organizations. Looking at 19 descriptive correlational studies measuring leadership style and satisfaction, the conclusion is that a combination of leadership attributes contributes to the creation of a healthy work environment.

### **Organizational Performance**

Workplace empowerment is a management strategy that has been shown to be successful in creating positive work environments in organizations (Laschinger, Finegran & Wilk, 2009). Advancing nurses into management positions could change the organization if the right leadership is not in place (Lindoholm, Sivberg, & Uden, 2000). Performance standards for nurse managers require them to have transactional processes, while at the same time displaying transformational characteristics (McGuire & Kennerly, 2006) To maintain stability in uncertain healthcare environment, nurse managers who can balance the two are vitally important (McGuire & Kennerly, 2006)

The workplace learning and performance roles were examined by Wallick (2002). This qualitative study looked at management roles within the hospital and how they improved organizational performance. The author interviewed CEO's from 248 not-for-profit hospitals. The majority of the participants felt that the leadership roles should be carried out only at the senior levels. There needs to be an increased focus on turning

managers into leaders (Wallick, 2002). Without more leadership training for managers they could impede the improvement of organizational performance (Wallick, 2002).

Nurse managers that use transformational leadership can surmount oppressive traditions and navigate a complex and rapidly changing environment (Murphy, 2005). Murphy (2005) found that transformational leadership is not a substitute for transactional leadership, but it compliments and enhances it. Transformational leadership can provide a new optimism in a changing health care environment, and can increase staff satisfaction. It will also create working environments that benefits nurses and ultimately patients (Murphy, 2005).

The Nurses who show clear leadership styles have a tendency to relate mainly to the transformational or transactional leadership model (Lindholm, Sivberg, & Uden, 2000). Samples of 15 nurse managers from 3 hospitals were interviewed. This study was able to demonstrate the importance for nurse managers to have an awareness of the variety of leadership styles within healthcare organizations (Lindholm, Sivberg, & Uden, 2000). Developing awareness could ensure that the right person would be placed in the right position at the right time.

A combination of leadership styles and characteristics among nurses were found to contribute to the workplace development and sustainability (Pearson, 2004). A total of 44 of both quantitative and qualitative research papers were reviewed. The literature examined the relationships between leadership styles and satisfaction. All of the papers addressed leadership attributes that promoted a healthy work environment. A healthy work environment would foster autonomy, self-regulation and job satisfaction. It was

found that leaders who possessed characteristics of transformational leadership were satisfied with their job (Pearson, 2004).

### **Leadership Linked to Patient Outcomes**

An emphasis must be placed on health care organizations to create structures and systems that empower nurses to practice optimizing their leadership knowledge and expertise in care delivery (Carney, 2009). Nurses are in direct contact and care of patients and are the first to notice changes in their health status. As a result, nursing staff that can solve problems and take responsibility are needed (Dunham-Taylor, 2000).

Studies linked to transformational nursing leadership and improved patient outcomes are relatively recent, with most studies published in the past 5 years (Wong & Cummings, 2007). Findings of their review showed that there is a positive relationship between transformational nursing leadership and improved patient outcomes (increased patient satisfaction and reduced patient adverse events and complications), which are caused by staff performance (Wong & Cummings, 2007).

Transformational leadership style prevails in Magnet hospitals (Kleinman, 2004). Work engagement and availability of support services had a significant impact on patient satisfaction (Bacon & Mark, 2009). A study completed by Bacon & Mark (2009) found that if the hospital had obtained Magnet recognition job satisfaction was perhaps better because of the Magnet hospital program which emphasizes the importance of leadership.

Magnet recognition has been a focus of nurse administrators for over 20 years. It is now becoming a focus in other countries. The Magnet recognition program was

developed by the American Nurses Credentialing Center (ANCC). The Magnet status is awarded for a 4 year period. In 2007, the program created a new vision statement:

“Magnet organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally. They will be solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation. They will lead the reformation of healthcare, the discipline of nursing, and care of the patients, family and community” (Wolf, Triolo, & Ponte, 2008).

Along with the new vision, the commission adopted a new model with five components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations and improvements; and empirical outcomes. If a hospital has Magnet designation, then the organization has created an environment that supports nursing, professional education, career development and nursing leadership (Grant, 2010). Maine Medical Center has adopted the leadership theory of James Kouzes and Barry Posner in order to support the development of transformational leaders. Kouzes and Posner's leadership practices are: model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart. Optimizing patient centered communication, continuity of care and interdisciplinary collaboration can contribute to enhance quality of a care (Casterle, Willemse, Verschueren & Milisen, 2008).

Dynamics related to leadership development and the impact on the clinical leader, nursing team and the patient care were discussed in a study by Casterle, Willemse, Verschueren & Milison. Data was collected through interviews, focus groups and observation and they found that leadership development is ongoing and improved clinical

leadership seemed to influence patient care and interdisciplinary collaboration (Casterle, Willemse, Verschueren & Milisen, 2008).

Data from Magnet recognized hospitals indicated that organizational characteristics of the work environment influenced patient satisfaction (Aiken 2002).

There seems to be a clear link between how leadership can influence patient care in the healthcare organization. For a healthcare organization to place patients' satisfaction as an important goal, they will first have to look at the dynamics of the leadership within the multi-professional team.

## **Summary**

Nurse leaders of the future will need to adapt to new ways of thinking and delivering care (Carney, 2009). Leadership and relationship skills are essential to the future of health service organization in order to ensure successful outcome for the patients it serves (Carney, 2009). Multi-professional collaboration is going to play an increasingly important role in healthcare today as there has been an increase in competition and requirements (Karvinen & Hyrkas, 2006). Transformational leadership aims to empower nurses and help them grow in their personal and professional development (Casterle, Willemse, Verschueren & Milisen, 2008). Transformational leadership is proposed as the empowering leadership style that better acclimates within today's healthcare setting and nursing environment (Thyer, 2003 & Jooste, 2004).

## Chapter III

### METHODOLOGY

#### Methods

This is a descriptive study that will assess the leadership styles of respiratory managers. The method for this thesis was the (MLQ 5x-short) survey (rater form) consisting of 45 descriptive statements. The rater form consisted of three leadership scales (transformational, transactional, and laissez-faire) and nine subscales. [key elements of transformational (n = 5) and transactional(n = 2) and passive/avoidant (n = 2)] It is a short and comprehensive survey that measures the full range of leadership. The participant was to answer each statement as they perceive their leadership style to be. They were to judge how frequently each of the 45 statements described their leadership style. The survey was broken down into transformational, transactional and passive/avoidant areas. Each area of leadership had descriptive statements which fell under one of the leadership styles. The statements were in a random order on the survey. The MLQ was used to measure the independent variables of transformational, transactional and laissez-faire leadership. Participants were requested to answer the MLQ by judging how frequently each statement fits them, using a five-point (0-4) response Likert scale (0 = not at all; 1 = once in a while; 2 = sometimes; 3 = fairly often; 4 = frequently, if not always). The mean rating of the items comprising a leadership behavior was taken as the score of that behavior. Several studies utilizing the MLQ form 5x-short showed consistent, strong reliability coefficients ( $\alpha=0.90$ ) and validity with a factor index of 0.91 and a fit of 0.92 (Antonakis , Avolio & Sivasubramaniam, 2003).

This version of the MLQ is the most common instrument used in nursing leadership research, and has shown stable validity results in different leadership roles (Avolio, Bass & Jung, 2005, Casida 2008).

### **Sample Selection**

The study population consisted of respiratory managers within a selection of Magnet recognition hospitals across the United States. The sample was constituted using random sampling. The contact information for these participants was retrieved through the Magnet website (<http://www.nursecredentialing.org/MagnetOrg/getall.cfm>). After the list of hospitals was obtained, further research to each of the hospital websites was completed to acquire the number of licensed beds for each one. Magnet hospitals with licensed beds between 200 and 700 were used for the sample. For the purpose of this thesis, a random sample of 200 hospital respiratory managers was mailed MLQ Forms (5x-short).

## Chapter IV

### RESULTS

A total of 57 surveys were returned completed for a 28.5% response rate. The surveys were then scored using the MLQ scoring key. The results of the MLQ self-administered survey based on the statement mean scores, was analyzed and organized. There were 5 behavior areas for transformational, 2 areas for transactional and 2 areas for passive/avoidant. The behavior areas were then scored to determine the highest leadership style that was being utilized by respiratory managers. The score in each area of behavior was scored by summing the items and dividing by the number of items that make up the scale. Each of the participants had an independent score in each leadership area. A repeated measures ANOVA was carried out to determine whether respiratory managers used transformational leadership styles more than transactional or passive/avoidant. There was a statistically significant main effect  $F= 562.15, p < .0001$ . The transformational behavior areas scored higher than the transactional or passive/avoidant areas. The passive/avoidant area scored the lowest of all of the behaviors. Transformational value was a mean of 3.40, while the transactional mean was 2.68 and the last behavior tested passive/avoidant mean was .63.

**Table 3.1**

<i>Repeated Measures</i>					
	Sum of Squares	df	Mean square	F	Sig.
Leadership	235.97	2	117.98	562.15	<.0001

---

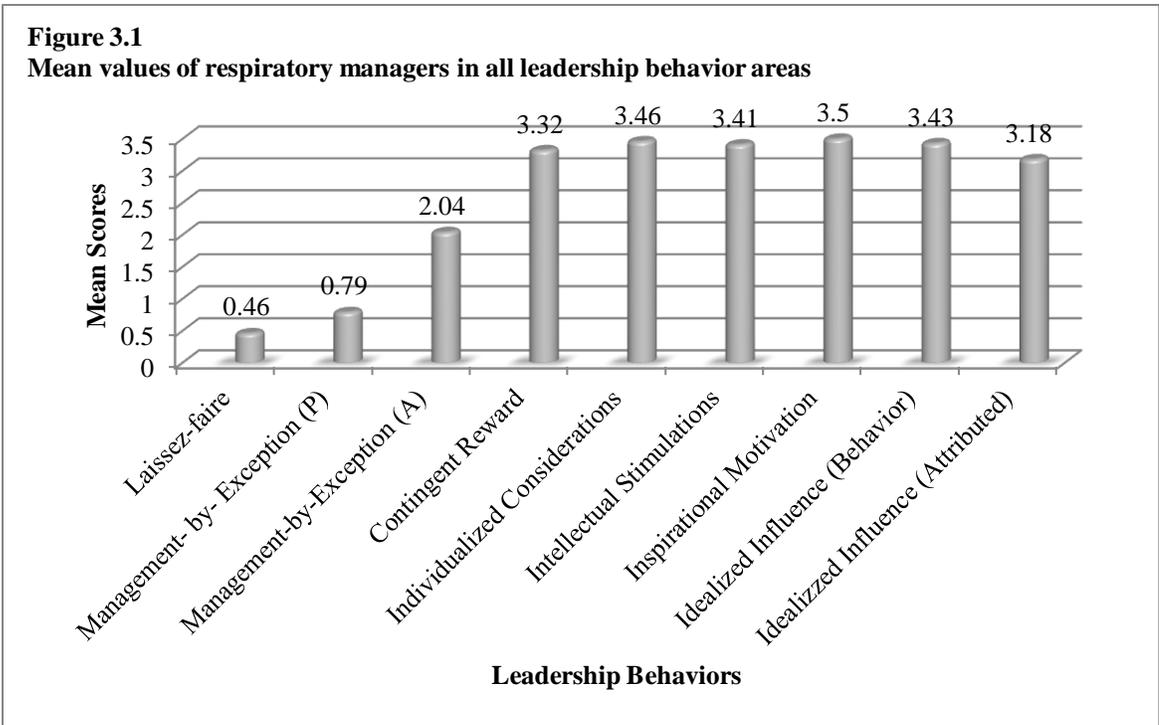
**Table 3.2***Duncan, Tukey and Scheffe measures*

	Duncan		Tukey		Scheffe	
	M	n	M	n	M	n
Transformational	3.39	57	3.39	57	3.39	57
Transactional	2.68	57	2.68	57	2.68	57
Passive/Avoidant	.63	57	.63	57	.63	57

**Table 3.3***Mean values among the leadership behaviors (n = 57)*

	M	SD
Transformational	3.40	.36
Transactional	2.68	.53
Passive Avoidant	.63	.48

Respiratory managers viewed themselves as being highly transformational. Subscales ranged from 3.18-3.5 in the transformational leadership area. The highest scored behavior among respiratory managers was inspirational motivation, with a mean of 3.5. Of the 5 behaviors within the transformational section, 4 of them had the highest means scores of all of the behaviors. Individualized considerations (3.46), idealized influence (behavior) (3.43), and intellectual stimulation (3.41) were the top 3 behaviors following inspirational motivation. Contingent reward, a transactional behavior was in the top 5 with a mean of 3.32. (see Figure 3.1)



Using the data from a study entitled “Nurse Managers as Transformational and Transactional Leaders” by Elaine McGuire and Susan Kennerly, a side by side comparison shows that both nursing managers and respiratory managers use more transformational leadership styles than transactional.(see Table 3.1) Nursing managers scored higher than respiratory managers in all of the leadership styles.

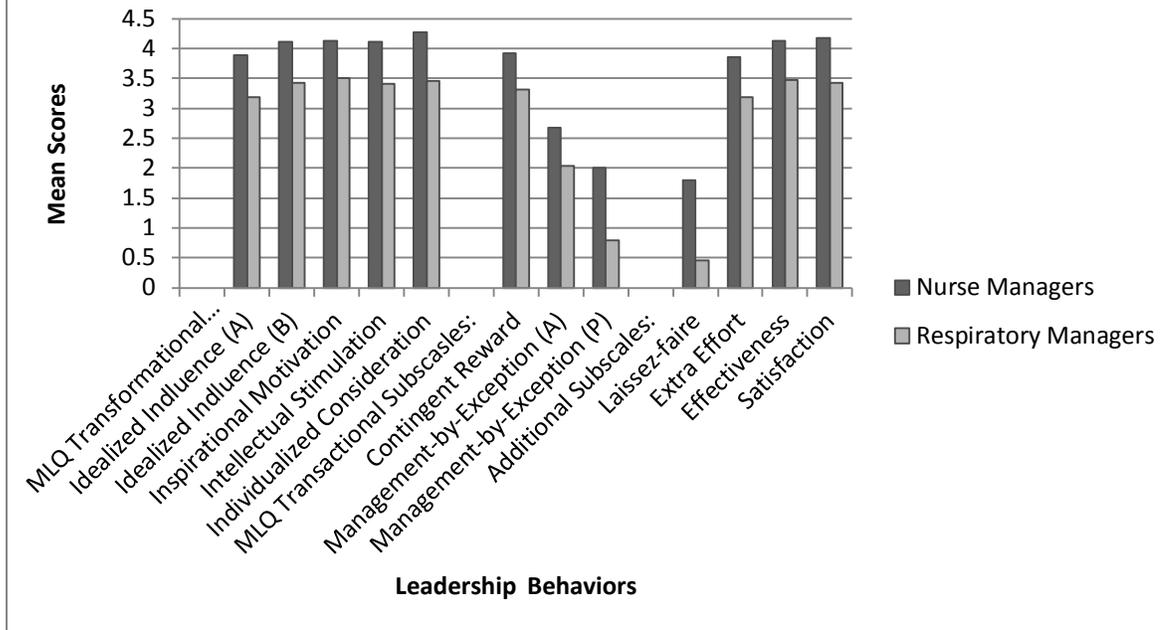
**Table 3.4***Comparison of leadership styles between nursing managers and respiratory managers.*

	Nursing Managers		Respiratory Managers	
	n=63		n=57	
	M	SD	M	SD
<b>MLQ Transformational Subscales:</b>				
Instrument				
Idealized Influence (A)	3.89	0.59	3.18	0.62
Idealized Influence (B)	4.12	0.55	3.43	0.47
Inspirational Motivation	4.13	0.53	3.5	0.47
Intellectual Stimulation	4.12	0.53	3.41	0.48
Individualized Consideration	4.28	0.44	3.46	0.43
<b>MLQ Transactional Subscales:</b>				
Contingent Reward	3.92	0.44	3.32	0.48
Management-by-Exception (A)	2.67	0.62	2.04	0.80
Management-by-Exception (P)	2.01	0.58	0.79	0.53
<b>Additional Subscales:</b>				
Laissez-faire	1.8	0.63	0.46	0.48
Extra Effort	3.86	0.64	3.19	0.6
Effectiveness	4.13	0.47	3.47	0.42
Satisfaction	4.18	0.56	3.42	0.52

Note: The nursing statistical information was taken from the article "Nurse Managers as Transformational and Transactional Leaders" by McGuire & Kennerly, 2006.

Self-perceptions of both nursing and respiratory managers were highly transformational. The comparison of both nurse and respiratory managers was interesting in that nursing managers scored higher on every level of leadership. Nursing managers' highest leadership behavior was individualized consideration (4.28), while the respiratory managers' highest score was inspirational motivation (3.5). Transactional scores were not far below the transformational scores, so the perception is that both nursing and respiratory managers use both transformational and transactional leadership styles. The lowest scores for both disciplines were in the laissez-faire leadership.

**Figure 3.2 Comparison Chart**



## **Chapter V**

### **DISCUSSION**

The present study explicated the positive relationship among transformational, transactional and laissez-faire leadership styles and respiratory managers' leadership styles. The results supported the hypothesis that respiratory managers in Magnet recognized hospitals use more transformative leadership than transactional leadership. Respiratory managers mean score in inspirational motivation was 3.5, the highest score on all behaviors. The inspirational motivation is achieved by the leader who can provide meaning and challenge to the tasks of followers; they help develop desirable visions for the future. Respiratory managers have the ability to inspire their followers. These respiratory managers also help their followers to accomplish more by aligning their values with those values of the organization. Individualized consideration is a leader's ability of act as a coach or mentor who fosters personal development. Respiratory managers use the transformational leadership style individualized consideration, scoring this area with a 3.46. This was the second highest score. In looking at all of the transformational behaviors, the statistical data reflects that respiratory managers provide their followers with inspiration and personal development.

The other side of leadership or non-leadership focuses on passive avoidant styles. Respiratory managers scored the lowest in this type of leadership. Showing that they like to be hands on and correct problems and not relinquish responsibility and take no action. The respiratory managers will tend to help their follower satisfy their needs and give

feedback. Participants provided strong support that they use transformational behaviors more than transactional or laissez-faire.

Findings also suggest that there is no difference between the leadership styles of respiratory managers and nursing managers. In the comparison of respiratory managers with nursing managers, both have the highest scores within the transformational behaviors. This result satisfies the hypothesis that there is no difference between respiratory and nursing manager leadership styles. Nursing managers' mean scores on the MLQ's transformational subscales ranged from 3.89-4.28 (McGuire, 2006), while the respiratory managers' subscales ranged from 3.18-3.5. These results indicated that both disciplines self-perceptions are transformational.

Contingent reward also showed a high degree of relationship between the two disciplines. Nursing mean score was 3.92 while respiratory was 3.32. The contingent reward mean scores were consistent with transformational mean scores. Given the current reformation of healthcare, the idea that organizations may be placing a lot of emphasis on rewards and recognition for retention is probable.

The work environment itself may have effect on the manager's leadership styles. The hospital environment is chaotic and fast paced. Managers have to have some transactional leadership behaviors to be able to balance their department's budget, and to monitor their followers' productivity with quality of patient care. While at the same time, motivate and inspire those same followers to follow their goals, and align with the organizations values.

## **RESEARCH IMPLICATIONS**

This review highlights the need for more research in the comparison of respiratory managers' leadership styles and nursing managers' leadership styles. Given the rising importance that is being placed on leadership in today's healthcare facilities there needs to be more research conducted that explores the leadership across multidisciplines. There also needs to be further research into why nursing managers scored higher across all of the leadership behaviors than respiratory managers.

## **CONCLUSION**

The present study supports and expands the knowledge of frequent utilization of transformational leadership over transactional and laissez-faire leadership behaviors among respiratory managers in Magnet recognized hospitals across the United States. Specific leader behaviors aligned with idealized influence behavior and individualized considerations which are key elements of transformational leadership and are thought to be important in achieving leadership effectiveness and satisfaction. The respiratory manager who displays transformational leadership behaviors is more likely to achieve his/her leadership goals effectively in a satisfying way. They are also more likely to align their values with the organization. The hospitals ability to have a transition of upward positive outcomes within the organization can be achieved by respiratory managers who practice transformational leadership.

In the healthcare environment several leadership styles are used. Transformational leadership seems to be used more above all other leadership behaviors. Contingent reward within transactional leadership is also among the top behaviors. Wong &

Cummings, 2007, said that there is a positive relationship between transformational and transactional styles. Respiratory manager mean scores showed that there may be some relationship between transformational and transactional styles, but the mean scores of transformational was of great relevance.

## APPENDIX A

For use by Jennifer Mattachione only. Received from Mind Garden, Inc. on March 7, 2012



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To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material;

Instrument: *Multifactor Leadership Questionnaire*

Authors: *Bruce Avolio and Bernard Bass*

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for his/her thesis research.

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Most", with a long horizontal line extending to the right.

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

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