Transformational Leadership Behaviors of Unit Charge Nurses and the Motivation Status of Staff Nurses*

Servis Sorumlu Hemşirelerinin Dönüşümçü Liderlik Davranışları ve Hemşirelerin Motivasyon Durumları*

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Abstract

Aim: This descriptive correlational study aimed to define transformational leadership behaviors of unit charge nurses and the motivation level of staff nurses working with them and the relationship between transformational leadership and motivation of nurses.

Method: The study sample consisted of 108 unit charge nurses and 324 staff nurses. Data were collected using the Demographic Data Sheet, the Leadership Practices Inventory-the Self-Rating and Observer Form, the Social Desirability Scale, and the Job Motivation Scale.

Results: The average total score of the Leadership Practices Inventory of unit charge nurses was 129.11±11.45 (min.:30, max.:150). Unit charge nurses self-ratings showed that the most frequent leadership practice was “encourage the heart” (27.27±2.38). Their self-ratings on “model the way” (p=0.000), “challenge the process” (p=0.012), “enable others to act” (p=0.000), “encourage the heart” (p=0.000) and “leadership practices” total scores (p=0.000) were statistically significantly higher than those of the staff nurses. Intrinsic, extrinsic, and total motivation mean scores of staff nurses were 41.43±5.17 (min:18, max:54), 28.25±4.31 (min:11, max:33), and 69.69±8.45 (min:29, max:87), respectively. A positive and statistically significant correlation was found between staff nurses’ evaluation on unit charge nurses’ total leadership practices and intrinsic (p=0.001), extrinsic (p=0.008) and total motivation mean scores (p=0.001).

Conclusion: The results of study showed that the motivation level of staff nurses was at a moderate level, yet we also found that transformational leadership practices of unit charge nurses had a significant effect on motivation of staff nurses. Therefore, we have concluded that developing transformational leadership practices of unit charge nurses at healthcare institutions can increase the motivation level of staff nurses.

Keywords: Motivation, nurse, transformational leadership, unit charge nurse

Öz

Amaç: Bu tanımlayıcı ilişkisel çalışma, servis sorumlu hemşirelerinin dönüşümçü liderlik davranışları ile birlikte çalışıkları hemşirelerin motivasyon düzeylerini belirlemek ve dönüşümçü liderlik ile hemşirelerin motivasyonuya arasındaki ilişkiyi incelemek amacıyla yapılmıştır.

Yöntem: Çalışmanın örneklemesi 108 servis sorumlu hemşire ve 324 hemşire oluşturmaktadır. Veriler, tanıtıcı bilgi formu, Liderlik Uygulamaları Envanteri-Oz Değerlendirme ve Gözlemci Formu, sosyal Beğenirilik Ölçeği ve İş Motivasyon Ölçeği kullanılarak toplanmıştır.

Bulgular: Servis sorumlu hemşirelerin toplam liderlik uygulaması puan oratalması 129.11±11.45’tir (puan aralığı 30-150). Servis sorumlu hemşirelerinin öz-değerlendirmelerine göre en fazla ortaya konulan liderlik uygulaması izleyenlerin başına kapatma (27.27±2.38), servis sorumlu hemşirelerin yol gösterme (p=0.000), süreci sorulmaları (p=0.001), personel geliştirmi konusunda (p=0.000), izleyenlerin başına kapatma (p=0.000), ve toplam liderlik uygulamaları öz değerlerinin (p=0.000) servis hemşirelerinin öz değerlendirimlerinden daha yüksektir bulunmuştur. Servis hemşirelerinin içsel motivasyon puan oratalması 41.43±5.17 (puan aralığı 18-54), dışsal motivasyon puan oratalması 28.25±4.31 (puan aralığı 11-33) ve toplam motivasyon puan oratalması 69.69±8.45 (puan aralığı 29-87) servis hemşirelerinin, servis sorumlu hemşirelerinin toplam liderlik uygulamalarının değerlendirilmesi puan oratalması ile ilişkilidir (p=0.001), dışsal (p=0.008) ve toplam (p=0.001) motivasyon puan oratalması arasında istatistiksel açıdan pozitif yönde ani bir ilişki saptanmıştır.

Sonuç: Bu çalışmanın bulguları, servis sorumlu hemşirelerinin dönüştümçü liderlik uygulamalarının gelişimlerinde, birlikte çalışan hemşirelerin motivasyonunun artırılacağı sinyallendirebilir.

Anahtar kelimeler: Motivasyon, hemşire, dönüşümçü liderlik, servis sorumlu hemşire

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Introduction

Within the healthcare system, unit charge nurses (UCN) have the responsibilities of providing continuity of nursing care, planning services to provide high quality and health care vsafe service to individuals, organizing existing human and material resources, and implementing and evaluating services to achieve corporate goals and objectives (Krugman & Smith, 2003). UCNs also have an important role among the senior management and staff nurses. This requires them to become transformational leaders who enhance the motivation of employees and provide high quality and safe patient care.

Many healthcare researches argue that transformational leadership strengthens employees and contributes to the development of professional behaviors (Manojlovich, 2005), affects directly and indirectly staff nurses’ safety performance (Hidayah & Fadila, 2019; Lievens & Vlerick, 2014) and patient safety (Jones, Polancich, Steaban, Feistritzer & Poe, 2017). Transformational leadership creates a positive impact on institutions by enhancing productivity (Ahmed, Ata & Abd-Elhamid, 2019; Loke, 2001), increases employee and patient satisfaction, increases commitment to the organization (AbuAlRub & Nasrallah, 2017; Brewer et al., 2016; Failla & Stichler, 2008; Weberg, 2010) makes a positive impact on individual utility and teamwork (Cheng et al., 2016), decreases emotional exhaustion and loss of nurses (Asif, Jameel, Hussain, Hwang & Sahito, 2019; Weberg, 2010), and at the same time, supports psychological well-being (Shi, Zhang, Xu, Liu, & Miao, 2015). Additionally, it has been reported that participation of employees in decisions regarding the changes in their units supports individual autonomy and increases productivity (Heuston & Wolf, 2011).

The result of a study conducted in Turkey, indicated that UCNs evaluated themselves as transformational leaders (Duygulu & Kublay, 2011). On the other hand, in another study organizational commitment level of staff nurses’was found to be at low level (Duygulu & Abaan, 2004) and organizational commitment has been proved to be closely related to transformational leadership behaviors (Brewer et al., 2016). Moreover, managers find themselves inadequate in motivating employees and delegating tasks (Goktepe & Baykal, 2001); and they perceive the doctors as the leaders in their work environment (Duygulu & Kublay, 2008). Considering the results of these studies, it can be said that UCNs have limitations to demonstrate transformational leadership behaviors in Turkey.

Bennis and Nanus (1985, p. 3) define a transformational leader as ‘one who commits people to action, who converts followers into leaders, and who may convert leaders into agents of change’. Kouzes and Posner (2003) evaluate “the leader’s behavior to congratulate and reward the success” as a transformational leadership behavior which is closely related to motivation. Transformational leaders contribute to the achievement of corporate goals through motivating employees. Highly motivated employees significantly improve the chances of achieving organizational goals.

It is extremely important for nurse managers to remain current with the changes in health practices and to maintain effective communication with their colleagues which can be achieved by inspiring a vision and by motivating colleagues in the achievement of institutional goals. As already noted, intrinsic motivation and leadership are essential in preventing resignment of nurses (Sellgren, Kajermo, Ekwall & Tomson, 2009). Moddy and Pesut (2006) highlighted the necessity of high motivation and the psychological well-being of nurses who play a key role in developing patient care quality and reaching the corporate goals of the healthcare institutions. The service of highly motivated employees has a positive impact on patient’s output. Additionally, they highlighted the importance of high quality leadership and management to increase intrinsic motivation.

Although the importance of transformational leadership of nurse managers in health care environments is often emphasized and there are published studies indicating the importance of transformational leadership and motivation of nurses, none of them has attempted to investigate the relationship between transformational leadership of UCNs and motivation of staff nurses.

Method

Design and Setting: This descriptive correlational study aimed to investigate the transformational leadership behaviors of unit charge nurses and the motivation status of the staff nurses and the relationship between transformational leadership and motivation of nurses. The hospital selection criteria of nurses were having high bed capacity and providing general health care services. Considering these criteria, the research was conducted in three university hospitals within the borders of a metropolitan municipality in Turkey, each with more than a 500-bed capacity. All of these hospitals are similar to each other in terms of bed capacity, type (university), location, patient characteristics and number of nurses. These hospitals serve community, regional, national and international patients.
**Study Population:** The total number of 176 UCNs served in these three hospitals. Each UCN was in charge of 7-8 nurses, on average, except for the operating theatres and polyclinics where the number of nurses were higher. The UCN sample of the research had 108 UCNs who participated in the research. The UCN's role in this research can be explained as self-evaluation. The purposive sampling method was used in selecting the staff nurse sample, and at least three volunteer service nurses, who had worked with each UCN for the previous 6 months, were included in the sample. According to the literature, the Leadership Practices Inventory should have 3 to 10 employees who work with the leader (Duygulu, Karabulut, Abaan & Kublay, 2011; Kouzes & Posner, 2003; Tourangeau & McGilton, 2004). As 108 UCNs voluntarily participated in the research, 324 service nurses who worked with these UCNs constituted the staff nurse sample of the research. The role of staff nurses in this research was to evaluate their own self-motivation as well as the leadership practices of UCNs.

**Data Collection:** The data were collected using the Demographic Datasheet, Leadership Practices Inventory (self and observer forms), Job Motivation Scale and Social Desirability Scale.

**The Demographic Datasheet**
This form was developed by the researchers to collect the demographic information of UCNs and staff nurses. It included questions about the nurses' sociodemographic characteristics, such as age and years of professional experience.

**Leadership Practices Inventory / Self and Observer**
Leadership Practices Inventory (LPI), was used to measure leadership practices of UCNs and was developed by Kouzes and Posner (2002). The inventory was filled out by both the UCNs who participated in the research and the staff nurses who worked with them and had the ability to observe their behaviors. The inventory was composed of five sub-behaviors in leadership: “model the way,” “inspiring a shared vision,” “challenging process,” “enabling others to act,” and “encouraging the heart.”

The adaptation of the inventory to Turkish was realized by Duygulu et. al. (2011) and Cronbach Alpha internal consistency coefficient was found as 0.92 for the “leader” and 0.97 for the “observer”. These values indicate that the inventory was a reliable and valid measuring tool to evaluate nurses’ leadership practices in Turkey. Five-point Likert type inventory (from 1-Almost Never to 5-Always) was composed of 30 items. All five leadership practices can get a minimum score of 6 and a maximum score of 30. Therefore, the minimum score of the inventory is 30 and maximum total score is 150. As per the evaluation of Kouzes and Posner if the score is close to the maximum score of the inventory, the individual is frequently displaying that leadership practice. However, if the score is close to the minimum score of the inventory, it means that the individual is rarely displaying that leadership practice and needs to improve this practice.

**Job Motivation Scale**
The scale that measures nurses' job motivation was developed by Engin and Çam (2009) in order to assess the motivation of psychiatric nurses. The scale consists of expressions that put forward the general, intrinsic, and extrinsic motivation levels of nurses. There are 29 questions in the scale which are composed of subfactors that can motivate the nurses. These are: autonomy, success, interest/curiosity, feedback, perceived skills, creativity, promotion, decision making, responsibility, team cohesion, confirmation, external control, and dependence.

Engin and Çam (2009) found the Cronbach Alpha coefficients of intrinsic and extrinsic motivation factors as 0.79 and 0.72, respectively. The general Cronbach Alpha coefficient of the scale is 0.84. The scale can be considered as valid and reliable in this regard. However, the original scale was used with psychiatric nurses. Thus, the reliability test was conducted before the study to make sure that the Job Motivation Scale could be used for all nurses working for different departments in the hospitals. The Cronbach Alpha values that determine the internal consistency of the Job Motivation Scale were found as 0.86 for the Intrinsic Motivation Sub Scale, 0.75 for the Extrinsic Motivation Sub Scale and 0.75 for the General Motivation Scale. The scale was developed as a 3-point Likert type. Nurses answer each question as to whether they agree or not with the given statement: 1-Not True; 2-Slightly True; 3-Absolutely True. The minimum, and maximum scores that could be obtained from the Intrinsic Motivation subscale were 11 and 33 points, respectively. The minimum score for Extrinsic Motivation was 16 and the maximum was 48. The minimum score that could be gained from the scale in general was 29 and maximum was 87. The high scores gained from both the general and the Intrinsic and Extrinsic subscales indicate that the nurses are highly motivated (Engin & Cam, 2009).

**Social Desirability Scale**
In order to get desirability, individuals may deflect the answers of the questions in the organizational behavior researches. This may have an impact on the outcomes of the research. In this research, Kozan's Social Desirability Scale was used to express the research results more precisely and to test that the answers were independent of the
concern of social desirability (Kozan, 1983). The Cronbach Alpha coefficient of this scale was 0.76. The scale had 20 items, are answered as true or false, which included features that are valued by society but not possessed by all individuals. The high score gained from scale indicates that nurses responded while completing the scale in a social desirable way, rather than giving responses that reflected their actual opinions.

**Study Procedure:** After receiving approval to carry out the study from the appropriate hospital authorities, research forms were distributed to nurses by the principal researcher, information on the research goals was given, and verbal and written consent were obtained from participants. The forms were collected through the closed envelope method. Ratings of staff nurses' were never seen by the UCNs. Each participant needed 20 minutes to complete the form. The Ethical Dimensions of the Research: Approvals were obtained from the hospitals. Written consent was obtained from the UCNs and the staff nurses. Permission was obtained from the Clinical Studies Ethics Committee (LUT 10-11-5). Moreover, in order to use the Leadership Practices Inventory, approvals were gathered from Kouzes and Posner who developed the original inventory. For the Social Desirability Scale and Job Motivation Scale, consent was obtained from Kozan and Çam, respectively.

**Statistical Analysis:** The statistical analysis of the research data was conducted using the SPSS for Windows 15.0 package program and descriptive statistics were used. The Kolmogorov-Smirnov test was used to evaluate the normality of the distribution. Furthermore, the Pearson Moment Correlation Coefficient Analysis was implemented to determine the relationship between the Social Desirability scale and the Leadership Practices Inventory. The Pearson Moment Correlation Coefficient Analysis was also implemented to determine the relationship between the Job Motivation Scale and the Leadership Practices Inventory. The limit of statistical significance was defined as 0.05.

**Results**

The mean age (37.95±5.32 years) mean job experience (16.89±6.89 years) and mean employment history (7.37±5.96 years) of the UCNs were also determined. The mean age (29.85±5.19 years), mean job experience (7.62±5.79 years), mean employment history at the hospital (7.01±5.64 years), and mean employment history of the staff nurses with the UCN (5.39±4.83 years) were also calculated.

**Table 1. UCN self-evaluation and staff nurses’ evaluation on UCNs’ leadership practices**

| Leadership Practices          | UCN (N=108) ±SD | Staff Nurse (N=324) ±SD | t     | p    |
|-------------------------------|-----------------|-------------------------|-------|------|
| Modeling the way              | 26.10±5.50      | 23.75±4.77              | 6.54  | 0.000|
| Inspiring a shared vision     | 24.30±3.23      | 23.49±4.82              | 1.95  | 0.052|
| Challenging process           | 24.40±3.21      | 23.35±4.99              | 2.53  | 0.012|
| Enabling others to act        | 27.05±2.36      | 23.92±4.86              | 8.86  | 0.000|
| Encouraging the heart         | 27.27±2.38      | 23.66±5.02              | 10.01 | 0.000|
| Total leadership practices    | 129.11±11.45    | 118.18±23.49            | 6.40  | 0.000|

Table 1 presents both UCNs' and staff nurses’ evaluations concerning total leadership practices. According to UCNs self-evaluation, “encouraging the heart” was the most frequent leadership practice. Self-evaluation scores of UCNs regarding total leadership practices (129.11±11.45, p=0.000) were higher when compared with self-evaluation scores of staff nurses’ (t=6.40, p=0.000).

**Table 2. Relationship between the mean score UCN’s leadership practices and social desirability scale (N=108)**

| Leadership Practices          | Social Desirability | r    | p    |
|-------------------------------|---------------------|------|------|
| Modeling the way              | 0.27                | 0.004|
| Inspiring a shared vision     | 0.24                | 0.011|
| Challenging process           | 0.28                | 0.004|
| Enabling others to act        | 0.09                | 0.350|
| Encouraging the heart         | 0.20                | 0.034|
| Total leadership practices    | 0.27                | 0.005|
Moreover, as a result of the correlation analysis, there was a statistically significantly positive correlation with self-evaluation scores of UCNs regarding leadership practices and their social desirability scores (r=0.27, p=0.005).

Statistically significantly positive correlation was found between UCNs scores regarding modeling the way (r=0.27, p=0.004), inspiring a shared vision (r=0.24, p=0.011), challenging process (r=0.28, p=0.004), encouraging the heart (r=0.20, p=0.034), total leadership practices (r=0.27, p=0.005) and social desirability scores.

Table 3 displays the mean motivation score of staff nurses. Mean intrinsic, extrinsic, and total motivation scores of staff nurses were 41.43±5.17, 28.25±4.31 and 69.69±8.45, respectively.

Table 4 presents the relationship between the mean score of staff nurses’ evaluation on UCNs’ leadership practices and mean motivation score (N=324).

Graphic 1. Relationship between the mean score of staff nurses’ evaluation on UCNs’ leadership practices and mean motivation score (N=324)
A statistically significant but weak correlation was found between the intrinsic motivation score and the total leadership practices score ($r=0.183$, $p=0.001$). Likewise, a statistically significantly positive correlation was found between the extrinsic motivation score and the total leadership practices score ($r=0.147$, $p=0.008$).

### Discussion

In this study investigating transformational leadership behaviors of UCNs and the motivation level of staff nurses working with them and the relationship between transformational leadership and motivation of nurses, the Leadership Practices Inventory scores of the UCNs were close to the upper limit of the inventory (Table 1). Results of this study showed similarities with the research results of Duygulu and Kubiay (2011), Loke (2001), Tourangeau and McGilton (2004), and Krugman and Smith (2003). The scores reported in the researches by Martin et al. (2012) and Shaughnessy et al. (2018) were lower than the scores estimated in our study. Results of the study can be evaluated as follows: UCNs are in a unique position to serve as role models for their employees, to inspire a future vision, to introduce staff nurses to this vision, and to increase service quality at their clinics. Based on these findings, the UCNs at the hospitals where our study was conducted were in a advantageous position in staff in that they were already transformational leaders and have the ability to made a difference in changing the system and improving patient care. However, the impact of the social desirability such as leadership on organizational behavior researches should be considered. Therefore, UCNs' social desirability tendency was evaluated in this study. A statistically significant but weakly positive correlation was detected between UCN's scores, and modeling the way, inspiring a shared vision, challenging process, encouraging the heart and total leadership practices and social desirability scores (Table 2). As mean self-evaluation scores of UCNs regarding leadership practices increased, the social desirability mean scores also increased. This finding indicates that UCNs chose the behaviors valued by society instead of their own actual preference. Hence, the results of the UCNs' self-evaluation should be evaluated by considering their social desirability tendencies.

“Encouraging the heart” was the most frequent leadership practice displayed by UCNs according to self-evaluations of UCNs. This finding is similar to the study results of Duygulu and Kubiay (2011) and Loke (2001). It can be interpreted as showing that the UCNs are individuals who encourage employees and express their expectations, give suggestions to fulfill the tasks, and provide and also receive feedbacks from the employees. By “encouraging the heart”, the leaders highlight the employees' personal abilities, support their creativity and, most importantly, their intrinsic motivation.

The mean scores of leadership practices of UCNs such as “modeling the way,” “challenging process,” “enabling others to act,” “encouraging the heart” and their total leadership practices were found to be statistically significantly higher than those of staff nurses. The results of this study showed a similarity with the results of other researches (Clavelle, Drenkard, Tullai-McGuinness & Fitzpatrick, 2012; Duygulu & Kubiay, 2011; Krugman & Smith, 2003). In contrast to this study, studies by Martin et al. (2012) and Tourangeau and McGilton (2004) showed that self-assessment scores of the nurse managers were lower than those of the observers' evaluations. This finding shows that the UCNs are individuals who show their employees the way to success, have a vision, support employees for self-development, inquire the ongoing process, and are eager to take risks and reward employees for their success. Staff nurses who work with UCNs with these leadership qualities tend to be more eager and efficient in implementing the nursing practices which have been modeled by their superiors. Finally, another important factor that should be considered while evaluating leadership practices of UCNs is their social desirability tendency.

Transformational leaders motivate and inspire others (Doody & Doody, 2012), affects employee motivation (Ward, 2002) and intrinsic motivation fosters nurse's innovative work behavior (Masood & Afsar, 2017; Weng, Huang, Chen & Chang, 2015). Therefore, this research also examined the motivation level of staff nurses working with the UCNs. According to the Job Motivation Scale, the intrinsic, extrinsic and total motivation mean scores of staff nurses were above the mean (Table 3). The studies of Engin and Çam (2006), as well as Sargiacomo (2002) presented similar results. This finding may be attributed to the nurses' positive job satisfaction, the meaning they derived from their jobs, and their ability to implement nursing practices effectively. Furthermore, institutions can provide action, orientation, and continuity over time by motivating their employees, and the results can help to achieve long-term goals through extrinsic motivators.

A statistically significant but weak correlation was found between staff nurses' evaluation on UCNs leadership practices and motivation scores (Table 4, Graphic 1). This finding is similar to that found in Ward's (2002) study and represents the possibility that the staff nurses may have been affected by UCNs leadership behaviors. The staff nurses (observer) evaluated UCNs' leadership practices as above average, and the staff nurses' motivation score was also above average. According to the study results, it can be said that the UCNs celebrated the staff nurses' success to increase their motivation, honored them within the group, and rewarded them for success. In addition, the
UCNS supported staff nurses for their participation in the decision-making process and for assuming responsibility. The UCNs were also aware of the staff nurses’ needs, and they made every effort to create a work environment to maximize their business performance.

This study has determined that the UCNs’ transformational leadership practices were above the mean and close to desired levels in terms of both for self-evaluation and staff nurses’ evaluation. However, it should be noted that the social desirability tendency of UCNs was high. Since the staff nurses’ motivation level was above the mean and close to desired levels, they were effective in displaying transformational leadership behaviors, which can influence staff nurses to develop leadership qualities. These results showed that the institutions were very fortunate to employ nurses with transformational leadership practices and motivation, which would help improve the quality of patient care, the creation of safe and healthy environments, and the continued development of the health care services of institutions.

**Limitations of the study**
The data collection tools in this research covered UCNs self-evaluation (in the way they see themselves), however, this does not mean that the UCNs were displaying these behaviors in reality. Similarly, the evaluation of staff nurses as observers may also include individual subjectivity yet it does not mean that the UCNs were acting that way.

**Conclusions**
Results revealed that the leadership behaviors of UCNs as evaluated by the staff nurses were over the average, and self-evaluation scores of UCNs were in line with the expectations. The motivation level of the staff nurses was above the average. Moreover, in this study when considering the staff nurses with average motivation levels, it can be suggested that nurses in managerial positions should evaluate the staff nurses in a holistic way and develop motivation-accelerating strategies. Additionally, considering the relationship between transformational leadership and the motivation of staff nurses, transformational leadership of UCNs should be improved and supported by top-level nurse managers in hospitals to increase the motivation of staff nurses. Even though inventory scores of the transformational leadership practices were high, and the high social desirability level signals overvaluation, the study can be redone by using different leadership and different measurement tools. In addition, since the study was conducted only in university hospitals and two organizational behaviors of nursing were investigated for the first time, future studies could be conducted using different and larger groups using different measurement tools.

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**Kaynaklar**
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