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The Relationship of Leadership Style and Horizontal Violence to Emergency Department Staff Nurse Retention

Deborah C. Stamps
St. John Fisher College

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The Relationship of Leadership Style and Horizontal Violence to Emergency Department Staff Nurse Retention

Abstract
This study was a quantitative, non-experimental, cross-sectional national survey that examined the relationship between leadership style of the nurse manager (NM) and horizontal violence (HV) and the impact of that relationship on staff nurse turnover in the emergency department. The study examined which leadership style of the nurse manager influenced the presence of horizontal violence and whether there was a relationship on anticipated staff nurse turnover in the emergency department. Postal mail communication methods were used to petition participation in the online survey. Three thousand surveys were mailed to registered nurse members from the Emergency Nurses Association (ENA). An on-line, self-administered questionnaire comprised of demographic questions, the Multifactor Leadership Questionnaire (MLQ) (5X) (Avolio and Bass, 2004), the Sabotage Savvy Survey (Briles, 2003), and the Anticipated Turnover Scale (Hinshaw and Atwood, 1982) were used as the instrument to collect data. The framework for the study was based on the Transformational Leadership theory of Bass (1990) and Burns (1978). Analysis of variance (ANOVA) procedures for mean scores of Anticipated Turnover Scale by demographic variables was conducted to determine relationships among variables. Pearson correlation study comparing nurse manager leadership styles with horizontal violence and anticipated turnover were conducted. Regression analyses were performed to identify predictions regarding the leadership style of the nurse manager and horizontal violence as well as anticipated turnover. The findings of the study found that non-statistically significant correlation between the transformational leadership style of the nurse manager and the staff nurse's experience of being a victim of horizontal violence. The second finding was a moderately strong correlation between the transformational leadership style of the nurse manager and anticipated turnover in staff nurses in the emergency department, indicating as the presence of transformational leadership style was present anticipated turnover was less. A path analyses was conducted and demonstrated an indirect effect or partial mediational effect for being a victim of horizontal violence on the relationship of transformational leadership style of the nurse manager and anticipated likelihood of job turnover in the emergency department.

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The Relationship of Leadership Style and Horizontal Violence to
Emergency Department Staff Nurse Retention

By

Deborah C. Stamps

Submitted in partial fulfillment
of the requirements for the degree
Ed.D. in Executive Leadership

Supervised by
Dr. Dianne Cooney-Miner, Chairperson

and

Dr. Bruce Blaine, Committee Member

Ralph C. Wilson, Jr. School of Education
St. John Fisher College

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Dissertation Acceptance Letter

Ralph C. Wilson, Jr. School of Education
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Ed.D. Program in Executive Leadership

We recommend that the dissertation by

Deborah C. Stamps, MS, RN, GNP, NE, BC

Entitled: The Relationship of Leadership Style and Horizontal Violence to Emergency Department Staff Nurse Retention

Be accepted in partial fulfillment of the requirements for the Education Doctorate degree.

Dianne Cooney Miner, Ph.D., Chair

Bruce Blaine, Ph.D., Committee Member

August 3, 2010
Date
Dedication

This work is dedicated to my grandmother, Gwendolyn C. Webb, who believed that anything was possible through hard work. To my mother and dad, Cynthia and Derek Parks and brother Richard, who provided love and support from across the seas.

And to my husband William Scott and daughter Marcella who traveled the day-to-day journey alongside me with love, support, patience and great humor.
Biographical Sketch

Deborah C. Stamps is currently the Vice President, Chief Nursing Officer at Newark Wayne Community Hospital. Dr. Stamps earned her certification as a Licensed Practical Nurse from the Educational Opportunity Center in 1985, an Associate's Degree in Nursing from Monroe Community College in 1997, a Baccalaureate Degree in Nursing from SUNY Brockport in 1998, a Master's Degree from Nazareth College as a Gerontological Nurse Practitioner in 2001, and completed the Nurse Leaders of the Future program at the Wharton School in 2003.

She began her Doctorate in Education degree from St. John Fisher College in 2008. Dr. Stamps' research focused on the leadership style of the nurse manager, horizontal violence and anticipated staff nurse turnover in the emergency department under the direction of Dr. Dianne Cooney-Miner and received her degree in August 2010. For further information please contact Dr. Stamps at (585) 321-1875.
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Abstract

This study was a quantitative, non-experimental, cross-sectional national survey that examined the relationship between leadership style of the nurse manager (NM) and horizontal violence (HV) and the impact of that relationship on staff nurse turnover in the emergency department. This study examined which leadership style of the nurse manager influenced the presence of horizontal violence and whether there was a relationship on anticipated staff nurse turnover in the emergency department. Postal mail communication methods were used to petition participation in the online survey. Three thousand surveys were mailed to registered nurse members from the Emergency Nurses Association (ENA). An on-line, self-administered questionnaire comprised of demographic questions, the Multifactor Leadership Questionnaire (MLQ) (5X) (Avolio and Bass, 2004), the Sabotage Savvy Survey (Briles, 2003), and the Anticipated Turnover Scale (Hinshaw and Atwood, 1982) were used as the instrument to collect data. The framework for the study was based on the Transformational Leadership theory of Bass (1990) and Burns (1978).

Analysis of variance (ANOVA) procedures for mean scores of Anticipated Turnover Scale by demographic variables was conducted to determine relationships among variables. Pearson correlation study comparing nurse manager leadership styles with horizontal violence and anticipated turnover were conducted. Regression analyses were performed to identify predictions regarding the leadership style of the nurse manager and horizontal violence as well as anticipated turnover.
The findings of the study found that a non-statistically significant correlation between the transformational leadership style of the nurse manager and the staff nurse’s experience of being a victim of horizontal violence. The second finding was a moderately strong correlation between the transformational leadership style of the nurse manager and anticipated turnover in staff nurses in the emergency department, indicating as the presence of transformational leadership style was present anticipated turnover was less. A path analyses was conducted and demonstrated an indirect effect or partial mediational effect for being a victim of horizontal violence on the relationship of transformational leadership style of the nurse manager and anticipated likelihood of job turnover in the emergency department.
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Chapter 1: Introduction

Introduction and Purpose

Recruitment and retention of registered nurses are among the greatest challenges facing nursing in healthcare organizations today. Leadership style and horizontal violence are two of the many factors affecting recruitment and retention of nurses. Among the factors influencing recruitment and retention of nurses are job satisfaction, organizational culture, job stress, group cohesion, age of the nurse, and access to professional education. Bally (2007) reports a staggering number of registered nurses leaving professional nursing practice due to feelings of stress, inadequacy; anxiety, oppression, and disempowerment which are often a result of horizontal violence. This phenomenon in nursing is characterized by dysfunctional behaviors such as gossiping, criticism, innuendo, scapegoating, undermining, intimidation, bullying, and verbal and physical abuse. Horizontal violence is an irrational behavior that is exhibited from one colleague to another. The behavior is recognized as occurring as a result of anger and oppression felt by nurses. A display of horizontal violence can have negative consequences for the victim, including physical and emotional problems as well as thoughts of leaving the profession. Studies regarding horizontal violence have been conducted in various settings such as the operating room and entry into practice of nursing. One horizontal violence study has been conducted in the emergency department (Johnson & Rea, 2009). If unaddressed, horizontal violence among nurses may lead to increased staff nurse turnover and decreased retention.
A growing body of evidence suggests that the leadership style of the nurse manager in various settings positively impacts staff nurse retention (McDaniel & Wolf, 1992; Taunton, Boyle, Woods, Hansen, & Bott, 1997). These studies have indicated that specific leadership styles such as support and consideration of staff, high leader visibility, and willingness to share leadership responsibilities positively influence staff nurse retention. The Joint Commission on Accreditation of Hospital Organizations (JCAHO) (2004) also reported 126,000 nursing positions were unfilled in hospitals accounting for a 13% nursing vacancy rate. Critical shortages are particularly concentrated in specialty care units that require the knowledge and skill of highly trained nurses, such as in the emergency department (Buerhaus, Staiger, & Aubach, 2000).

Research on the leadership style of the nurse manager in the emergency department and its relationship to staff nurse retention is lacking. The literature does provide evidence that using a transformational leadership style could impact the commitment of nurses and improve patient outcomes. Currently the literature does not support transactional leadership style in effective nurse manager outcomes. This research cannot be generalized to the emergency department setting for the following reasons: staff nurse retention has a direct relationship to the leadership style of the nurse manager (Acree, 2006; Dunham-Taylor, 2000; Force, 2005; Kleinman, 2004; McDaniel & Wolf, 1992; Raup, 2008; Ribelin, 2003; Taunton, Boyle, Woods, Hansen, & Bott, 1997; Volk & Lucas, 1991); the challenge of recruiting and retaining nurses who work in emergency departments is becoming increasingly more difficult due to the ever-mounting nursing shortage and the increased utilization of emergency departments (Robinson, Jagim, & Ray, 2005).
The greatest number of assaults reported in a medical facility involves nurses, and the most frequent location is in the emergency department. Of the 51 homicides that occurred in clinical settings in the United States, 23% took place in emergency departments (ENA, 2001a). From 1992 through 2002, the number of emergency department visits increased by 23%, while the number of emergency departments decreased by about 15% (Robinson, Jagim, & Ray, 2004). The Emergency Nurses Association (2001b) revealed that during one six-month period from September 2000 to February 2001, 42% of vacant registered nurse (RN) positions were filled within four weeks. However, 55% of emergency departments require up to six months to fill, and 7% required more than six months to fill vacant RN positions (Robinson, Jagim, & Ray, 2004).

Retention of emergency department nurses is complicated by a variety of factors, including lower interest of new hires to work in the emergency department and fewer intra-hospital transfer applicants, greater risk of assault or homicide than any other clinical environment, and a sharp increase in the number of emergency department demands, which results in more job stress (Bureau of Health Professions, 2000; Emergency Nurses Association, 2001a; Moulton, Park Muus, Wakefiled, & Henderson, 2003; Robinson, Jagim, & Ray, 2004).

Again, a gap exists in the research on the effects of nurse manager leadership style and horizontal violence on staff nurse retention in emergency departments. Only one empirical study examined the impact of leadership styles used by emergency department nurse managers in academic health centers on nurse turnover and patient satisfaction (Raup, 2008). The existing research literature on the leadership influence of
nurse managers on turnover confirms the urgent nature to do further research on nurse managers' leadership style in the emergency departments. The impact of the identification of the leadership style of the nurse manager and horizontal violence on the relationship to staff nurse retention has not been sufficiently studied in the emergency department.

In a report, Strategies for Addressing the Evolving Nursing Crisis (2004), information from 2002 estimated the average cost to replace an emergency department nurse, classified as a critical care nurse, was $64,000 plus additional variables that affect the cost and quality of care. As nurses leave their positions, hospital costs increase while profitability, productivity, efficiency, and quality of care decrease. According to O'Brian-Pallas, Thomson, Alkins, and Shirliana (2001), patients expect timely, efficient, and equitable emergency care, which is challenging to deliver given the imbalance of supply and demand.

Recruitment and retention of registered nurses are among the greatest challenges facing nursing in healthcare organizations today. Leadership style and horizontal violence are two of the many factors affecting recruitment and retention of nurses. This study will provide insight on how to better understand the impact of the leadership style of the nurse manager on horizontal violence and staff nurse turnover. If unaddressed, horizontal violence among nurses may lead to increased staff nurse turnover and decreased retention.

Statement of the Problem

This research study is a non-experimental, cross-sectional national study that will identify the relationship between the leadership style of the nurse and horizontal violence
and the impact of the relationship on staff nurse retention in the emergency department. This study will provide insight on how better to understand the impact of the leadership style of the nurse manager on horizontal violence and staff nurse turnover.

_Theoretical Rationale_

Evidence suggests nurse managers with transformational leadership styles have a positive effect on staff nurse retention (Acree, 2006; Dunham-Taylor, 2000; Failla & Stichler, 2008; Force, 2005; Kleinman, 2004; McDaniel & Wolf, 1992; McGuire & Kennedy, 2006). Transformational leadership style suggests the relationship between the manager’s leadership style and the follower’s motivation and satisfaction (Avolio & Bass 2004). Avolio and Bass indicate transformational leaders influence the follower’s perceptions through four key aspects: (a) idealized influence, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration. Idealized influence occurs when the followers want to identify with the leader’s mission and vision. Inspirational motivation occurs when the leader provides the vision and how to reach it. Intellectual stimulation occurs when the leader helps the followers to think about problems through a new lens. Individualized consideration occurs when the leader understands and treats each follower as independently unique.

Transformational leadership was first separated from transactional leadership by James Downton (1973). Downton referred to transactional leadership as a process of exchanges to contractual relationships and contingent on the participant’s good faith. To account for the differences among revolutionary, rebellious, reform, and ordinary leaders, Downton discussed transformational leadership. Downton’s conceptualization did not take hold until Burns’ work on political leaders appeared in 1978. Burns (1978)
conceptualized leadership as transactional or transformational; he suggested political transactional leaders motivated associates by exchanging rewards for services rendered.

The transformational and transactional leadership constructs suggest a relationship between the leadership style of the manager and followers' motivation and satisfaction. Transactional leaders are those who lead through social exchange. He notes politicians lead by “exchanging one thing for another: jobs for votes, or subsidiaries for campaign contributions” (Burns, 1978, p. 4). “Transformational leadership occurs when one or more persons engage with others in such that leaders and followers raise one another to higher levels of motivation and morality” (Burns, 1978, p. 20). Bernard Bass and colleagues developed the transformational leadership model and the means to measure it (Bass & Riggio, 2006). They defined not only the transactional and transformational leadership styles but also identified specific behaviors for each. The Transformational Leadership Model evolved into what is referred to as the Full Range Leadership Model, which combines three styles of leadership: laissez-faire, transactional, and transformational (Bass and Riggio, 2006).

Over the past few decades, more than 300 studies have focused on the transformational style of the leader and its effects on outcomes, staff retention, and staff satisfaction (Avolio & Bass, 2004). Transformational leadership has been studied in various disciplines such as the military, education, psychology, business, and healthcare. There has been no research found on the leadership style of the nurse manager and horizontal violence. Eight studies of nurse managers were conducted using the Multifactor Leadership Questionnaire (MLQ), (Failla & Stichler, 2008; Kleinman, 2004; McDaniel & Wolfe, 1992; McGuire & Kennerly, 2006; Medley & LaRochelle, 1995;
Morrison, Jones & Fuller, 1997; Ohman, 2000; Raup, 2008). Five of the eight studies are mainly descriptive and correlative studies conducted in one organization (Kleinman, 2004; McDaniel & Wolfe, 1992; Medley & LaRochelle, 1995; Morrison, Jones & Fuller, 1997; Raup, 2008). The remaining three studies occur across multiple sites (Failla & Stichler, 2008; McGuire & Kennerly, 2006; Ohman, 2000). All of the studies involved nurse managers or head nurses and staff perceptions of their leadership style correlated with other variables such as staff satisfaction, retention, and staff empowerment.

These studies also found that nurse managers perceived their leadership style to be more transformational than reported by their staff (Failla & Stichler, 2008; Kleinman, 2004; McDaniel & Wolfe, 1992; McGuire & Kennerly, 2006; Medley & LaRochelle, 1995; Morrison, Jones, & Fuller, 1997; Ohman, 2000; Raup, 2008). Four studies identified a positive correlation of the transformational leadership style of the nurse manager to staff satisfaction (Failla & Stichler, 2008; Kleinman, 2004; Medley & LaRochelle, 1995; Morrison, Jones & Fuller, 1997). One study showed a relationship between empowerment and staff satisfaction and the transformational leadership style of the nurse manager (Morrison, Jones & Fuller, 1997). One study conducted in an emergency department reflected a trend towards higher staff nurse retention but was not statistically significant for the impact on patient satisfaction (Raup, 2008).

**Significance of the Study**

This study adds to the nursing leadership literature identifying factors such as the nurse manager leadership style, the presence of horizontal violence, and the relationship to anticipated turnover. This information might prove helpful in developing leaders to become more effective. Kleinman (2004) reported it is essential that researchers respond
to the needs of the nurse manager by developing empirical evidence to support strategies that enhance retention and improve the work environment. Letvak and Buck (2008) indicate nurse managers must place additional effort on the workplace environment to decrease job stress and improve the registered nurse’s ability to provide quality care resulting in increased staff nurse retention. Raup (2008) found no statistically significant difference in the impact of leadership style on staff nurse retention as indicated by staff turnover possibly largely related to the sample size. However, he recommends additional studies should be conducted to identify the leadership style most effective in decreasing turnover in the emergency department setting.

Simons (2008) identifies unknown factors such as gender, relationships, and leadership style of the nurse manager and how they may contribute to horizontal violence. Johnson and Rhea (2009) suggest further research to ensure there are efforts to decrease horizontal violence that are based on empirical research. In addition, they postulate further research needs to be done to determine if any particular organizational characteristics and management styles are associated with horizontal violence. Sofield and Salmond (2003) suggest future qualitative investigation of factors associated with effective management of horizontal violence. Dunn (2003) recommends future studies to identify the relationship among horizontal violence, satisfaction, and retention.

*Purpose of the Study*

The purpose of this study is to identify the relationship between leadership style of the nurse manager and horizontal violence and the impact of that relationship on staff nurse turnover in the emergency department as measured by the MLQ, the Sabotage Savvy Questionnaire, and the Anticipated Turnover scale. This study will utilize the
theoretical framework of Transformational Leadership Theory in examining the problem. Lastly, demographic study variables will include age, gender, education level, years as a registered nurse, years working in the emergency department, length of service as a nurse manager in the emergency department, membership in professional organizations, shared governance model in the emergency department, Magnet vs. non-Magnet hospital, and professional practice model.

The Research Question

Does leadership style of the nurse manager have a relationship to horizontal violence and anticipated turnover of staff nurses in the emergency department?

Definition of Terms

Anticipated turnover. Anticipated turnover is a self-perception of voluntarily terminating a current job (Atwood and Hinshaw, 1982).

Emergency department. The emergency department (ED) is a hospital or primary care department that provides initial treatment to patients with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.

Emergency department nurse manager. The emergency department nurse manager is the nurse who manages the emergency department and is responsible for staffing, planning, organizing, leading, and evaluating.

Emergency department staff nurse. The emergency department staff nurse is a health care professional RN responsible for implementing nursing practice to patients who are located in the emergency department.
Emergency nurses association (ENA). The Emergency Nurses Association is the national Association for professional nurses dedicated to the advancement to emergency nursing practice (ENA, 2009).

Full time equivalent (FTE). Full Time Equivalent is the number of full-time employees who work 40 hours per week for 52 weeks. One FTE equals 2080 hours.

Horizontal violence. Horizontal violence is aggressive behavior towards individuals or group members by others (Hastie, 2002). Examples of horizontal violence include acts of unkindness; discourtesy; and divisiveness, such as gossip, verbal abuse, intimidation, sarcasm, elitist attitudes, and faultfinding. It can also include body language designed to make one uncomfortable such as eye rolling, folding arms, and disinterest. (Hastie, 2002).

INFOCUS. INFOCUS is a marketing firm that offers targeted association mailing and email lists and sales. They are the contractor for the Emergency Nurses Association membership list.

Leadership style. Leadership Style is the process whereby behaviors of the leader influence a group to achieve a common goal (Northouse, 2007).

Magnet hospital. Magnet Hospital is a hospital that has been awarded Magnet designation, the highest award a hospital can receive based on nursing excellence. The award is given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing (ANCC, 2008).

Mind garden. Mind Garden, Inc. is an independent publisher of psychological assessments and instruments. The MLQ – 5X was purchased from this vendor.
Multifactor leadership questionnaire (MLQ). Multifactor Leadership Questionnaire (MLQ) is a 45-item questionnaire used to measure Transformational Leadership (Northouse, 2007).

Nurse manager. The nurse manager is a nurse who manages one or more defined areas within an organized nursing service and whose primary domains of activity are staffing, planning, organizing, leading, and evaluating.

Professional practice model. The Professional Practice Model is the driving force of nursing care and a schematic description of a theory, phenomenon, or system that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care for those served by the organization. Professional practice models illustrate the alignment and integration of nursing practice with the mission, vision, and values that nursing has adopted (ANCC, 2008).

Registered nurse. Registered Nurse (RN) is a health care professional responsible for implementing the practice of nursing through using the nursing process in collaboration with other health care professionals.

Sabotage. Sabotage is the undermining or destruction of personal or professional integrity; malicious subversion; and damage to personal or professional credibility (Briles, 2003, p. 120).

Transformational leadership theory. Transformational Leadership Theory is the theory of leadership that identifies and communicates vision and values and asks for involvement of work groups to achieve the vision (Burns, 1978).

Turnover. Turnover is the number of employees who resigned, retired, expired, or terminated divided by the number employed during the same period (ANCC, 2008).
Vacancy rate. Vacancy rate is calculated as one minus Full Time Equivalent (FTE) employed divided by FTEs budgeted times 100 (ANCC, 2008).

Survey monkey. Survey Monkey is an online survey software tool.

Chapter Summary

This chapter provides the introduction, background, research question, significance, and the purpose of this study. Chapter 2 presents the literature review in support of this study. Chapter 3 presents the methodological design of the study from which the data will be collected and examined. Chapter 4 will provide the analysis of data, and Chapter 5 will discuss the results and identify future research recommendations.
Chapter 2: Review of the Literature

Introduction and Purpose

The literature review was performed by conducting a comprehensive, computerized literature search on the topics of leadership styles, horizontal violence, retention, and turnover in the emergency department setting. Computer searches were conducted of Cumulative Index of Nursing and Allied Health Literature (CINAHL), EBSCO, ProQuest, SAGE, and MEDLINE dissertations and journal articles from 1991 to present. The review of the literature includes two parts: (a) review of the leadership style and retention and (b) horizontal violence and retention. The review is limited to several key areas:

1. A literature review of transformational leadership including theory development
2. A literature review of leadership style and retention
3. A review of the literature on horizontal violence and retention

Topic Analysis

Transformational Leadership

Transformational leadership was first separated from transactional leadership by James Downton (1973). Downton referred to transactional leadership as a process of exchanges to contractual relationships and contingent on the participant’s good faith. To account for the differences among revolutionary, rebellious, reform, and ordinary leaders, Downton discussed transformational leadership. Downton’s conceptualization did not take hold until Burns’ work on political leaders appeared in 1978. James M. Burns (1978)
was the first to introduce the concept of leadership in relation to both the follower and the leader. He defines leadership as leaders influencing followers to take action to achieve certain goals. Burns states: “The genius of leadership lies in the manner in which leaders see and act on their own and their followers’ values and motivations” (1978, p. 19).

Transformational leadership emerged from an understanding of leadership based on transactions, where the exchange of incentives occurs for desired outcomes, (Bass, 1990). Transactional leadership was defined by Burns (1978) as an emphasis on work standards, assignments, and task completion. Transactional leadership included rewards and punishment based on compliance-based working. Burns proposed that leadership is both transactional and transformational, but Bass and colleagues developed the transformational leadership model, identified the characteristics, and specified behaviors for each as well as the means to measure it (Bass & Riggio, 2006). The components for transformational leadership include:

1. **Idealized influence** occurs when the followers want to identify with the leader’s mission and vision. It is the leader’s ability to behave as a role model and emulate high ethical standards.

2. **Inspirational motivation** is the communication of the shared vision on the part of the leader to the follower, motivating and inspiring others by providing meaning and challenge to the followers’ tasks (Howell & Avolio, 1993).

3. **Intellectual stimulation** is the ability of a leader to ask questions, to find ways to problem solve, to encourage followers to create solutions, and to try new ideas by questioning assumptions, reframing problems, approaching old situations in new

4. Individualized consideration is the ability of the leader to treat each person equally, but different, and to give personal attention while functioning as a coach or mentor (Atwater & Yammarino, 1993).

Transactional leadership occurs when the leaders reward or disciplines the follower, as reflected by the follower’s performance (Bass & Riggio, 2006). The components for transactional leadership include:

1. Contingent reward, which is when the leader rewards the followers based on outcomes achieved and can be material such as a bonus or transformational such as psychological praise.

2. Management by exceptions can be active or passive. Active management by exception occurs when the leader actively monitors performance of the follower to take corrective action. Passive management by exception occurs when the leader is passive with the accountability of the follower on their outcomes.

Laissez-faire leadership is the avoidance or absence of leadership; it is the most inactive and ineffective according to most research (Bass & Riggio, 2006).

Studies of transformational, transactional, and laissez-faire leadership styles have been studied in multiple countries (Jerusalem & Tel Aviv–Dvir, Eden, Avolio, & Shamir, 2002; Canada–Howell & Avolio, 1993; Finland–Kanste, Miettunen, & Kyngäs, 2007; Jerusalem & Bar Ilan–Kark, Chen, Shamir, 2003; Iran–Rad & Yarmohammadian, 2006). Transformational leadership has been examined across a variety of organizational settings including business (Barling, Weber, & Kelloway, 1996) and the military (Avolio & Bass,
2004). It has been found to produce higher levels of employee effectiveness and staff satisfaction than transactional and laissez-faire styles of leadership.

The above studies used the Multifactor Leadership Questionnaire (MLQ) to measure leadership style. The measurement tool was developed by Bass and colleagues. The original research on transformational and transactional leadership was conducted in the military, but over the years, research has also been conducted in education, health care, business, and nonprofit organizations (Avolio & Bass, 2004; Bass & Riggio, 2006). Judge and Piccolo (2004) conducted a meta-analysis examining the full range of transformational, transactional, and laissez-faire leadership. The results show that transformational leadership has the highest overall validity of \( p = .44 \) but is closely followed by contingent reward leadership \( p = .39 \), and laissez-faire has a moderately strong, negative average relationship with the leadership criteria \( p = -.37 \). For all five leadership behaviors, the mean validities are at the 90% confidence interval; therefore, transformational and contingent reward leadership has the strongest most consistent correlation across leadership criteria. The validities of both transformational and contingent reward leadership appear to be influenced by research design and the independence of data sources used in this study. The components and definitions of transformational, transactional, and laissez-faire leadership behaviors are included in Table 2.1.
Table 2.1

*Components of Transformational, Transactional, and Laissez-faire Leadership*

<table>
<thead>
<tr>
<th>Transformational</th>
<th>Transactional</th>
<th>Laissez-faire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idealized Influence –</td>
<td>Contingent Reward –</td>
<td>Avoids getting involved</td>
</tr>
<tr>
<td>Provides vision and sense of mission, instills pride, gains respect and trust</td>
<td>Contracts exchanges of rewards for effort, promises rewards for good performance, recognizes accomplishments</td>
<td>when important issues arise, absent when needed, avoids making decisions, delays responding to urgent questions</td>
</tr>
<tr>
<td>Inspirational Motivation –</td>
<td>Management by Exception -</td>
<td></td>
</tr>
<tr>
<td>Communicates high expectations, uses symbols to focus efforts, expresses important purposes in simple ways</td>
<td>Watches and searches for deviations from rules and standards, takes corrective actions</td>
<td></td>
</tr>
<tr>
<td>Intellectual Stimulation –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotes intelligence, rationality, and careful problem solving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individualized Consideration – Gives personal attention, treats each employee individually, coaches and advises</td>
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Transformational leadership style in nursing. Eight studies of nurse managers were conducted using the MLQ, (Failla & Stichler, 2008; Kleinman, 2004; McDaniel &
Wolfe, 1992; McGuire & Kennerly, 2006; Medley & LaRochelle, 1995; Morrison, Jones, & Fuller, 1997; Ohman, 2000; Raup, 2008). Five of the eight studies are mainly descriptive and correlative studies conducted in one organization (Kleinman, 2004; McDaniel & Wolfe, 1992; Medley & LaRochelle, 1995; Morrison, Jones & Fuller, 1997; Raup, 2008). The remaining three studies occur across multiple sites (Failla & Stichler, 2008; McGuire & Kennerly, 2006; Ohman, 2000). All of the studies involved nurse managers or head nurses, and staff perceptions of their leadership style correlated with another variable such as staff satisfaction, retention, and empowerment. All studies found that the nurse managers perceived their leadership style to be more transformational than reported by their staff (Failla & Stichler, 2008; Kleinman, 2004; McDaniel & Wolfe, 1992; McGuire & Kennerly, 2006; Medley & LaRochelle, 1995; Morrison, Jones & Fuller, 1997; Ohman, 2000; Raup, 2008). Four studies identified a positive correlation of the transformational leadership style of the nurse manager to staff satisfaction (Failla & Stichler, 2008; Kleinman, 2004; Medley & LaRochelle, 1995; Morrison, Jones, & Fuller, 1997). One study showed a relationship between empowerment and staff satisfaction and the transformational leadership of the nurse manager (Morrison, Jones, & Fuller, 1997). One study conducted in an emergency department reflected a trend towards higher staff nurse retention but was not statistically significant for the impact on patient satisfaction (Raup, 2008).

Raup (2008) examined the impact of leadership style on staff nurse turnover and patient satisfaction used by emergency department (ED) nurse managers in academic health centers. Data were collected using the MLQ (5X) and 10-item demographic survey. The impact of transformational and nontransformational leadership style on staff
nurse retention and patient satisfaction was not statistically significant using Fisher’s exact test with 95% confidence intervals (.569). However, nurse managers who used more transformational leadership styles reflected a trend towards lower staff nurse turnover and higher staff nurse retention. These studies provide a thorough synthesis of the theoretical literature on nurse manager transformational leadership style.

Transformational leadership style conclusion. The theoretical framework discussed is associated with more effective leadership outcomes. The transformational leadership style in the Full Range Leadership Model is fitting for application to nursing leadership. This leadership style has been shown to positively influence staff by having higher staff satisfaction, demonstrating behaviors to meet their needs resulting in motivation that result in exceeding expectations. Transformational Leadership appears to be a useful measure of nurse manager effectiveness with staff retention, satisfaction, and other outcomes. It has been accepted in many organizations such as the military, education, business, and healthcare.

Leadership Style and Retention

Volk and Lucas (1991) conducted one of the first studies to focus on the effects of management style on anticipated turnover among critical care nurses. A convenience sample of 138 registered nurses from two private and two public general hospitals in Southeastern United States were asked to participate. Staff nurses’ perceptions of the management style of their nurse manager were measured using Likert’s Profile of Organizational Characteristics, Form SLM (Likert & Likert, 1976). Anticipated turnover was measured by the Hinshaw and Atwood’s Anticipated Turnover Scale (ATS) (Hinshaw & Atwood, 1982). The findings from this study indicate that as nurses
experience a higher level of management style, specifically participatory, they are less likely to anticipate leaving their critical care positions and desire a more participative approach to management.

Boyle, Bott, Hansen, Woods, and Taunton (1999) examined the direct and indirect effects of nurse managers' characteristics of power, influence, and leadership style on critical care nurses' intent to stay in the nurses' employment positions. The sample was of 255 staff nurses in intensive care units at four urban hospitals. Established instruments obtained from Price and Mueller (1981) with sound reliability and validity were used to assess nurse managers' leadership characteristics. Path analysis was used to examine the relationships in a conceptual model of intent to stay. The model explained 52% of the variance in intent to stay, and managers' characteristics were significant at each stage. Managers' position, power, and influence over work coordination had a direct link to intent to stay. Structuring expectations and consideration contributed indirectly through the variables of instrumental communication, autonomy, and group cohesion. Instrumental communication, autonomy, and group cohesion decreases job stress, and thus, increase job satisfaction. Job satisfaction was directly linked with intent to stay. Managers with leadership styles that seek and value contributions from staff, promote a climate in which information is shared effectively, promote decision making at the staff nurse level, exert position power, and influence coordination of work provide a milieu that maintains a stable cadre of nurses.

Kleinman (2004) conducted a descriptive, correlation study to describe perceptions of managerial leadership behaviors associated with staff nurse turnover and to compare nurse managers' leadership behaviors as perceived by managers and their
staff nurses. The sample consisted of 79 staff nurses and 10 nurse managers who completed demographic forms and the 45-item Multifactor Leadership Questionnaire (MLQ) (Bass and Avolio, 2000), which measures 12 dimensions of leadership style. Active management by exception, which represents managerial behaviors that focus on actively finding fault with the work of followers, was perceived by staff nurses as the only managerial leadership style associated with staff nurse turnover \( r = .26, p = .03 \).

Two important issues emerged from this study. First, nurse managers perceived that they demonstrated higher levels of transformational leadership behaviors than perceived by their staff nurses. The second issue is active management by exception was the only leadership behavior found to be associated with staff nurse turnover with a degree of statistical significance. Contrary to Bass and Avolio (2000), who believe that both transformational and transactional leadership styles constitute effective leadership behaviors, the transactional leadership behavior of active management by exception appears to negatively influence staff nurse retention, even at low frequencies found in this study.

Lynn and Redman (2005) conducted a descriptive study based on a mailed survey completed by 787 staff nurses to examine the relationship among the organizational commitment, job satisfaction, and nurses’ intent to leave their current position and/or nursing. The instruments used in this study included a first section of six items from Price and Mueller’s studies (as cited in Lynn and Redman, 2005) and the 54-item Satisfaction in Nursing Scales (SINS). The second section included 20 items which included the Organizational Commitment Questionnaire and five other questions. Traditional demographic questions were included as well. Using stepwise multiple regression, six
variables were significant predictors, explaining 42% of the variance in the dependent variable, “intent to leave the current position”. Higher levels of the variables organizational commitment, professional satisfaction, satisfaction with workload, extent to which the nurses liked to work, and satisfaction with colleagues were associated with less likelihood to leave the current position. The authors concluded that retention programs should focus on enhancing nurses’ commitment to the organization and reducing nurses’ workload.

Sourdif (2004) conducted a study at a 400-bed university hospital in Montréal to evaluate nurses’ intent to stay at work and to determine the associations between intent to stay and various predictors. A sample of 108 nurses at a single tertiary care hospital completed a questionnaire on intent to stay, satisfaction at work, satisfaction with administration, organizational commitment, and work group cohesion. The results found statistically significant correlations among four sociodemographic and contextual variables and predictors of nurses’ intent to stay at work. Four linear regression analyses were performed to see which variable was the best predictor of intent to stay. Satisfaction at work was the variable that explained the most intent to stay, followed closely by satisfaction with administration. A stepwise linear regression was also performed which explained 25.5% of the variance for intent to stay. This variance was obtained when the four variables were included in the stepwise regression with the objective to find the best multivariate model. Only two variables were then found to be statistically significant and explained the variance of intent to stay: satisfaction at work and satisfaction with administration.
Taunton, Boyle, Woods, Hansen, and Bott (1997) used causal modeling to trace the effects of manager leadership characteristics on staff registered nurse retention in four urban hospitals. The sample of 1846 registered nurses included both nurse managers and staff nurses. They used Leavitts' (1958) model of behavior within an organization to group variables, manager characteristics, and unit structure variables as predictors and focused on the work unit rather than the hospital. An investigator-developed Organizational Dynamics Paradigm of Nurse Retention represented the theoretical links between nurse manager leadership and hospital staff retention (developed prior to study). Ninety-five (97%) of the nurse managers and 1171 (67%) of RNs participated. Retention was measured using three indicators: turnover, unit separation, and retention. Leadership style was measured by the structuring expectation and consideration scales of the Ohio State University Leader Behavior Descriptive Questionnaire (Kruse and Stogill, 1973). No significant seasonal differences existed in turnover, unit separation, or retention, so data from all hospitals were combined for the casual modeling analysis. Multiple regression causal modeling procedure was applied using the modified sample. Variance predicted by the theoretical variables increased to 22% for both retention and unit separation. Stage 1, the manager characteristics, accounted for .06 of the variance in retention, and intent to stay added .11 at stage 7. Variables at stages 2 through 6, respectively, failed to account for significant explained variance. Variables at all stages of the model contribute significant explained variance for intent to stay, the intervening variable most predictive of retention.

Letvak and Buck (2008) conducted a cross-sectional survey study design of 323 registered nurses from three hospitals in Southern United States to determine factors that
influence the work productivity and intent to stay of hospital nurses employed in direct care hospital settings. Nursing is inherently stressful, and job stress can adversely affect employee health and turnover. Among individual characteristics (e.g., demographic variables as well as years worked in nursing and body mass index), workplace characteristics (e.g., hours worked, shifts worked, and unit type), job stress, and health (e.g., perceived overall health as well as health problems and job-related injuries) to work productivity and intent to stay in nursing among registered nurses employed in direct patient care in the hospital setting. Data were collected from the investigator-prepared questionnaire. The Health Professional Stress Inventory (HPSI) was used to measure job stress (Wolfgang, 1988). Work productivity was measured by the Work Productivity and Activity Impairment Questionnaire: General Health (WPAI-GH). The WPAI-GH comprises absenteeism, presenteeism (working when feeling sick or not feeling well), work productivity loss, and activity impairment. The analysis of intent to stay in hospital nursing determined that 60% of participants planned on staying in nursing over the next five years, 25% were unsure, and 15% plan on leaving. Predictor variables explained only 9% of the variance and included age; total years worked in nursing, quality of care provided, and job satisfaction. The most frequently reported reasons for leaving nursing for those who intended to leave were job stress and retirement. Leadership style of the nurse manager was not discussed as a predictor of staff nurse retention.

Raup (2008) conducted a study to determine what types of leadership styles were used by the emergency department nurse managers in academic health center hospitals and examine their influence on staff nurse turnover and patient satisfaction. Emergency department nurse managers were asked to complete the MLQ (Bass and Avolio, 2000)
and a 10-item, researcher-defined nurse manager role and practice demographics survey (Raup, 2008). Completed surveys from fifteen managers and 30 staff nurses were analyzed representing 15 out of 98 possible academic health centers. A trend of lower staff nurse turnover with transformational leadership style compared to nontransformational leadership style was identified. This study revealed that the leadership style predominately in use by 12 out of the 15 (80%) emergency department nurse managers was transformational verses nontransformational leadership style, with 3 out of 15 (20%) validated by their staff nurses. The impact of transformational leadership versus nontransformational leadership on staff nurse retention and patient satisfaction was not statistically significant with Fisher’s exact test, possibly because of the limited sample size. However, even with a small sample size (15), hospitals where emergency department nurse managers used more transformational leadership styles reflected a trend toward lower nurse turnover rates and, therefore, higher retention than did hospitals with nontransformational leadership styles. There was no similar trend in patient satisfaction scores between transformational and nontransformational leadership styles. Results from the tests indicated no statistical difference in transformational or nontransformational leaders on these roles and practice setting demographic items. However, trends from the role and practice setting demographic survey were noted. The emergency department nurse managers who exhibited nontransformational leadership style were younger, had less manager experience, and less than one year in their current position. Even with a small sample size, nurse managers used more transformational leadership, which leads to lower turnover rates.
Upenieks (2002) conducted a qualitative, descriptive study to gain a better understanding of the types of organizational structures that create conditions for nurse executives’ job effectiveness and leadership success in today’s healthcare environment. The sample consisted of a convenience group of 16 nurse leaders from four acute care hospitals in two geographic locations (an academic center and a community hospital from each location). Interviews were conducted with nurse leaders to identify factors that can influence successful leadership in today’s healthcare setting (April to June 2001). Interviews ranged from 60 to 90 minutes and conversations were tape-recorded. A core set of questions served as a guide with the ability to incorporate additional questions to elicit further comments or clarify meaning. The content analysis approach was used for this study, using defined steps by Downe-Wamboldt (1992). Two experts in the field reviewed the categories developed for this study. Credibility was established by reviewing and coding the interview data and then relating it to Kanther’s theory. The results of the qualitative study support the structures of Kanther’s theory of organizational behavior. Of the leaders interviewed, 88% validated that access to information, opportunity, and resources in the work environment produced a climate for effectiveness, and access to work empowerment structures created a supportive and productive work climate. The structure of proportion was the only component of Kanther’s theory that received various responses from the nurse leaders. These directly related to beliefs about gender and power interface with role effectiveness of the nurse leader.

Dunham-Taylor (2000) conducted a national study of 396 randomly selected hospital nurse executives and 1115 of the staff nurses who report to them to explore
transformational leadership, stage of power, and organizational climate. The staff nurses rated the nurse executives’ leadership style, staff extra effort, staff satisfaction, and work group effectiveness using Bass and Avolio’s MLQ (Bass and Avolio, 2000). Nurse executives completed Hagberg’s Personal Power Profile (Hagberg, 1994) and ranked their organizational climate using Likert’s Profile of Organizational Characteristics (Likert, 1976). The results found that the executives used transformational leadership fairly often, achieved fairly satisfied staff levels, were very effective according to the person the executive nurse leader reported to, were most likely at stage 3 (power by achievement) or stage 4 (power by reflection), and rated their hospital as a Likert System 3 Consultative Organization. Staff satisfaction and work group effectiveness decreased as nurse executives were more transactional. Higher transformational scores tend to occur with higher educational degrees and within more participative organizations.

McDaniel and Wolfe (1992) conducted a descriptive comparative study with cross-sectional survey methods in one moderate-sized facility in Western Pennsylvania. This study sought to answer what type of leadership dimension results in low turnover or work satisfaction. The sample consisted of a nurse executive, 11 midlevel administrators, and 77 registered nurses of which 46 registered nurses and 9 midlevel executives returned completed questionnaires. The MLQ (Bass & Avolio, 2000) and the Works Satisfaction Scale (Stamps, 1997) were used to measure leadership and staff satisfaction respectively. The findings of the study indicated a cascading effect of leadership styles from more transformational to less transformational when moving from the nurse executive position to the nurse managers, respectively. Findings also indicated that staff nurses felt their nurse manager’s leadership style was more closely associated with transactional
leadership style than transformational. They concluded that nurse managers’
transformational leadership scores would decrease slightly and increase concomitantly in
transactional scores, therefore, representing the daily management style necessary for
nurse managers. Staff nurse work satisfaction survey results were above average >3.0 as
measured by the Work Satisfaction Survey and highly correlated (r = .82) to the staff’s
leader. The nurse turnover rate was 10% and the criterion established by the magnet
hospital studies identified a turnover rate of ≤15% to be optimal.

In a descriptive study conducted by Medley and LaRochelle (1995), the
relationship of the head nurse’s leadership style to staff nurse job satisfaction was
investigated using the leadership theory of transformational and transactional leadership.
Four hospitals participated resulting in a 122 (43.8%) return rate for staff and head
nurses. The MLQ (Bass and Avolio, 2000) self and rater surveys were used to measure
leadership and the Index of Work Satisfaction (Stamps, 1985) survey was used to
measure nurses’ job satisfaction. The results of the study revealed job satisfaction scores
were correlated to transformational and transactional leadership scores. There was a
positive staff nurse satisfaction correlation with nurse managers who used a
transformational leadership style but not with a transactional leadership style. Results
from this study also indicated staff nurses’ associated contingent reward with
transformational leadership. This is similar to the findings in the McDaniel and Wolfe

Morrison, Jones, and Fuller (1997) conducted a descriptive study also testing the
Full Range Leadership Model in one regional medical center in the United States. The
researchers invited all of the members of the nursing department to participate. Potential
participants included the chief nursing executive, nurse managers, all staff nurses, and nursing administrative support personnel. Of the 442 eligible participants, 275 useable surveys (64%) were returned. The MLQ 5X (Bass and Avolio, 2000) self and rater surveys were used to examine the types of leadership styles in the facility. Job satisfaction was measured using a survey questionnaire developed by Warr, Cook, and Wall (1979). The effect of empowerment on job satisfaction was also examined using four questions from Spreitzer’s Psychological Empowerment Instrument (Spreitzer, 1995). The results of the study revealed both transformational and transactional leadership were positively correlated to job satisfaction 0.64 (p<.05) and 0.35 (p<.05), respectively. Strengths of this study include the continued demonstration that transformational leadership styles of management are associated with increased staff nurse job satisfaction. This study examined how transactional leadership relates to job satisfaction. The results suggest that although contingent reward behaviors positively relate to job satisfaction, management by exception related to job satisfaction differently according to whether it is active or passive. Therefore, regardless of the type of leadership style of the nurse manager, the nurses in this sample preferred their leaders take a more active leadership role.

Failla and Stichler (2008) conducted a study to look at manager and staff perceptions of the manager’s leadership style and to determine what effect transformational leadership style had on job satisfaction. A descriptive correlation, comparative design, was used in a convenience sample of nurse managers and their direct report nursing staff (n = 92, 15 nurse managers and their respective staff). The Multifactor Leadership Questionnaire (MLQ) (Bass & Avolio, 2000) was used to
measure the leadership style of the nurse managers and Stamps (1985) Index of Work Satisfaction Questionnaire Part B was used to measure staff satisfaction through attitudinal scale with total scores reflecting the level of job satisfaction. Using a one-way analysis of variance, no statistically significant differences were found between the nurse managers' perceptions of their leadership style as compared with their subordinates' perception of the managers' leadership style on the total scores of the MLQ. Significant differences were seen in: (a) intellectual stimulation (influencing followers to think new ways) and (b) individual consideration (mentoring followers or expressing appreciation when the mission and related goals are accomplished). These two facts are achieved only when the nurse manager spends time with their staff. The Pearson product-moment correlation found no significant correlations on the total transformational scale between managers' and subordinates’ perceptions of the leaders’ transformational leadership style. However, there was a significant correlation between the nurse managers’ and staff nurses’ perceptions on the transformational subscale of behavioral idealized influence, indicating agreement when the leader demonstrated their vision of the organization’s vision, mission, and values. Overall correlation between manager and subordinate perceptions of transactional leadership style was also not significant on the total transactional style, but there was significant correlation on the transactional contingent rewards subscale, indicating that the leader gave constructive recognition for accomplishing his/her or the organization’s vision and mission. A significant positive correlation was found between nurse manager transformational leadership style and staff nurse job satisfaction.
McGuire and Kennerly (2006) conducted a descriptive correlation study to examine the relationship between two key variables: the leadership style of the nurse managers and the organizational commitment of staff nurses. A convenience sample of 63 nurse managers and 500 registered nurses from 21 not-for-profit hospitals with greater than 150 beds located in the Midwest region of the United States participated in the study. All participants completed a demographic form, the Multifactor Leadership Questionnaire (MLQ), Form 5X (Bass and Avolio, 2000), and the Organizational Commitment Questionnaire (OCQ), (Mowday, Steers, and Porter, 1979). Nurse managers rated themselves higher on the transformational leadership style than their staff nurses. Significant correlations were found between the staff nurses' scores on the MLQ and the OCQ. All subscales on the MLQ demonstrated statistically significant correlations except for the transactional subscale labeled management by exception (active). These results were consistent with the transformational leadership theory except for the positive correlation among contingent reward, a transactional characteristic, and organizational commitment. Idealized influence, also called charismatic leadership, was the transformational leadership characteristic to show the strongest positive correlation with organizational commitment. Pearson's product-moment correlation revealed no significant correlation between the nurse manager's self-assessed leadership style and the degree of organizational commitment demonstrated by their staff nurses. Inspirational motivation and intellectual stimulation showed a positive correlation, but the correlations were too weak to draw any inferences.

Ohman (2000) conducted a descriptive study survey of 240 front-line nurse managers in adult critical care settings with bed size of at least five beds and a hospital
size of at least 100 from six upper Midwest states. Of the 240 questionnaires mailed, 127 useable surveys were obtained (52.9%). The Multifactor Leadership Questionnaire Form 5X (Bass & Avolio, 2000) was used. Nurse managers rated themselves higher in transformational than transactional leadership. A significant though weak positive correlation was found between scores on transformational and transactional scores. Nurse managers who rated themselves higher on transformational leadership also rated themselves higher on transactional leadership. Additionally, those who scored themselves low on the transformational leadership scale also showed themselves low on the transactional leadership scale. The Pearson product-moment correlations and simple analysis of variance were used to investigate the relationship between transformational and transactional leadership and the associated factors and specific demographic, organizational, and role preparation variables. A significant though weak positive correlation was found between the number of staff supervised and the level of intellectual stimulation leadership. Years of previous nursing management experience also correlated positively, although weakly with active management by exception. No other significant relationship for correlations was found between transformational and transactional leadership styles and other variables. Nurse managers who worked in a decentralized management structure report significantly greater use of idealized influence leadership. This suggests that under this type of management structure, nurse managers felt that the staff identified with them and their vision and had a collective sense of purpose.

The studies reviewed on leadership style of nurse manager and retention are only correlational descriptive studies; they did not identify cause and effect. These studies indicate several variables that are linked to staff nurse retention, which are
transformational leadership style of the nurse manager, job satisfaction, age of nurse manager, quality of care given by nurses, and span of control of the nurse manager.

*Horizontal Violence and Retention*

Simons (2008) conducted a descriptive study examining bullying behavior among nurses practicing in the State of Massachusetts with less than 36 months of experience and tested the relationship between the experience of being bullied and the nurses’ intent to leave their organization. A mailing list provided by the Massachusetts Board of Nursing was used to obtain possible participants. One thousand surveys were mailed. Data were received from 511 randomly selected newly hired registered nurses by using the revised Negative Acts Questionnaire (Einarsen & Hoel, 2001), an instrument that measures perceived exposure to bullying at work. Results found that 31% of the respondents reported not being bullied and that bullying is a significant determinate in predicting intent to leave the organization. Intention to leave was measured using a subscale of the Michigan Organizational Assessment Questionnaire (Cammann, Fichman, Jenkins, & Klesh, 1983). A significant correlation was found between these two variables. As the bullying score increases so did the likelihood to leave the organization. It was determined that there was no difference between groups with respect to leaving the organization for the following independent variables: age, role, highest educational degree, years as a registered nurse, length of time in current position, and practice settings. Bullying as well as race, satisfaction with salary, and marital status were also significant predictors of intent to leave.

Johnson and Rea (2009) conducted a descriptive study using a convenience sample of 767 members of the Washington State Emergency Nurses Association. The
Negative Acts Questionnaire-Revised (Einarsen & Hoel, 2001) was used to measure workplace bullying. A response rate of 32.5% was achieved with 249 surveys returned. The respondents were primarily female (82%) and 18% of the respondents were male; 16.1% of nurses who work in the emergency department are male. Using the operational definition of bullying, 27.3% (n=68) of the sample reported being victims of workplace bullying. Eighteen of these nurses indicated that they experienced two negative acts daily or weekly; whereas, the remaining 50 nurses experienced three or more negative acts daily or weekly. One respondent reported experiencing 11 different negative acts daily or weekly. Of the 44 nurses who responded yes to the single global question about bullying, most nurses (50%, n=22) identified their manager/director as the bullying source. Charge nurses were identified as the bullies by 25% (n=11) of this sub-sample. Thirty-eight percent (n=17) named coworkers as one of the bullies. Physicians were listed as the source of bullying by 29.5% (n=13). Other sources of bullying were reported to be from other departments (20.5%, n=5) and subordinates (6.8%, n=3). Slightly more than 50% stated they were bullied by just one person; the remaining 49.6% reported being bullied by two to six people.

McKenna, Smith, Poole and Coverdale (2003) conducted a mixed study through a mailed anonymous survey to 1169 first-year graduate nurses in New Zealand, and 551 completed questionnaires were returned. Forty-five percent of the respondents reported they experienced horizontal violence. Information was requested on the type and frequency of interpersonal conflict, a description of the most distressing event experienced the consequences of the behavior, and training to manage such events. The Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979) was used to measure the
level of distress experienced. The results found that many new graduates experienced horizontal violence across all clinical settings. Absenteeism from work, the high number of respondents who considered leaving nursing and scores on the Impact of Event Scale all indicated the serious impact of interpersonal conflict. Nearly one-half of the events described were not reported. Only 12% of those who described a distressing incident received a formal debriefing, and the majority of respondents had no training to manage the behavior. Over one-half of the participants reported being undervalued by other nurses (i.e., being treated like a student). Over one-third had learning opportunities blocked, neglected, had been distressed by the conflict between others, or thought they were given too much responsibility without appropriate support. A minority had experienced these behaviors more than twice: being undervalued (31%), blocking of learning opportunities (17%), emotional neglect (16%), feeling distressed by conflict of others (16%), and being given too much responsibility without appropriate support (23%). Chi-square analysis of all interpersonal conflict experienced by over one-third of the sample was undertaken in relation to major service areas, but there was no significant difference between service areas.

Dunn (2003) conducted a descriptive, correlation study to look at the relationship between the presence of sabotage (horizontal violence) in the operating room (OR) and job satisfaction levels reported by a group of preoperative nurses in New Jersey. Horizontal violence was measured with the Briles’ Sabotage Savvy Questionnaire (Briles, 2003) to determine OR nurses’ perception of whether they were victims or perpetrators of sabotage in the workplace. A sample of 500 potential volunteers from an Association of Operating Room Nurses (AORN) membership list was chosen for reasons
of convenience and geographic homogeneity. Twenty-nine percent (145) of the surveys were returned of the 500 mailed out. Frequencies of reported sabotage in the workplace were totaled for both victim and saboteur. The most frequent method of being sabotaged was being expected to do another’s work, followed by being reprimanded in front of others and not acknowledged for your own work. Saboteurs report that the most frequent form of victimizing others takes the form of ceased talking when others entered and complained about to others without discussing it first with the person. The study group was more than twice as likely to report being victimized by acts of sabotage than committing these violations upon others as demonstrated by the Sabotage Savvy Questionnaire scores of 1.09 and 0.44 respectively.

Sofield and Salmond (2003) conducted a descriptive correlation design using mailed questionnaires to describe registered nurses’ experiences of verbal abuse in a large multi-hospital system and determine variations in verbal abuse according to hospital type and the relationship of the verbal abuse with intent to leave the organization. A randomized sample of 1000 nurses from a three-hospital health system received the questionnaire. A total of 465 surveys were returned yielding 461 useable for analysis. Cox’s Verbal Abuse Survey (Cox, 1987) instrument was used. Prevalence of verbal abuse was determined by using the question: Over one month’s time, approximately how many abusive statements/situations are you the recipient of (from all sources)? Only 9% indicated no experience with verbal abuse. Most (67%) reported experiencing between one and five verbally abusive incidents in the preceding month, and the remaining 24% found verbal abuse more prevalent. Participants were asked to indicate whether verbal abuse was commonly precipitated by occurrence of a stressful event. Registered nurses in
this survey agreed that 42% of the time, stressful events precipitated verbal abuse. However, more that 50% of the time, respondents believed that verbally abusive incidents occurred unrelated to high-stress incidents. Nurses were asked four questions directly related to verbal abuse and intent to leave the organization or nursing. One additional question was asked to determine if nurses believed that verbal abuse contributed to a nursing shortage. Fifty-seven (13.6%) nurses responded that they had left a nursing position because of verbal abuse incurred in the position. Nurses clearly believe that verbally abusive incidents create increased turnover in staff (62.2%), and that verbal abuse contributes to an increased shortage of nurses (67%). Although the reported response rate for verbal abuse in this study was 91.1%, 11.9% of these nurses would actively look for a new job within the next year, and 33.4% would consider resigning as a result of verbal abuse. Pearson’s product moment correlations showed weak but significant correlations between verbal abuse and looking for a new job and between verbal abuse and considering quitting in the next six months.

Chapter Summary

Eight studies of nurse managers were conducted using the MLQ, (Failla & Stichler, 2008; Kleinman, 2004; McDaniel & Wolfe, 1992; McGuire & Kennerly, 2006; Medley & LaRochelle, 1995; Morrison, Jones & Fuller, 1997; Ohman, 2000; Raup, 2008). Five of the eight studies are mainly descriptive and correlative studies conducted in one organization (Kleinman, 2004; McDaniel & Wolfe, 1992; Medley & LaRochelle, 1995; Morrison, Jones, & Fuller, 1997; Raup, 2008). The remaining three studies occur across multiple sites (Failla & Stichler, 2008; McGuire & Kennerly, 2006; Ohman, 2000). All of the studies involved nurse managers or head nurses, and staff perceptions of
their leadership style correlated with another variable such as staff satisfaction, retention, and empowerment. All studies found that the nurse managers perceived their leadership style to be more transformational than reported by their staff (Failla & Stichler, 2008; Kleinman, 2004; McDaniel & Wolfe, 1992; McGuire & Kennerly, 2006; Medley & LaRochelle, 1995; Morrison, Jones & Fuller, 1997; Ohman, 2000; Raup, 2008). Four studies identified a positive correlation of the transformational leadership style of the nurse manager to staff satisfaction (Failla & Stichler, 2008; Kleinman, 2004; Medley & LaRochelle, 1995; Morrison, Jones, & Fuller, 1997). One study showed a relationship between empowerment and staff satisfaction and the transformational leadership of the nurse manager (Morrison, Jones, & Fuller, 1997). One study conducted in an emergency department reflected a trend towards higher staff nurse retention in relation to the transformational leadership style of the nurse manager but was not statistically significant for the impact on patient satisfaction (Raup, 2008).

Horizontal violence is prevalent in nursing, and there is a relationship to staff satisfaction and retention. The designs of the above studies on horizontal violence in nursing are descriptive using a survey approach or asking the subject to write a narrative answer to a question. Two studies use the Negative Acts Questionnaire (Simons, 2008; Johnson and Rea, 2009). The Negative Acts Questionnaire (Einarsen & Hoel, 2001) is an instrument that measures perceived exposure to bullying at work. The Sabotage Savvy Survey (Briles, 2003) was used in Dunn (2003). All six studies affirmed that horizontal violence is a problem for staff nurses in the hospital setting. It is important for nurse leaders to know about the presence of horizontal violence in the work place. In the studies included, 27-60% of the nurses reported experiencing horizontal violence in
varying degrees in their work places. Of these six studies investigated. There was a strong relationship between horizontal violence and intent to leave. No study investigated the question regarding the leadership style of the nurse manager and its relationship to horizontal violence. One study (Johnson & Rea, 2009) reported the nurse manager was the predominate agent of horizontal violence. This finding makes it compelling to study leadership styles and its relationship to horizontal violence.

The ability for emergency departments to increase staff nurse retention is imperative for hospitals to provide timely, quality care for their communities. The emergency department nurse manager is encouraged to develop and learn leadership skills that will provide a supportive work environment free of horizontal violence and exhibit a leadership style that supports staff nurse retention as well as other outcomes. Staff nurse retention is influenced by the leadership style of nurse managers, horizontal violence, staff satisfaction, and organizational structures. The review of the literature supports that exposure to horizontal violence drains nurses of the enthusiasm for the profession and undermines the attempts of the nurse manager to create a supportive, safe work environment that supports nurses and increases retention.
Chapter 3: Research Design Methodology

**General Perspective**

This chapter describes the problem statement, research question, hypotheses, research design methodology, research context, survey instruments, research participants, and procedure for data collection and analysis. Many variables can impact staff nurse retention in the emergency department. This quantitative study examines if the leadership style of the nurse manager has a relationship to horizontal violence and anticipated turnover of staff nurses in the emergency department.

Polit and Beck, (2008) suggests the positivist paradigm is associated with quantitative research: the collection of numeric information. Quantitative researchers base their findings on empirical evidence and strive for generalizability of their findings to multiple settings. Quantitative research is used to answer questions about the relationships among measurable variables (Cottrell and McKenzie, 2005). The three measurable variables in this study are the leadership style of the nurse manager, horizontal violence, and anticipated turnover and the relationship to each variable. Creswell (2009) describes “testing objective theories by examining the relationship among variables” (p. 4).

**Statement of Problem**

Recruitment and retention of registered nurses are among the greatest challenges facing nursing in healthcare organizations today. Among the factors influencing recruitment and retention of nurses are the leadership style of the nurse manager,
horizontal violence, job satisfaction, organizational culture, job stress, group cohesion, age of the nurse, and access to professional education just to name a few (Dunn, 2003; Failla and Stichler, 2008; Kleinman, 2004; Simons, 2008). Bally (2007) reports a staggering number of registered nurses leaving professional nursing practice due to feelings of stress, inadequacy, anxiety, oppression, and disempowerment, which all are often a result of horizontal violence. A growing body of evidence suggests the leadership style of the nurse manager in various settings has a positive relationship to staff nurse retention (McDaniel and Wolf, 1992; Taunton, Boyle, Woods, Hansen, and Bott, 1997). These studies have indicated that specific leadership styles such as support and consideration of staff, high leader visibility, and willingness to share leadership responsibilities positively influence staff nurse retention. This study will provide insight to better understand the relationship of the transformational leadership style of the nurse manager on horizontal violence and staff nurse turnover.

*The Research Question*

Does leadership style of the nurse manager have a relationship to horizontal violence and anticipated turnover of staff nurses in the emergency department?

*The Research Hypotheses*

1. The transformational leadership style of the nurse manager will predict lower levels of horizontal violence in the emergency department, net of control variables.

2. Transformational leadership style, relative to other leadership styles, will predict lower anticipated turnover of staff nurses in the emergency department, net of control variables.
3. The effect of transformational leadership on anticipated turnover of the staff nurses in the emergency department will at least be partially mediated by horizontal violence.

The Research Design

The research design was a quantitative, non-experimental, cross-sectional national survey that collects information through a self-administered, online questionnaire (Appendix A). The instrument was a four-part, online questionnaire adapted from three different validated instruments. An online, self-administered questionnaire comprised of demographic questions, the Multifactor Leadership Questionnaire (MLQ) (5X) (Appendix E) (Avolio and Bass, 2004), the Sabotage Savvy Survey (F) (Briles, 2003), and the Anticipated Turnover Scale (Appendix G) (Hinshaw and Atwood, 1982) was used as the instrument to collect data. The dependent variable studied was anticipated staff nurse turnover and the independent variables were the leadership style of the nurse manager and horizontal violence.

The literature is divided into two common types of online research: email and web-based surveys. There is a wide range of response rates that are considered acceptable, 50% adequate, 60% is good, and 70% is very good (Sue and Ritter, 2007). Literature indicates the nonresponse rate in online surveys is lower than mail surveys.

The Research Context

Glatthorn and Joyner (2005) state the research context is used to identify the location and time the study is being conducted. The research activities covered a three-month period from January to March 2010. Three thousand randomly selected emergency room nurses, who are members of the national Emergency Nurses Association (ENA),
were petitioned by postal mail to participate in the online survey to be administered through Survey Monkey.

*The Research Participants*

A stratified, random sample of 3000 registered nurses from the Emergency Nurses Association (ENA) membership in the United States was used. The ENA has more than 30,000 members and is responsible for stratification of the sample. Participation in this study was voluntary. In order to protect the rights of human subjects, approval was obtained from the Institutional Review Boards of St. John Fisher College, the Nursing Research Committee and Clinical Investigation Committee, Institution Review Board at Rochester General Hospital and the Emergency Nurses Association's Research Department. The researcher completed the National Institutes of Health Web-based training course “Protecting Human Research Participants.” St. John Fisher College IRB approval was obtained (Appendix J). Changes to the original IRB approval were obtained based on the need to change from email petition to postal mail petition of participants (Appendix K). Permission to purchase the ENA membership list was obtained (Appendix L).

Estimated effect size for this study was based on the effect sized reported in the literature and was used to assist in determining sample size that would have a power of .80. To determine the effect size of the study, a power analysis was conducted. Power analysis builds on the concept of an effect size, which expresses the strength of the relationship between variables (Polit and Beck, 2008). For the purposes of estimating the population effect size of the association between nurse-manager style and employee turnover, effect size estimates from past research was meta-analyzed. Three studies
generated five samples (N=1670) whose average weighted effect size was -.16. Based on this effect size and a desired power of .80, a sample of N=301 was recommended. A second meta-analysis was done, omitting the three samples from McGuire & Kennerly (2006) because they did not measure participatory management style directly. This analysis yielded a mean weighted effect of -.33 and a recommended sample size of N=67 (see Appendix D for analyses). This power analysis, therefore, recommends that the sample size for this study be between N=67 and 301. However, given the small number of available studies for effect size analysis, a sample size at the larger end of this range would be preferable for ensuring appropriate levels of statistical power.

*Procedures for Data Collection and Analysis*

The study was approved by the St. John Fisher Human Subject Review Board, the Nursing Research Committee and Clinical Investigation Committee, Institution Review Board at Rochester General Hospital and the Emergency Nurses Association’s Research Department. A postal mail survey invitation was mailed to potential participants along with the link for log on information to complete the online questionnaire (Appendix B). A reminder postcard was mailed two weeks after the invitations were mailed (Appendix C). Participants had until March 30, 2010 to complete the online survey. There was no compensation or other incentive offered for participating in the study. To maintain confidentiality, Survey Monkey will summarize data and forward to the investigator.

*Instruments*

Three instruments were used to quantitatively collect data. Transformational leadership characteristics data was collected using a validated assessment tool, the Multifactor Leadership Questionnaire (MLQ) (5X) (Avolio and Bass, 2004). Horizontal
violence data was collected using the Sabotage Savvy Survey (Briles, 2003), and anticipated staff nurses turnover was collected using the Anticipated Turnover Scale (Hinshaw & Atwood, 1982).

Permission to use the Multifactor Leadership Questionnaire (5X) (MLQ-5X) was obtained from Mind Garden, Incorporated (Appendix H). Permission to use the Sabotage Savvy Quiz was obtained from Dr. Judith Briles (Appendix M), and permission to use the Anticipated Turnover Scale (Appendix N) was provided by Dr. Ada Sue Hinshaw.

*The multifactor leadership questionnaire (MLQ-5X).* The MLQ was developed by Avolio and Bass (1994) to test the full range of leadership styles. Revisions have been made to the original six-factor model proposed in 1985 that have increased the validity and reliability of the tool for measuring transformational and transactional leadership styles. The items comprising the MLQ-5X were pooled from several sources (Avolio and Bass, 2004). A series of factor analyses were completed. Partial squares analysis (PLS) was also done. Literature and scholarly reviews by the researcher were conducted to further refine the questions and ensure validity. Internal consistencies for the inventory ranged from 0.74 to 0.94 for the subscales.

The MLQ-5X questionnaire uses a five-point frequency scale ranging from *not-at-all* to *frequently-if-not-always.* The survey consists of 45 items where each participant rates the style and behavior of the leader. A license fee for the instrument will be paid to Mind Garden, Inc. (Avolio and Bass, 2004).

*The sabotage savvy quiz.* The Sabotage Savvy Survey (Briles, 2003) is a two-part survey with 20 questions that asks the participants to identify knowledge of occurrence or victims of horizontal violence. The participant is asked to rate the degree of horizontal
violence present using a Likert scale. Dunn (2003) developed validity in using the Sabotage Savvy Survey with operating room nurses. The instrument was reviewed by faculty at Seton Hall University for clarity, ease of use, and content validity. Cronbach’s alpha scores of the Sabotage Savvy Survey were .86 and .72 for parts one and two respectively.

Anticipated turnover scale (ATS). Hinshaw and Atwood (1982), created the Anticipated Turnover Scale (ATS) as an instrument to index an employee’s perception or opinion of the possibility of voluntarily terminating his or her present employment. The ATS is a self-report that contains 12 items in Likert format with seven response options ranging from agree strongly to disagree strongly. The scale has an inverse scoring guideline for several questions. The lower the score on the scale, the less likely anticipated turnover will occur. The ATS was originally developed in 1978 by Hinshaw and Atwood and was tested several times before being used in the Anticipated Turnover Among Nursing Staff Study. The ATS was administered to 1597 nurses (63% RNs; 37% LPNs and NAs) in 15 urban and rural hospitals throughout Arizona (Hinshaw & Atwood, 1983, 1985). A total of 1525 (95%) nursing staff members completed the instrument. Internal consistency reliability was estimated with coefficient alpha; standardized alpha -.84. Construct validity was estimated using principal components factor analysis and predictive modeling techniques. Two factors were identified that explained 54.9% of the variance.

Data Collection and Analysis

Data analysis in quantitative design is analyzed through applying statistical procedures (Polit & Beck, 2008). Analyses begin with entering the data. Descriptive
statistics regarding the participants will be conducted. Analysis of variance (ANOVA) procedures for mean scores of Anticipated Turnover Scale by demographic variables was run to determine relationships among variables. Relationships between two variables are described through correlation procedures (Polit & Beck, 2008). Pearson correlations comparing nurse manager leadership styles with horizontal violence and anticipated turnover were conducted. Regression analysis was performed to identify predictions (Polit & Beck, 2008) regarding the leadership style of the nurse manager and horizontal violence as well as anticipated turnover.

Data collection began after approval was been received from the St. John Fisher College IRB, the Department of Nursing Research and Evidence-Based Practice Committee and the Clinical Investigation Committee/Institution Review Board at Rochester General Hospital and the Research Committee of the Emergency Nurses Association. An invitation letter was mailed along with the on-line survey link. A reminder postcard was sent out two weeks after the survey invitations were mailed. Participants had four weeks to complete the on-line survey. There was no compensation or other incentive offered for participating in the online survey.

Postal mail communication methods were used to petition participation in the research. A letter of invitation to participate in the online survey was mailed to the registered nurses explaining the nature of the online survey and the procedure for completing the online survey. Information concerning confidentiality was explained. Completion of this online survey was expected to take 20 – 30 minutes of the participant’s time. The questions asked about the participant’s nurse manager and themselves. There was minimal risk to participate in this online survey. If at anytime
responding to the questions brought about uncomfortable feelings, the participant could stop the online survey and seek assistance from the human resource department at their organization or their physician. Participation in this online survey was voluntary and confidential. Further, all information provided is considered confidential. All of the data was summarized and no individual could be identified from these results. Furthermore, the web site is programmed to collect responses on the questionnaire items alone. That is, the site will not collect any information that could potentially identify the participant (such as machine identifiers).

The ENA Foundation provided funding for this study. The Research Committee of the ENA has reviewed the study proposal. As a member of the ENA participant mail addresses was purchased from a third party contractor, “In Focus”. Infocus and the principal investigator guarantee addresses were not used for any purpose other than this doctoral research study. The study was closed after March 30, 2010. The deadline to complete the survey is March 30, 2010.

In order to complete the survey, participants received a mailed invitation, inviting them to complete a survey; within this letter will be a link directly to the online questionnaire. Participants logged on and begin the on-line questionnaire. The completed survey data was retrieved from SurveyMonkey. The data collected was accessed by the principal investigator and Clinical Research Department at Rochester General Hospital and is maintained on a password protected computer database at Rochester General Hospital. The data has been electronically archived after completion of the study, will be maintained for three years after the completion of the study and any submissions to journals, podium or poster presentations have been completed.
If after receiving this invitation, the participant had any questions about this study, or would like additional information, they may contact the principal investigator at (315)359- 2684 office, (585) 321-1875 home, or email at debbie.stamps@rochestergeneral.org or Professor Dianne Cooney-Miner, RN, PhD, at dianne.cooney-miner@sjfc.edu reaching a decision about participation.

The on-line questionnaire is comprised of four sections: Part I is comprised of fourteen general information questions about the participant. Part II is the Multifactor Leadership Questionnaire (Avolio & Bass, 2004), which asks 45 descriptive questions about the participants nurse manager’s leadership style as the participant perceived it. The nurse manager is the nurse/individual who has responsibility for the day-to-day, 24/7, round-the-clock operations of the emergency department, hiring, mentoring, and performance appraisal for staff reporting to them. The participants responded how frequently each statement fits the nurse manager being described, using the five point rating scale, ranging from not at all [0] to frequently, if not always [4] that most closely reflects your perception of your nurse manager.

Part III is the Sabotage Savvy Survey (Briles, 2003), which asks the participant 20 descriptive questions about having knowledge of (witnessed, been informed of, or mediated an episode of nurse-to-nurse violence), or a victim of (experienced) horizontal violence in their department. Horizontal Violence is defined as an aggressive behavior towards individuals or group members by others (Hastie, 2002). Participants respond Yes [3], No [2], or Not Sure [3].

Part IV is the Anticipated Turnover Scale (Hinshaw and Atwood, 1985), which asks 12 descriptive questions about the participant’s intent to leave their current position.
Participants Respond using a seven point Likert-type scale, ranging from Strongly Agree [7] to Strongly Disagree [1].

A reminder post card was sent out two weeks after the survey invitations are mailed. Participants will have until March 30, 2010 to complete the online survey. There will be no compensation or other incentive offered for participating in the online survey.

The Statistical Package for Social Sciences for Windows, Version 16.0 (SPSS, 16.0, Chicago, Il) was utilized for data analysis. Descriptive and inferential statistics were conducted.

Chapter Summary

This chapter describes the quantitative method of inquiry to be used to determine how the nurse manager moderates horizontal violence on anticipated turnover in the emergency department. An overview of quantitative design, research context, participants, data collection tool, and data analysis has been presented.
Chapter 4: Results

Introduction

The purpose of this study is to identify the relationship between leadership style of the nurse manager (NM) and horizontal violence (HV) and the impact of that relationship on staff nurse turnover in the emergency department (ED). This quantitative study was based on a cross-sectional, national, online survey. In February 2010, 3000 postal mail letters of invitation were sent to Emergency Nurses Association (ENA) registered nurse members to participate in the online survey. The dependent variable for this study was the 12 item Hinshaw and Atwood Anticipated Turnover survey. The independent variables were the leadership style measured by the Multifactor Leadership Questionnaire (MLQ-5X) and horizontal violence measured by the Sabotage Savvy Survey.

This chapter discusses the findings of the study in relation to the research question and hypotheses. Descriptive statistics were used to analyze the data. Data analysis was conducted using SPSS 14.0 (SPSS Inc. Chicago, IL).

The Research Question

Does leadership style of the nurse manager have a relationship to horizontal violence and anticipated turnover of staff nurses in the emergency department?
The Research Hypotheses

1. The transformational leadership style of the nurse manager will predict lower levels of horizontal violence in the emergency department, net of control variables.

2. Transformational leadership style, relative to other leadership styles, will predict lower anticipated turnover of staff nurses in the emergency department, net of control variables.

3. The effect of transformational leadership on anticipated turnover of the staff nurses in the emergency department will at least be partially mediated by horizontal violence.

Response Rate

The letter of invitation to participate in the online survey was mailed to a random sample of registered nurses from 50 states and the District of Columbia. The sample list was prepared by the Emergency Nurses Association (ENA). Three thousand (3000) letters of invitation were postal mailed in February 2010 with a request to complete the survey by March 30, 2010. Reminder letters of invitation were mailed to all mailing addresses during March 2010. Two hundred and one respondents completed the online survey. Twenty letters of invitation were returned to the researcher with incorrect addresses (20/3000 = .006%).

Data Quality

Survey data were downloaded from Survey Monkey by Excel spreadsheet and verified by visual inspection of investigator. There were 12 respondents who were
identified by the same IP address. Upon verification from Survey Monkey personnel this tells the investigator that the responses came from the same organization or computer.

Demographic Findings

Two hundred and one participants of 3000 invited nurses responded to the online survey by March 30, 2010, resulting in a 6.7% response rate. One hundred and forty-three (71.1%) were RN staff nurses currently working in the Emergency Department. The remaining 57 (28.4%) RNs worked in other roles and one respondent did not answer. One hundred forty five (72.1%) of respondents reported working in the emergency department for more than five years. (See Table 4.1).

Table 4.1

Position and ED Experience

<table>
<thead>
<tr>
<th>Demographics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your current position?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Nurse (RN)</td>
<td>143</td>
<td>71.1</td>
</tr>
<tr>
<td>Other</td>
<td>57</td>
<td>28.4</td>
</tr>
<tr>
<td>How long have you worked in an ED?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>7</td>
<td>3.5</td>
</tr>
<tr>
<td>1-5 years</td>
<td>45</td>
<td>22.4</td>
</tr>
<tr>
<td>6-10 years</td>
<td>44</td>
<td>21.9</td>
</tr>
<tr>
<td>11-15 years</td>
<td>27</td>
<td>13.4</td>
</tr>
<tr>
<td>16-20 years</td>
<td>32</td>
<td>15.9</td>
</tr>
<tr>
<td>21-25 years</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>More than 25 years</td>
<td>25</td>
<td>12.4</td>
</tr>
</tbody>
</table>

Note: Percentages do not add up to 100% because of some missing data

The ages of the RN staff nurses ranged from 20 to over the age of 61 years. The majority of participants were female (n= 166, 82.6%) and there were 31 male participants.
(15.4%). The predominant race reported by participants was White, (n=181, 90%). (See Table 4.2).

Table 4.2

Demographic Findings of Study Participants

<table>
<thead>
<tr>
<th>Demographics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>31-40</td>
<td>41</td>
<td>20.4</td>
</tr>
<tr>
<td>41-50</td>
<td>51</td>
<td>25.4</td>
</tr>
<tr>
<td>51-60</td>
<td>59</td>
<td>29.4</td>
</tr>
<tr>
<td>61 and over</td>
<td>21</td>
<td>10.4</td>
</tr>
<tr>
<td>What is your gender?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>166</td>
<td>82.6</td>
</tr>
<tr>
<td>Male</td>
<td>31</td>
<td>15.4</td>
</tr>
<tr>
<td>What is your race?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>White</td>
<td>181</td>
<td>90</td>
</tr>
<tr>
<td>Two races or more</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>6</td>
<td>3.0</td>
</tr>
<tr>
<td>What is your ethnicity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>139</td>
<td>69.2</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>15</td>
<td>7.5</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>11.4</td>
</tr>
</tbody>
</table>

Note: Percentages do not add up to 100% because of some missing data
Sixteen (9%) of the respondents reported they held a diploma in nursing, 32
(15.9%) hold an associate’s degree, 83 (41.3 %) hold a bachelor’s degree, 48 (23.9%)
hold a master’s degree, and two (4 %) hold a doctorate degree. One hundred and fifty
one participants (75.1%) report holding a certification. (See Table 4.3).

Table 4.3

*Education and Certification of Respondents*

<table>
<thead>
<tr>
<th>Education</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your highest degree completed?</td>
<td>201</td>
<td>100</td>
</tr>
<tr>
<td>Diploma in Nursing</td>
<td>16</td>
<td>9.0</td>
</tr>
<tr>
<td>Associate Degree in Nursing</td>
<td>32</td>
<td>15.9</td>
</tr>
<tr>
<td>Baccalaureate Degree</td>
<td>83</td>
<td>41.3</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>48</td>
<td>23.9</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>6.0</td>
</tr>
<tr>
<td>Do you hold any certifications?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>151</td>
<td>75.1</td>
</tr>
<tr>
<td>No</td>
<td>46</td>
<td>22.9</td>
</tr>
</tbody>
</table>

Note: Percentages do not add up to 100% because of some missing data

Participants reported working in emergency departments with visits ranging from
20,000 to more than 90,000 per year. The majority of respondents (n=62, 30.8%)
reported they work in an emergency department that saw less than 20,000 patients per
year. The majority of participants reported working in a community hospital (n=112,
55.7%) followed by working in a trauma center (n=49, 24.4%) and 37 (18.4%) working
in a teaching hospital. Fifty-eight (28.9%) of survey respondents reported working in a
Magnet hospital. One hundred and eighty-one (90%) of participants responded that their organization provides tuition assistance for continuing education. (See Table 4.4).

Table 4.4

*ED Visits and Description of ED*

<table>
<thead>
<tr>
<th>Participant</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many visits does your ED have per year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 20,000</td>
<td>62</td>
<td>30.8</td>
</tr>
<tr>
<td>20,000 – 30,000</td>
<td>20</td>
<td>10.0</td>
</tr>
<tr>
<td>31,000 – 40,000</td>
<td>18</td>
<td>9.0</td>
</tr>
<tr>
<td>41,000 – 50,000</td>
<td>19</td>
<td>9.5</td>
</tr>
<tr>
<td>51,000 – 60,000</td>
<td>13</td>
<td>6.5</td>
</tr>
<tr>
<td>61,000 – 70,000</td>
<td>14</td>
<td>7.0</td>
</tr>
<tr>
<td>71,000 – 80,000</td>
<td>12</td>
<td>6.0</td>
</tr>
<tr>
<td>81,000 – 90,000</td>
<td>9</td>
<td>4.5</td>
</tr>
<tr>
<td>More than 90,000</td>
<td>23</td>
<td>11.4</td>
</tr>
</tbody>
</table>

Please describe your hospital

<table>
<thead>
<tr>
<th>Hospital Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community hospital</td>
<td>112</td>
</tr>
<tr>
<td>Teaching hospital</td>
<td>37</td>
</tr>
<tr>
<td>Trauma</td>
<td>49</td>
</tr>
</tbody>
</table>

Note: Percentages do not add up to 100% because of some missing data

Nurses working in the emergency department completed the Multifactor Leadership Questionnaire (MLQ) survey based on their perceptions of the nurse manager. Respondents (n=181) rated their managers for transformational leadership attributes
between 0.25 to 44 (M=21.72, 10.98). Eighty-six (47.5%) rated them above the mean score on the attributes. SD=Seventeen respondents did not respond to questions regarding leadership style of their nurse manager. (See Table 4.5).

Table 4.5

*Components and Subscales for the Multifactor Leadership Questionnaire (MLQ)*

<table>
<thead>
<tr>
<th>MLQ</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational Leadership</td>
<td>4.34</td>
<td>2.19</td>
</tr>
<tr>
<td>Attributed Idealized Influence</td>
<td>2.25</td>
<td>1.13</td>
</tr>
<tr>
<td>Idealized Influence Behavioral</td>
<td>2.26</td>
<td>0.98</td>
</tr>
<tr>
<td>Inspirational Motivation</td>
<td>2.44</td>
<td>1.03</td>
</tr>
<tr>
<td>Intellectual Stimulation</td>
<td>1.95</td>
<td>1.00</td>
</tr>
<tr>
<td>Individual Consideration</td>
<td>2.03</td>
<td>0.98</td>
</tr>
<tr>
<td>Transactional Leadership</td>
<td>2.24</td>
<td>0.67</td>
</tr>
<tr>
<td>Contingent Reward</td>
<td>2.26</td>
<td>1.03</td>
</tr>
<tr>
<td>Management by Exception Active</td>
<td>2.22</td>
<td>0.88</td>
</tr>
<tr>
<td>Passive-Avoidant Leadership</td>
<td>1.16</td>
<td>0.96</td>
</tr>
<tr>
<td>Management by Exception Passive</td>
<td>1.72</td>
<td>0.84</td>
</tr>
<tr>
<td>Laissez-faire</td>
<td>1.74</td>
<td>1.07</td>
</tr>
<tr>
<td>Leadership Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Effort</td>
<td>1.79</td>
<td>0.83</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>2.33</td>
<td>1.17</td>
</tr>
<tr>
<td>Satisfaction with leadership</td>
<td>1.26</td>
<td>0.63</td>
</tr>
</tbody>
</table>

Note:* Scores on scale items ranged from: 0 (not at all) to 4 (frequently, if not always)

Respondents reported through completing the Sabotage Savvy Survey horizontal violence (sabotage) both as a victim and having knowledge of its occurrence in the emergency department setting. As a victim the most frequent method of horizontal violence was “being stuck doing a co-worker’s job because she or he is often late or
spends time doing personal things” (133/201 reported yes, 4/201 reported not sure). This was followed by being “reprimanded or confronted by someone in front of others” (119/201 reported yes, 8/201 reported not sure) and “not acknowledged or given credit for work you have participated in or completed” (104/201 reported yes, 18/201 reported not sure).

Respondents reported the most frequent methods of having knowledge of horizontal violence (sabotage) were similar to being a victim. Respondents identified “being stuck doing a co-worker’s job because she or he is often late or spends time doing personal things” was the most frequent method of having knowledge of horizontal violence (sabotage) (137/201 reported yes and six reported not sure). This was followed by “not acknowledged or given credit for work you have participated in or completed” (125/201 reported yes and, 20 reported not sure) and “being reprimanded or confronted by someone in front of others” (115/201 reported yes, ten reported not sure).
Table 4.6

*Top Three Results from the Sabotage Savvy Questionnaire as Perceived by a Victim and Having Knowledge of Horizontal Violence*

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/%</th>
<th>No/%</th>
<th>Unsure/%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected to do others work</td>
<td>133 (66.2)</td>
<td>31 (15.4)</td>
<td>4 (2.0)</td>
</tr>
<tr>
<td>Reprimanded in front of others</td>
<td>119 (59.2)</td>
<td>40 (19.9)</td>
<td>8 (4.0)</td>
</tr>
<tr>
<td>Not acknowledged for work</td>
<td>104 (51.7)</td>
<td>44 (21.9)</td>
<td>18 (9.0)</td>
</tr>
<tr>
<td>Knowledge of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not acknowledged for work</td>
<td>125 (62.2)</td>
<td>29 (14.4)</td>
<td>20 (10.0)</td>
</tr>
<tr>
<td>Reprimanded in front of others</td>
<td>115 (57.2)</td>
<td>51 (25.4)</td>
<td>10 (5.0)</td>
</tr>
<tr>
<td>Expected to do others work</td>
<td>137 (68.2)</td>
<td>32 (15.9)</td>
<td>6 (3.0)</td>
</tr>
</tbody>
</table>
The Anticipated Turnover Scale (ATS) possible scores ranged from one (disagree strongly) to seven (agree strongly). The lower the intent to stay score the more likely to leave; however there was no cutoff established. The mean ATS score identified “I am quite sure I will leave my position in the foreseeable future” (mean score of 2.96; SD 2.001), followed by “I plan to leave this position shortly” (mean 3.12; SD 2.049). (See Table 4.7).

Table 4.7

*Anticipated Turnover Scale (ATS)*

<table>
<thead>
<tr>
<th>ATS</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan to stay in current position for a while</td>
<td>4.49</td>
<td>2.233</td>
</tr>
<tr>
<td>Plan to leave position in the foreseeable future</td>
<td>2.96</td>
<td>2.001</td>
</tr>
<tr>
<td>Staying or leaving is not a critical issue</td>
<td>4.28</td>
<td>2.289</td>
</tr>
<tr>
<td>Aware of leaving the agency within a shot time</td>
<td>4.60</td>
<td>2.191</td>
</tr>
<tr>
<td>Serious consideration if job offered</td>
<td>4.10</td>
<td>2.175</td>
</tr>
<tr>
<td>No intentions of leaving present position</td>
<td>4.64</td>
<td>2.268</td>
</tr>
<tr>
<td>In position as long as want</td>
<td>3.52</td>
<td>2.172</td>
</tr>
<tr>
<td>Staying here awhile</td>
<td>4.74</td>
<td>2.096</td>
</tr>
<tr>
<td>No specific idea how long will stay</td>
<td>3.93</td>
<td>1.979</td>
</tr>
<tr>
<td>Plan to hang on to this job for awhile</td>
<td>4.45</td>
<td>2.140</td>
</tr>
<tr>
<td>Big doubts as to whether or not to stay in this agency</td>
<td>3.53</td>
<td>2.186</td>
</tr>
<tr>
<td>Plan to leave this position shortly</td>
<td>3.12</td>
<td>2.049</td>
</tr>
</tbody>
</table>

Note: Scale ranges from one (disagree strongly) to seven (agree strongly)
Spearman rho correlation coefficients were calculated to determine the relationship between the leadership style of the nurse manager, time as a RN, education level, age, number of ED visits, and Magnet status of hospital. A moderately strong correlation was found between the age of the RN and how long they have practiced \((r = .560, p < .001)\), indicating as the age of the RN increased their years of experience did also. Four weak correlations were found between transactional leadership style and age \((r = .211, p = .006)\), and highest level of education completed with age \((r = .219, p = .003)\). (See Table 4.8).
Table 4.8

Spearman rho Correlations of Leadership Style, Anticipated Turnover, Time as RN, Education, Age, ED visits, and Magnet Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>TFL</th>
<th>TAL</th>
<th>PAL</th>
<th>ATS</th>
<th>RN</th>
<th>Education</th>
<th>Age</th>
<th>ED visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational Leadership (TFL)</td>
<td>4.34</td>
<td>2.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transactional Leadership (TAL)</td>
<td>2.24</td>
<td>.067</td>
<td>.465**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive-Avoidance Leadership (PAL)</td>
<td>1.16</td>
<td>0.96</td>
<td>-.695**</td>
<td>.111</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipated Turnover Scale (ATS)</td>
<td>54.54</td>
<td>15.81</td>
<td>.552**</td>
<td>.158*</td>
<td></td>
<td>-.481**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time as RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.115</td>
<td>.141</td>
<td>-.103</td>
<td>.117</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.046</td>
<td>.029</td>
<td>.049</td>
<td>-.107</td>
<td>.093</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.080</td>
<td>.211**</td>
<td>-.111</td>
<td>.143</td>
<td>.560**</td>
<td>.219</td>
</tr>
<tr>
<td>Number of ED visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.103</td>
<td>-.041</td>
<td>-.360**</td>
<td>.112</td>
<td>-.016</td>
<td>-.008</td>
</tr>
<tr>
<td>Magnet Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.107</td>
<td>-.188*</td>
<td>.063</td>
<td>-.040</td>
<td>-.044</td>
<td>-.048</td>
</tr>
</tbody>
</table>

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

*. Correlation is significant at the 0.05 level (2-tailed)
Spearman \( \rho \) correlation coefficient was calculated for the relationship between respondents working in a Magnet hospital and having a Bachelor's degree or higher. A weak correlation was found (\( \rho = -0.174, p<0.05 \)) indicating a weak relationship between the two variables Bachelor's degree or higher and working in a Magnet organization. Cross tabulation was completed to further examine the educational background of the respondents and the Magnet designation of their hospital.

Table 4.9

*Educational Preparation and Magnet Hospital*

<table>
<thead>
<tr>
<th>Educational Preparation</th>
<th>Hospital</th>
<th></th>
<th>Hospital</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Magnet</td>
<td>Non-Magnet</td>
<td>Magnet</td>
<td>Non-Magnet</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Diploma in Nursing</td>
<td>5</td>
<td>2.5</td>
<td>13</td>
<td>6.6</td>
</tr>
<tr>
<td>Associate Degree in Nursing</td>
<td>5</td>
<td>2.5</td>
<td>27</td>
<td>13.7</td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>29</td>
<td>14.7</td>
<td>54</td>
<td>27.5</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>16</td>
<td>8.1</td>
<td>32</td>
<td>16.3</td>
</tr>
<tr>
<td>Doctorate Degree</td>
<td>2</td>
<td>3.4</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>.5</td>
<td>11</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Note: Percentages do not add up to 100% because of some missing data

*Extra effort, Effectiveness and Satisfaction* are outcome variables from the Multifactor Leadership Questionnaire (MLQ). Pearson correlation coefficients were calculated to determine the relationship between Extra Effort, Effectiveness, Satisfaction, knowledge and victim of horizontal violence and anticipated turnover. The relationship between Extra Effort and Effectiveness was direct and very strong (\( r=0.844, p<0.01 \)). The
relationship between Extra Effort and Satisfaction is very strong and direct ($r=.853$, $p<0.01$). The relationship between Effectiveness and Satisfaction was very strong and direct ($r=.921$, $p<0.01$). There is also a very strong direct relationship between having knowledge of horizontal violence and being a victim of horizontal violence ($r=.816$, $p<0.01$).

There are moderate direct relationships between Extra Effort and anticipated turnover ($r=.383$, $p<0.01$), Effectiveness and anticipated turnover ($r=.417$, $p<0.01$), satisfaction and anticipated turnover ($r=.428$, $p<0.01$). There is also a moderate direct relationships between the effectiveness of the nurse manager and the staff nurses have knowledge of horizontal violence ($r=.290$, $p<0.01$) and being a victim of horizontal violence ($r=.270$, $p<0.01$).

There are weak direct relationships between Extra Effort and knowledge of horizontal violence ($r=.198$, $p<0.05$). Also weak direct relationship were identified between Satisfaction and knowledge of horizontal violence ($r=.239$, $p<0.05$) and Satisfaction and victim of horizontal violence ($r=.187$, $p<0.05$). A weak direct correlation was identified between being a victim of horizontal violence and anticipated turnover ($r=.214$, $p<0.05$). (See Table 4.10).
Table 4.10

Pearson Correlations of Extra Effort, Effectiveness, Satisfaction, Horizontal Violence and Anticipated Turnover

<table>
<thead>
<tr>
<th>Variable</th>
<th>Extra Effort</th>
<th>Effectiveness</th>
<th>Satisfaction</th>
<th>ATS</th>
<th>SSSK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra Effort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td>.844**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>.853**</td>
<td>.921**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipated Turnover Scale (ATS)</td>
<td>.383**</td>
<td>.417**</td>
<td>.428**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sabotage Savvy Knowledge (SSSK)</td>
<td>.198*</td>
<td>.290**</td>
<td>.239**</td>
<td>.070</td>
<td></td>
</tr>
<tr>
<td>Sabotage Savvy Victim (SSSV)</td>
<td>.157</td>
<td>.270**</td>
<td>.187*</td>
<td>.214*</td>
<td>.816**</td>
</tr>
</tbody>
</table>

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

*. Correlation is significant at the 0.05 level (2-tailed)
Summary of Findings

Hypothesis 1

To test the relationship between the transformational leadership style score of the nurse manager and presence of horizontal violence in the emergency department, Pearson Correlation coefficients were calculated. Table 4.11 represents the results of the leadership style and the Sabotage Savvy Survey for being a victim of and having knowledge of sabotage. Pearson correlation coefficients were calculated to determine the relationship between the leadership style of the nurse manager and the staff nurses in the emergency department being a victim or having knowledge of sabotage in the emergency department. A nonstatistically significant correlation was found between the transformational leadership style and a sabotage victim \( (r=.114, p=.161) \). (see Table 4.11).

Hypothesis 2

To test the relationship between transformational leadership style score of the nurse manager and lower anticipated turnover of staff nurses in the emergency department, a Pearson correlation coefficient was calculated (see Table 4.11). A moderately strong correlation was found between the transformational leadership style and anticipated turnover \( (r=.555, p<0.01) \), indicating as the presence of transformational leadership style was present anticipated turnover would be less. The Pearson correlation also identified the passive-avoidant leadership style had a negative relationship to anticipated turnover, therefore indicating a higher incidence of turnover would occur with the passive-avoidant leadership style than with the transformational leadership style \( (r=.492, p<0.01) \).
Table 4.11

*Pearson Correlations of Leadership Style, Sabotage Savvy Survey and Anticipated Turnover Scale*

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>TFL</th>
<th>TAL</th>
<th>PAL</th>
<th>ATS</th>
<th>SSSV</th>
<th>SSSK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational Leadership (TFL)</td>
<td>4.34</td>
<td>2.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transactional Leadership (TAL)</td>
<td>2.24</td>
<td>0.67</td>
<td></td>
<td>0.446</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive-Avoidance Leadership (PAL)</td>
<td>1.16</td>
<td>0.96</td>
<td>-0.700</td>
<td></td>
<td>-0.075</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipated Turnover Scale (ATS)</td>
<td>54.54</td>
<td>15.81</td>
<td></td>
<td>0.555</td>
<td>0.145</td>
<td>-0.492</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sabotage Savvy Survey Victim</td>
<td>32.86</td>
<td>6.15</td>
<td>0.114</td>
<td>0.130</td>
<td>-0.097</td>
<td>0.214</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sabotage Savvy Survey Knowledge</td>
<td>32.83</td>
<td>6.43</td>
<td>0.076</td>
<td>0.194</td>
<td>0.036</td>
<td>0.070</td>
<td>0.816</td>
<td></td>
</tr>
</tbody>
</table>

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

*. Correlation is significant at the 0.05 level (2-tailed)
Hypothesis 3

A series of multiple regression procedures were carried out to estimate the direct and indirect effects of age, number of ED visits annually, transformational leadership style, and victim status of horizontal violence on anticipated likelihood of job turnover. Age and number of ED visits annually were entered at Step 1, explaining 1.7% of the variance in anticipated likelihood of job turnover. After entry of victim status of horizontal violence and transformational leadership style at Step 2, the total variance explained by the model was 36%, $F(4, 123) = 17.29, p = < .001$. There was a statistically significant direct effect of transformational leadership style on anticipated turnover ($\beta = .51, p = < .001$).

Hypothesis 3 is a mediational hypothesis. The overall model was tested for mediation of the effect of transformational leadership style by victim status of horizontal violence, based on the Baron and Kenny steps (Baron and Kenny, 1986) (See Figure 4.1). Step 1 included examination of the correlations of the model variables with anticipated turnover. Step 2 included using the proposed mediator (victim status of horizontal violence) as dependent variable. Step 3 involves a multiple regression that established transformational leadership and victim status of horizontal violence as predictors of anticipated turnover and determined the amount of variance explained by the model. Step 4 involves deciding whether any mediational effect is complete or partial. The analyses did demonstrate an indirect effect or partial mediational effect for victim of horizontal violence on the relationship of transformational leadership style and anticipated likelihood of job turnover ($\beta=.20, p = .02; \beta=.19, p = .011$).
* $p \leq .05$
To test the relationship between leadership style score of the nurse manager perceived by staff nurses and outcome variables of extra effort, effectiveness and satisfaction in the emergency department, a Pearson correlation coefficient was calculated (see Table 4.12). Very strong correlations between transformational leadership and effectiveness \((r= .780, p= .01)\) and between transformational leadership and satisfaction \((r= .788, p= .01)\) and transformational leadership and extra effort \((r= .768, p= .01)\) were identified.

Table 4.12

*Pearson Correlations of Extra Effort, Effectiveness, Satisfaction, and Leadership Style*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Extra Effort</th>
<th>Effectiveness</th>
<th>Satisfaction</th>
<th>Transform</th>
<th>Transact</th>
<th>Passive-Avoidant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra Effort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td>.844**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>.853**</td>
<td>.921**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transformational leadership</td>
<td>.768**</td>
<td>.780**</td>
<td>.788**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transactional leadership</td>
<td>.625**</td>
<td>.669**</td>
<td>.654**</td>
<td>.446**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive-avoidant leadership</td>
<td>-.365**</td>
<td>-.426**</td>
<td>-.443**</td>
<td>-.700**</td>
<td>-.075</td>
<td></td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed)
Chapter 5: Discussion

Introduction

The purpose of this study was to identify the relationship between leadership style of the nurse manager (NM) and horizontal violence (HV) and the impact of that relationship on staff nurse turnover in the emergency department (ED). By determining the direct and indirect effects of leadership style through horizontal violence on anticipated turnover some insight may be provided to emergency departments and organizations that conduct leadership training programs.

In Chapter I the rationale for this study was presented along with the introduction of the conceptual framework. In Chapter II the leadership styles of the nurse manager were examined in detail to better understand how the leadership styles of the nurse manager shape leadership effectiveness. Chapter III presented the researcher's plan to obtain data with a sample of registered nurses. Chapter IV presented the results of the tested hypotheses and research question. The final chapter of this study restates the research problem, purpose of the study, reviews the methodology used in the dissertation and discusses the findings and implications for nursing education, nurse practice setting, nursing policy, aspiring Magnet hospitals, the nurse executive and for future research (Glattorn & Joyner, 2005). The results are compared to the work of others and analysis of agreement or disagreement with the literature will be discussed.

The research design was a quantitative, non-experimental, cross-sectional national survey that collected information through a self-administered, online questionnaire. The
instrument was a four-part, online questionnaire adapted from three different validated instruments. The questionnaire included demographic questions, the Multifactor Leadership Questionnaire (MLQ) (5X) (Avolio & Bass, 2004), the Sabotage Savvy Survey (Briles, 2003), and the Anticipated Turnover Scale (Hinshaw & Atwood, 1982). The dependent variable studied was anticipated staff nurse turnover and the independent variables were the leadership style of the nurse manager and horizontal violence.

Discussion of Findings

Recruitment and retention of registered nurses are among the greatest challenges facing nursing in healthcare organizations today. Among the factors influencing recruitment and retention of nurses are the leadership style of the nurse manager, horizontal violence, job satisfaction, organizational culture, job stress, group cohesion, age of the nurse, and access to professional education. (Dunn, 2003; Failla & Stichler, 2008; Kleinman, 2004; Simons, 2008). Bally (2007) reports a staggering number of registered nurses leaving professional nursing practice due to feelings of stress, inadequacy, anxiety, oppression, and disempowerment, which all are often results of horizontal violence. A growing body of evidence suggests the leadership style of the nurse manager in various settings has a positive relationship to staff nurse retention (McDaniel & Wolf, 1992; Taunton, Boyle, Woods, Hansen, & Bott, 1997). These studies have indicated that specific leadership characteristics such as support and consideration of staff, high leader visibility, and willingness to share leadership responsibilities positively influence staff nurse retention.

The phenomenon of horizontal violence in nursing is characterized by dysfunctional behaviors such as gossiping, criticism, innuendo, scapegoating,
undermining, intimidation, bullying, and verbal and physical abuse. Horizontal violence is an irrational behavior that is exhibited from one colleague to another. The behavior is recognized as occurring as a result of anger and oppression felt by nurses (Sellers, Millenbach, Kovach, & Yingling, 2009; Longo and Sherman, 2007; Dunn, 2003). A display of horizontal violence can have negative consequences for the victim, including physical and emotional problems as well as thoughts of leaving the profession. Studies regarding horizontal violence such as Dunn (2003), Longo & Sherman, (2007), McKenna, Smith Poole, & Coverdale (2003) have been conducted in various settings such as the operating room (Dunn, 2003) and with nurses at difference points in their practice, such as upon entry into practice (McKenna, Smith, Poole & Coverdale (2003). One horizontal violence study has been conducted in the emergency department (Johnson and Rea, 2009). If unaddressed, research suggests (Longo & Sherman, (2007; Sellers, Millenbach, Kovach, & Yingling, 2009; McKenna, Smith, Poole, & Coverdale, 2003) that horizontal violence among nurses may lead to increased staff nurse turnover and decreased retention.

Nurses working in the emergency department completed the survey based on their perceptions of the nurse manager. Respondents (n=181) rated their managers for transformational leadership attributes. Seventeen respondents did not respond to questions regarding leadership style of their nurse manager. Evidence from this study supports findings of other studies that nurse managers with transformational leadership styles have a positive effect on staff nurse retention (Acre, 2006; Dunham-Taylor, 2000; Failla & Stichler, 2008; Force, 2005; Kleinman, 2004; McDaniel & Wolf, 1992; McGuire & Kennedy, 2006).
Respondents reported experiencing sabotage, both as a victim and having knowledge of, in the emergency department setting. As a victim the most frequent method of being sabotaged was “being stuck doing a co-worker’s job because she or he is often late or spends time doing personal things”. This was followed by being “reprimanded or confronted by someone in front of others” and “not acknowledged or given credit for work you have participated in or completed”.

Respondents reported the most frequent methods of having knowledge of sabotage were similar to being a victim. Respondents identified “being stuck doing a co-worker’s job because she or he is often late or spends time doing personal things” was the most frequent method of having knowledge of sabotage. This was followed by “not acknowledged or given credit for work you have participated in or completed” and “being reprimanded or confronted by someone in front of others”.

These results are consistent with the Dunn (2003) study where the most frequent method of being sabotaged was “being expected to do another’s work”, “being reprimanded in front of others” and “not acknowledged for your own work”. The presence of sabotage in the emergency department setting is common as reported by the participants in this study. To test the relationship between the transformational leadership style score of the nurse manager and presence of horizontal violence in the emergency department, Pearson correlation coefficients were calculated. A nonstatistically significant correlation was found between the transformational leadership style of the nurse manager and the staff nurse’s experience of being a victim of sabotage. This result is in concert with Johnson and Rea (2009) who found in their study that 27%
of the respondents experienced workplace bullying within the last six months and reported the nurse manager was the primary agent of horizontal violence.

A moderately strong correlation was found between the transformational leadership style of the nurse manager and anticipated turnover in staff nurses in the emergency department, indicating as the presence of transformational leadership style was present anticipated turnover was less. The Pearson correlation also identified the passive-avoidant leadership style had a negative relationship to anticipated turnover, therefore indicating a higher incidence of turnover occurred with the passive-avoidant leadership style than with the transformational leadership style.

Volk and Lucas (1991) indicate that as nurses experienced more transformational leadership from their nurse manager they were less likely to leave their positions. Encouraging collaborative decision making between the nurse manager and staff nurses was identified as the basic structure necessary to build transformational leadership style. Raup (2008) found no statistically significant difference in the impact of leadership style on staff nurse retention as indicated by staff turnover, possibly largely related to the sample size.

A series of multiple regression procedures were carried out to estimate the direct and indirect effects of age, number of ED visits annually, transformational leadership style of the nurse manager, and victim status of horizontal violence on anticipated likelihood of job turnover. There was a statistically significant direct effect of transformational leadership style on anticipated turnover.

The overall model was tested for mediation of the effect of transformational leadership style by victim status of horizontal violence, based on the Baron and Kenny
steps (Baron & Kenny, 1986). The analyses did demonstrate an indirect effect or partial mediational effect for being a victim of horizontal violence on the relationship of transformational leadership style and anticipated likelihood of job turnover.

Transformational leadership style of the nurse manager has been found to produce higher levels of employee effectiveness and employee/customer satisfaction than non-transformational leadership styles do. Dvir, et al. (as cited in Raup, 2008) found that the transformational leadership style produces higher levels of employee effectiveness and employee/customer satisfaction. This finding is supported by the current study's very strong correlations between transformational leadership and effectiveness and between transformational leadership and satisfaction.

*Implications of Findings*

The results of this study have implications for nurse administrators. The first is the translation of these findings into the development of action plans that will increase nurse manager’s transformational leadership characteristics. These action plans include peer selection which focuses on candidates who exhibit transformational leadership characteristics, providing coaching and mentoring programs for nurse managers, evaluating performance based on transformational leadership characteristics and providing education related to professional development. This study showed a moderately strong correlation between the transformational leadership style of the nurse manager and anticipated turnover of staff nurses in the emergency department, indicating as the nurse manager exhibited transformational leadership style anticipated turnover of staff nurses was less. The analyses did demonstrate an indirect effect or partial mediational effect for being a victim of horizontal violence on the relationship of
transformational leadership style of the nurse manager and staff nurses’ anticipated likelihood of job turnover. The hidden and organizational cost to replace a registered nurse begins at $42,000 for medical/surgical nurses and $64,000 for an intensive care nurse (Force, 2005; Buerhaus, Staiger, & Auerbach, 2009). Along with the high financial cost of losing nurses, there is an effect on quality of patient care due to lack of strong, competent nurses.

Implications for Education

Another implication this study has is regarding education of nurse managers and staff nurses. Bass and Avolio (1994) have demonstrated that transformational leadership can be learned and should be the subject of management training. There are three areas where this training can occur. The first area is in undergraduate programs, the second in graduate programs and the third in ongoing professional development through continuing education through work and professional organizations such as the Emergency Nurses Association. Nurses in the emergency department are often involved in education of new hires through mentorship and preceptorship activities. The orienteer, mentor or preceptor need to be aware of the behaviors that constitute horizontal violence, identify, report, learn assertive behaviors that stop horizontal violence experiences and ultimately effect turnover. This study showed a weak correlation between horizontal violence and anticipated staff nurse turnover in the emergency department. Education and training through role playing should include identification of horizontal violence and assertive professional behaviors and tactics that decrease the occurrence for both the nurse managers and staff nurses. Education and training of undergraduate and graduate nursing students and staff nurses in the development of behaviors that support the team in
providing care to the patients may also assist in decreasing turnover and episodes of horizontal violence.

**Implications for Practice Setting**

Developing action plans that will decrease the presence of horizontal violence in the work environment is another implication for this study. Nurse managers can change the work environment through daily rounding. Rounding for outcomes (Studer, 2008), allows the nurse manager to be visible in the emergency department focusing on the work environment, determining the needs of the team and patients. Longo & Sherman (2007) proposed a seven step action plan for decreasing horizontal violence. Nurse managers have the accountability to know the facts and causes of horizontal violence. This action plan has been modified to fit the emergency department setting. The nurse manager should begin with an analysis of the culture of the emergency department to identify the presence of horizontal violence. The nurse manager should acknowledge the problem as horizontal violence. Staff nurses should be educated about what horizontal violence is and how it affects the team and patient outcomes. Managers should make plans to discuss horizontal violence at staff meetings, daily huddles and allow team members to share their experiences of horizontal violence. Nurse managers and organizational leaders should create and enforce a zero tolerance policy for addressing horizontal violence. Nurse managers should implement a self-evaluation process which encompasses the American Nurses Association, Code of Ethics provision 1.5, relationship with colleagues and others and the Emergency Nurses Association code of ethics. Nurse managers and organizations should develop and provide staff nurses with conflict management training and empowerment to combat horizontal violence. Nurse
managers should implement peer selection which focuses on candidates who seek to work in an environment that is supportive, collaborative, possesses team member engagement and open communication. Nurses applying to work in an emergency department should participate in a peer interview process. Through this process questions could be asked regarding the work environment and leadership style of the nurse manager. In this study more than 65% of the respondents reported being a victim or having knowledge of horizontal violence in the emergency department.

**Implications for Nursing Policy**

Policies should both protect the team member victim reporting horizontal violence and hold the team member perpetrator accountable for horizontal violence. Actions related to nursing policy may include collaborating with human resource leaders to develop a zero tolerance policy for horizontal violence. The development of a code of conduct by an interdisciplinary team that includes acceptable and unacceptable behaviors should be consistent throughout the organization. Once these items are developed education of the entire organization is needed along with annual review during mandatory education offerings as well as orientation to the organization. Data should be collected to identify if the interventions are successful. Research funding should be dedicated to improving the work environment.

**Implications for Aspiring Magnet Hospitals**

Upenieks (2003) conducted a study to examine the relationship between leadership effectiveness at Magnet and non-magnet hospitals. A strategic implication this study has is the focus on obtaining Magnet status as a way to decrease anticipated staff nurse turnover, decrease the presence of horizontal violence and increase the nurse
managers practicing transformational leadership characteristics. In this study, fifty-eight (28.9%) of survey respondents reported working in a Magnet hospital. The 2008 application manual for Magnet Recognition Program describes transformational leadership as one of the components of the Magnet model. “The transformational leader communicates expectations, develops leaders, and evolves the organization to meet current and anticipated needs and strategic priorities. Nursing leaders at all levels of the organization convey a strong sense of advocacy and support on behalf of staff and patients” (ANCC, 2008, p.24). In this study, Magnet status of the hospital did not have a direct effect on anticipated turnover or transformational leadership style, there was an indirect effect for being a victim of horizontal violence on the relationship of transformational leadership style and anticipated turnover. Magnet hospitals have been associated with lower turnover, higher levels of job satisfaction, and healthier work environments which is crucial in attracting and retaining nurses (Upenicks, 2005).

**Implications for the Nurse Executive**

Nurse executives should consider shared governance structures that enable engagement of the staff nurses. Staff nurses must be provided with an environment that supports collaboration, communication and a healthy work environment which would lead to better patient and organizational outcomes. Nurse managers need to be taught and then implement the transformational leadership style, because this style promotes decreased staff nurse turnover and horizontal violence. A method that may be useful to develop nurse managers is mentoring by nurse executives. Nurse managers attending leadership development institutes that focus on staff nurse engagement and enhanced communication may contribute to a healthy work environment that does not support
horizontal violence. Shabbrook and Fenton (2002), studied management styles and found that higher leader visibility and shared decision-making processes positively impact staff nurse retention. Visibility and responsiveness to staff nurses should be a key strategy to decrease turnover and the presence of horizontal violence.

Nurse executives must hold nurse manager accountable for metrics within their departments, hence effecting organizational performance. Quality measures for nurse manager evaluation should include, RN staff nurse turnover and evidence-based action plans to decrease turnover. Other quality measures that may be evident with the transformational leadership style are staff nurse and patient satisfaction and the effectiveness of the nurse manager.

*Limitations of the Study*

This study had various limitations. The first limitation of the study was the overall low response rate of 6.7% (201/2980). Two hundred and one participants completed the on-line survey. Generalizability of the study is challenging based on the low response rate. Twenty letters of invitation were returned to the researcher with incorrect addresses (20/3000=.006%). Future research using a web-based invitation should be done with an internet link instead of requesting participants to type in a lengthy web-site address. This may provide a response rate of closer to 30% which is considered adequate (Sue & Ritter, 2007). Postal mail communication methods were used to petition participation in the research. A letter of invitation to participate in the online survey was mailed to the 3000 Emergency Nurses Association registered nurses explaining the nature of the online survey and the procedure for completing the online survey. Interference may have occurred because participants completing the survey instrument may have been
interrupted, it was identified that seventeen participants did not complete the MLQ portion of the survey. Participants may have started and stopped the survey but it is not known how many started and did not complete the survey.

The responses regarding leadership style only reflect the nurses’ perceptions of their nurse managers. There is no feedback from the nurse managers included in this study. The respondents identified being a victim of or having knowledge of sabotage but it was not indicated who the saboteur was. Respondents may have been more likely to respond to this survey if they were a victim or had knowledge of horizontal violence, therefore causing bias of this sample.

Survey respondents were mostly women 82.6% (166), and the results may not be generalizable to men. The majority of respondents were over the age of 40 (n=131, 65.2%). According to the 2004 National Sample Survey of Registered Nurses, released February 2007, the average age of the RN population in 2004 was 46.8 years of age, up from 45.2 years in 2000.

The sample may misrepresent the population of emergency department staff nurses by being disproportionately more educated, 67.2% held a bachelors degree and above, 65.2% of the respondents were over the age of 40 and 40.8% of the respondents worked in an emergency department that saw fewer than 30,000 visits per year..

Another limitation is that the sample consisted of national Emergency Nurses Association members. The respondents were limited to staff nurses who were members of the ENA and were not inclusive of nurses employed in emergency rooms but not members of this organization. The study looked at length of time as a staff nurse, but did
ask about the length of time as a nurse manager. It may be that nurse managers who were in the position less than five years may be more or less transformational.

**Recommendations**

Replication of this study is recommended with the addition of the years of experience of the nurse manager, who is enacting the horizontal violence, assessment of the organization’s culture and adding a method for qualitative data collection. The years of nurse manager experience may influence their leadership style. Adding who is enacting horizontal violence may add to the literature and the need for more targeted training and education. Identifying the organization’s culture may show a relationship to the leadership style of the nurse manager and the presence of horizontal violence. The qualitative data collection may add to the body of knowledge in that more information may be gathered than from the quantitative survey. Replication of the study following education and training of the nurse manager and staff nurses may be effective in decreasing staff nurse turnover and the presence of horizontal violence.

Organizational culture may differ from one department or unit to another, it may explain how people relate to one another, what the values are and how they achieve goals in a particular setting (Bally 2007). Further research needs to be done to determine if organizational culture is associated with horizontal violence. Gaining an understanding of the organization’s culture can be accomplished through assessment, identification, and monitoring. Assessment would begin with a culture assessment gathering both quantitative and qualitative data. Nurse managers then would need to identify what the desired culture would be and this would need to be connected to the organization’s
strategic plan. Then the work begins of culture change, through team member
engagement and nurse manager accountability.

The measure of turnover, intent to stay is a self-report, meaning that like most self
report measures, respondents’ replies may be tainted by demand characteristics such as
not admitting they would leave. A future study would want to corroborate this finding
with a behavioral/archival measure of retention.

The causal modeling completed is open to alternative causal orderings because the data
are cross-sectional. The data cannot rule out that higher retention causes less violence.
This causal model should be validated in future research with longitudinal or
experimental methods that can sort out causal ordering.

Conclusion

This study examined the relationship between the nurse manager leadership style,
the presence of horizontal violence, and anticipated turnover in the emergency
department. The findings of this study add to the nursing leadership literature suggesting
that the leadership style of the nurse manager is one factor in decreasing staff nurse
turnover and the presence of horizontal violence coupled with the leadership style of the
nurse manager has an effect on staff nurse turnover in the emergency department. The
review of the literature showed that these variables were not well studied in regard to the
emergency department setting.

Nurse managers have the power to examine self and their departments through
obtaining feedback from their staff nurses. Without this knowledge, nurse managers
cannot adjust their style and implement practices to ensure an optimal workplace
environment that leads to sustainable retention and other positive outcomes.
References


# Appendix A

Online Survey Questionnaire

## 1. Part I General Information

Answer all survey items. If an item is not applicable, then leave the item blank. Thank you for your time and consideration in completing this four-part survey.

**Part I General Information:** your background information.

**Part II Multifactor Leadership Questionnaire:** assesses your nurse manager’s leadership style as you perceive it.

**Part III Sabotage Savvy Survey:** information about your knowledge of horizontal violence or your experience as a victim of horizontal violence in your department.

**Part IV Anticipated Turnover Scale:** information about your intent to leave your current position.

### 1. What is your current scale position?

- [ ] Staff Nurse (RN)
- [ ] Other (please specify) [_________]

### 2. How long have you been an RN?

- [ ] less than 5 years
- [ ] 6-10 years
- [ ] 11-15 years
- [ ] 16-20 years
- [ ] 21-25 years
- [ ] more than 25 years

### 3. How long have you worked in an emergency department?

- [ ] less than 1 year
- [ ] 1-5 years
- [ ] 6-10 years
- [ ] 11-15 years
- [ ] 16-20 years
- [ ] 21-25 years
- [ ] more than 25 years

### 4. Do you currently work in an emergency department?

- [ ] yes
- [ ] no
5. Which shifts do you commonly work?

☐ 0700-1530
☐ 1500-2330
☐ 2300-0730
☐ 0700-1930
☐ 1900-0730
☐ Other (please specify)

6. What is your highest level of educational preparation?

☐ Diploma in Nursing
☐ Associate Degree in Nursing
☐ Bachelor's Degree in Nursing
☐ Bachelor's Degree in an area other than nursing
☐ Master's Degree in Nursing
☐ Master's Degree in an area other than nursing
☐ Doctorate in Nursing
☐ Doctorate in an area other than nursing
☐ Other (please specify)

7. Do you hold any certifications?

☐ yes
☐ no
If yes, please specify

8. What is your age?

☐ 20-30
☐ 31-40
☐ 41-50
☐ 51-60
☐ 61 and over
9. What is your gender?
   ○ female
   ○ male

10. What is your race?
   ○ American Indian or Alaskan Native
   ○ Black or African American
   ○ Asian
   ○ Native Hawaiian and Other Pacific Islander
   ○ White
   ○ two races or more
   ○ prefer not to answer

11. What is your ethnicity?
   ○ Hispanic or Latino
   ○ not Hispanic or Latino
   ○ prefer not to answer
   ○ other (please specify)

12. How many emergency department visits does your emergency department have per year?
   ○ less than 20,000
   ○ 20,000-30,000
   ○ 31,000-40,000
   ○ 41,000-50,000
   ○ 51,000-60,000
   ○ 61,000-70,000
   ○ 71,000-80,000
   ○ 81,000-90,000
   ○ more than 90,000
13. Please describe your hospital
   ○ community hospital
   ○ teaching hospital
   ○ trauma center

14. Do you work in a Magnet Hospital?
   ○ yes
   ○ no

15. Does your organization provide tuition assistance for continuing education?
   ○ yes
   ○ no
2. Part II Multifactor Leadership Questionnaire

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Forty-five descriptive statements follow. Judge how frequently each statement fits the nurse manager you are describing and select the option that most closely reflects your perception. If you have worked with more than one nurse manager in the emergency department, rate the one you worked with the most recently. If you no longer work in the emergency department, rate the one you worked with last.

Your nurse manager is the nurse who has:
responsibility for the day-to-day, 24/7, round-the-clock operations of your department and responsibility for hiring, mentoring, and performance appraisal for staff reporting to them.

<table>
<thead>
<tr>
<th>1. My nurse manager:</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>Provides me with assistance in exchange for my efforts.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<th>2. My nurse manager:</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>
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<tbody>
<tr>
<td>Re-examines critical assumptions to question whether they are appropriate.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<th>3. My nurse manager:</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>
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<tbody>
<tr>
<td>Fails to interfere until problems become serious.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<th>4. My nurse manager:</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>
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<tr>
<td>Focuses attention on irregularities, mistakes, exceptions, and deviations from standards.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<th>5. My nurse manager:</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>
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<tr>
<td>Avoids getting involved when important issues arise.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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### 6. My nurse manager:

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<th></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>
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<tbody>
<tr>
<td>Talks about their most important values and beliefs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### 7. My nurse manager:

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<th></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>
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<tbody>
<tr>
<td>Is absent when needed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### 8. My nurse manager:

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<th></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>
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<tbody>
<tr>
<td>Seeks differing perspectives when solving problems.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### 9. My nurse manager:

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<th></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>
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<tbody>
<tr>
<td>Talks optimistically about the future.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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### 10. My nurse manager:

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<th></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>
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<tbody>
<tr>
<td>Instills pride in me for being associated with him/her.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### 11. My nurse manager:

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<th>not at all</th>
<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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<tbody>
<tr>
<td>Discusses in specific terms who is responsible for achieving performance targets</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### 12. My nurse manager:

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<th></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>
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<tbody>
<tr>
<td>Waits for things to go wrong before taking action.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### 13. My nurse manager:

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<th></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>
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<tbody>
<tr>
<td>Talks enthusiastically about what needs to be accomplished.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### 14. My nurse manager:

Specifies the importance of having a strong sense of purpose.

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<th></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>
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<td></td>
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### 15. My nurse manager:

Spends time teaching and coaching.

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<th></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>
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</table>

### 16. My nurse manager:

Makes clear what one can expect to receive when performance goals are achieved.

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<thead>
<tr>
<th></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>
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### 17. My nurse manager:

Shows that he/she is a firm believer in "if it ain't broke, don't fix it."

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<th>not at all</th>
<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
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### 18. My nurse manager:

Goes beyond self-interest for the good of the group.

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<th>not at all</th>
<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
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### 19. My nurse manager:

Treats me as an individual rather than just as a member of the group.

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<thead>
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<th>not at all</th>
<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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### 20. My nurse manager:

Demonstrates that problems must become chronic before taking action.

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<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
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</table>
21. My nurse manager:

Acts in ways that builds my respect.

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<tr>
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<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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22. My nurse manager:

Concentrates his/her full attention on dealing with mistakes, complaints, and failures.

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<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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</table>

23. My nurse manager:

Considers the moral and ethical consequences of decisions.

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<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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</table>

24. My nurse manager:

Keeps track of all mistakes.

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<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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</table>

25. My nurse manager:

Displays a sense of power and confidence.

<table>
<thead>
<tr>
<th>not at all</th>
<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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</thead>
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<tr>
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</tbody>
</table>

26. My nurse manager:

Articulates a compelling vision of the future.

<table>
<thead>
<tr>
<th>not at all</th>
<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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<tbody>
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27. My nurse manager:

Directs my attention toward failures to meet standards.

<table>
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<tr>
<th>not at all</th>
<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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<tbody>
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</table>

28. My nurse manager:

Avoids making decisions.

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<th>once in a while</th>
<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
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<tr>
<td></td>
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</tr>
<tr>
<td>36. My nurse manager:</td>
<td>not at all</td>
<td>once in a while</td>
<td>sometimes</td>
<td>fairly often</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
<td>----------------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Expresses confidence that goals will be achieved.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>37. My nurse manager:</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>Is effective in meeting my job-related needs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>38. My nurse manager:</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>Uses methods of leadership that are satisfying.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>39. My nurse manager:</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>Gets me to do more than I expected to do.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40. My nurse manager:</th>
<th>not at all</th>
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<th>sometimes</th>
<th>fairly often</th>
<th>frequently, if not always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is effective in representing me to higher authority.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>41. My nurse manager:</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>Works with me in a satisfactory way.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>42. My nurse manager:</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>Heightens my desire to succeed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>43. My nurse manager:</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>Is effective in meeting organizational requirements.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### 3. Part III Sabotage Savvy Survey


Horizontal violence is an aggressive behavior towards individuals or group members by others (Hastie, 2002).

Knowledge of horizontal violence---witnessed, been informed or, or mediated an episode of nurse-to-nurse violence.
Victim of horizontal violence---experienced horizontal violence.

Twenty descriptive statements are listed. Use the rating scale to indicate your knowledge of horizontal violence and your victim experience of horizontal violence.

1---yes  
2---no  
3---not sure

| 1. Have you ever given a name as a reference, later to find out that the reference gave you a neutral to negative referral? |
| --- | --- |
| Knowledge | Victim experience |
| Neutral to negative referral. | | |

| 2. Have you ever felt that information that would make your job easier or clarified has bypassed you or been withheld? |
| --- | --- |
| Knowledge | Victim experience |
| Information bypassed or withheld. | | |

| 3. Have you ever felt that files or personal items in your office or workspace have been opened or used without your prior knowledge or consent? |
| --- | --- |
| Knowledge | Victim experience |
| Personal files/items used without knowledge or consent. | | |

| 4. Has a group of co-workers or friends ever ceased talking or changed a subject when you approached them (assuming that a surprise event in your honor was not being discussed)? |
| --- | --- |
| Knowledge | Victim experience |
| Talking ceased upon your approach. | | |

| 5. Has anyone ever passed on or exchanged information about you that was untrue? |
| --- | --- |
| Knowledge | Victim experience |
| Untrue information about you exchanged. | | |
13. Have you ever been with an individual or a group of people who have identified a problem and made the commitment to seek a solution, only to discover that there was no one to support you in "your" problem when you discussed it with the boss?

knowledge | victim experience
--- | ---
No one to support you in discussions with boss.

14. Have you ever been stuck with doing a co-worker's job because she or he is often late or spends work time doing personal things?

knowledge | victim experience
--- | ---
Had to do co-worker's job for wrong reasons.

15. Has anyone consistently criticized areas or items of your work without acknowledging or applauding the positive areas?

knowledge | victim experience
--- | ---
Criticism without acknowledgement of the positive.

16. Has anyone ever tried to reduce or destroy your credibility?

knowledge | victim experience
--- | ---
Try to reduce/destroy your credibility.

17. Have you ever been terminated without cause?

knowledge | victim experience
--- | ---
Termination without cause.

18. Has anyone ever told someone else personal information that you had shared confidentially?

knowledge | victim experience
--- | ---
Shared your confidential information.

19. Has anyone ever called or planned a meeting that involved you, your ideas, or your plans, without including you?

knowledge | victim experience
--- | ---
Meeting without you.
4. Part IV Anticipated Turnover Scale

Copyright 1985 Dr. Ada Sue Hinshaw and Dr. Jan Atwood. Permission granted May 13, 2009.

This part of the survey is interested in your beliefs and behaviors in respect to your present job. Twelve descriptive statements are listed. Indicate your rating of each statement by using the following scale.

1---DS=disagree strongly
2---MD=moderately disagree
3---SD=slightly disagree
4---U=uncertain
5---SA=slightly agree
6---MA=moderately agree
7---AS=agree strongly

1. I plan to stay in my current position for a while.
   ○ disagree strongly
   ○ moderately disagree
   ○ slightly disagree
   ○ uncertain
   ○ slightly agree
   ○ moderately agree
   ○ agree strongly

2. I am quite sure I will leave my position in the foreseeable future.
   ○ disagree strongly
   ○ moderately disagree
   ○ slightly disagree
   ○ uncertain
   ○ slightly agree
   ○ moderately agree
   ○ agree strongly
3. Deciding to stay or leave my position is not a critical issue for me at this point in time.
   - disagree strongly
   - moderately disagree
   - slightly disagree
   - uncertain
   - slightly agree
   - moderately agree
   - agree strongly

4. I know whether or not I'll be leaving this agency within a short time.
   - disagree strongly
   - moderately disagree
   - slightly disagree
   - uncertain
   - slightly agree
   - moderately agree
   - agree strongly

5. If I got another job offer tomorrow I would give it serious consideration.
   - disagree strongly
   - moderately disagree
   - slightly disagree
   - uncertain
   - slightly agree
   - moderately agree
   - agree strongly
6. I have no intentions of leaving my present position.
   - disagree strongly
   - moderately disagree
   - slightly disagree
   - uncertain
   - slightly agree
   - moderately agree
   - agree strongly

7. I've been in my position about as long as I want to.
   - disagree strongly
   - moderately disagree
   - slightly disagree
   - uncertain
   - slightly agree
   - moderately agree
   - agree strongly

8. I am certain I will be staying here awhile.
   - disagree strongly
   - moderately disagree
   - slightly disagree
   - uncertain
   - slightly agree
   - moderately agree
   - agree strongly
9. I don't have any specific idea about how much longer I will stay.
   - disagree strongly
   - moderately disagree
   - slightly disagree
   - uncertain
   - slightly agree
   - moderately agree
   - agree strongly

10. I plan to hang on to this job awhile.
    - disagree strongly
    - moderately disagree
    - slightly disagree
    - uncertain
    - slightly agree
    - moderately agree
    - agree strongly

11. There are big doubts in my mind as to whether or not I will really stay in this agency.
    - disagree strongly
    - moderately disagree
    - slightly disagree
    - uncertain
    - slightly agree
    - moderately agree
    - agree strongly
12. I plan to leave this position shortly.

○ disagree strongly
○ moderately disagree
○ slightly disagree
○ uncertain
○ slightly agree
○ moderately agree
○ agree strongly
Appendix B

Letter of Invitation

Dear ENA Member,

I am a doctoral student at St. John Fisher College, in Rochester New York, conducting research under the supervision of Professor Dianne Cooney-Miner, RN, PhD on which leadership style of the nurse manager has an effect on horizontal violence and anticipated turnover in the emergency department. I am asking you to participate in a online survey about you and your nurse manager.

Completion of this online survey is expected to take 20 – 30 minutes of your time. The questions will ask about your nurse manager and you. There is nothing to identify or connect you to your place of work. There is minimal risk to participate in this online survey. If at anytime responding to the questions brings about uncomfortable feelings, the participant may stop the online survey and seek assistance from the human resource department at their organization or their physician. Participation in this online survey is voluntary and confidential. Further, all information you provide will be considered confidential. All of the data will be summarized and no individual could be identified from these results. Furthermore, the web site is programmed to collect responses on the questionnaire items alone. That is, the site will not collect any information that could potentially identify you (such as machine identifiers).

The ENA Foundation is a sponsor of this study. The Emergency Nurses Association does not sponsor this study. The Research Committee of the ENA has reviewed the study proposal. As a member of the ENA your mailing address was purchased from a third party contractor for the ENA, “In Focus”. I guarantee you; your address will not be used for any purpose other than this doctoral research study. The online survey will be closed after March 30, 2010. The deadline to complete the survey is March 30, 2010.

If you wish to participate, please log on to online survey website at: http://www.surveymonkey.com/s/PMWR5G6 and complete the on-line questionnaire. The completed surveys will come to principle investigator electronically at Rochester General Hospital. The data collected will bee assessed only by me and will be maintained on a password protected computer database at Rochester General Hospital. The data will be electronically archived after completion of the online survey, maintained for three years after the completion of the online survey and any submissions to journals, podium, or poster presentations have been completed.

If after receiving this invitation, you have any questions about this online survey, or would like additional information, please feel free to contact me at (315)359-2684 office,
(585) 321-1875 home, or email at debbie.stamps@rochestergeneral.org or Professor Dianne Cooney-Miner, RN, PhD, at dianne.cooney-miner@sjfc.edu. I would like to assure you that this online survey has been reviewed and received Institutional Review Board (IRB) approval at St. John Fisher College, Rochester General Hospital Department of Nursing Research and Evidence Based-Practice, and the ENA Research Committee.

Thank you in advance for your interest in this online survey.

Sincerely,

Deborah C. Stamps, RN, EdD (candidate)
Doctoral Student St. John Fisher College
Appendix C

Consent Post Card Reminder to Survey Participants

**REMEMBER**

A few weeks ago, you received an invitation by mail to participate in an online survey about nursing leadership style, horizontal violence, and anticipated turnover. If you have already completed the online survey, thank you very much!! If not, please take a few minutes to complete the on-line survey.

Thank you very much,

Deborah Stamps, RN, EdD (Candidate)
*Doctoral Student St. John Fisher College*
Appendix D

Effect Size Analysis

Fixed Effects

*Relationship between mgr style and nurse turnover*

<table>
<thead>
<tr>
<th>Study</th>
<th>ES</th>
<th>N</th>
<th>w</th>
<th>(w^*r)</th>
<th>(w^*r^2)</th>
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<tr>
<td>Volk &amp; Lucas 1991</td>
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<td>81</td>
<td>78</td>
<td>-44.85</td>
<td>25.78875</td>
</tr>
<tr>
<td>Kleinman 2004</td>
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<td>86</td>
<td>-8.6</td>
<td>0.86</td>
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<tr>
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<td>497</td>
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<tr>
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<td>0.477617</td>
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<tr>
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\[
\text{weighted } r = -0.16353
\]

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<tr>
<td>z</td>
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<tr>
<td>95% CI lower</td>
<td>-0.21171</td>
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<tr>
<td>95% CI higher</td>
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<td>sum (w^*r) sqr</td>
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<td>Q</td>
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<td>Q df</td>
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Fixed Effects

*Relationship between mgr style and nurse turnover*

<table>
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<th>Study</th>
<th>ES</th>
<th>N</th>
<th>w</th>
<th>(w^*r)</th>
<th>(w^*r^2)</th>
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<tr>
<td>Volk &amp; Lucas 1991</td>
<td>-0.575</td>
<td>81</td>
<td>78</td>
<td>-44.85</td>
<td>25.78875</td>
</tr>
<tr>
<td>Kleinman 2004</td>
<td>-0.1</td>
<td>89</td>
<td>86</td>
<td>-8.6</td>
<td>0.86</td>
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\[
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<td>Q</td>
<td>26.48626</td>
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<tr>
<td>Q df</td>
<td>4</td>
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</tbody>
</table>
Appendix E

Multifactor Leadership Questionnaire Rater Form

Multifactor Leadership Questionnaire
Rater Form

Name of Leader: ___________________________ Date: __________
Organization ID #: ______________________ Leader ID #: __________

This questionnaire is used to describe the leadership style of the above-mentioned individual as you perceive it. Answer all items on this answer sheet. **If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.** Please answer this questionnaire anonymously.

Important (necessary for processing): Which best describes you?
___ I am at a higher organizational level than the person I am rating.
___ The person I am rating is at my organizational level.
___ I am at a lower organizational level than the person I am rating.
___ Other than the above.

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits the person you are describing. Use the following rating scale:

<table>
<thead>
<tr>
<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>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

*The Person I Am Rating...*

1. Provides me with assistance in exchange for my efforts...
   0   1 2 3 4

2. Re-examines critical assumptions to question whether they are appropriate...
   0   1 2 3 4

3. Fails to interfere until problems become serious...
   0   1 2 3 4

4. Focuses attention on irregularities, mistakes, exceptions, and deviations from standards...
   0   1 2 3 4

5. Avoids getting involved when important issues arise...
   0   1 2 3 4

6. Talks about his/her most important values and beliefs...
   0   1 2 3 4

7. Is absent when needed...
   0   1 2 3 4

8. Seeks differing perspectives when solving problems...
   0   1 2 3 4

9. Talks optimistically about the future...
   0   1 2 3 4

10. Instills pride in me for being associated with him/her...
    0   1 2 3 4

11. Discusses in specific terms who is responsible for achieving performance targets...
    0   1 2 3 4

12. Waits for things to go wrong before taking action...
    0   1 2 3 4

13. Talks enthusiastically about what needs to be accomplished...
    0   1 2 3 4

14. Specifies the importance of having a strong sense of purpose...
    0   1 2 3 4

15. Spends time teaching and coaching...
    0   1 2 3 4

Continued
<table>
<thead>
<tr>
<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></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

16. Makes clear what one can expect to receive when performance goals are achieved... 0 1 2 3 4
17. Shows that he/she is a firm believer in "If it ain't broke, don't fix it."... 0 1 2 3 4
18. Goes beyond self-interest for the good of the group... 0 1 2 3 4
19. Treats me as an individual rather than just as a member of a group... 0 1 2 3 4
20. Demonstrates that problems must become chronic before taking action... 0 1 2 3 4
21. Acts in ways that build my respect... 0 1 2 3 4
22. Concentrates his/her full attention on dealing with mistakes, complaints, and failures... 0 1 2 3 4
23. Considers the moral and ethical consequences of decisions... 0 1 2 3 4
24. Keeps track of all mistakes... 1 2 3 4
25. Displays a sense of power and confidence... 0 1 2 3 4
26. Articulates a compelling vision of the future... 0 1 2 3 4
27. Directs my attention toward failures to meet standards... 0 1 2 3 4
28. AVOIDS making decisions... 0 1 2 3 4
29. Considers me as having different needs, abilities, and aspirations from others... 0 1 2 3 4
30. Gets me to look at problems from many different angles... 0 1 2 3 4
31. Helps me to develop my strengths... 0 1 2 3 4
32. Suggests new ways of looking at how to complete assignments... 0 1 2 3 4
33. Delays responding to urgent questions... 0 1 2 3 4
34. Emphasizes the importance of having a collective sense of mission... 0 1 2 3 4
35. Expresses satisfaction when I meet expectations... 0 1 2 3 4
36. Expresses confidence that goals will be achieved... 0 1 2 3 4
37. Is effective in meeting my job-related needs... 0 1 2 3 4
38. Uses methods of leadership that are satisfying... 0 1 2 3 4
39. Gets me to do more than I expected to do... 0 1 2 3 4
40. Is effective in representing me to higher authority... 0 1 2 3 4
41. Works with me in a satisfactory way... 0 1 2 3 4
42. Heightens my desire to succeed... 0 1 2 3 4
43. Is effective in meeting organizational requirements... 0 1 2 3 4
44. Increases my willingness to try harder... 0 1 2 3 4
45. Leads a group that is effective... 0 1 2 3 4

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### Appendix F

**Sabotage Savvy Survey**

**Table 2**

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean/standard deviation</th>
<th>No$$/ percent</th>
<th>Not sure$$/ percent</th>
<th>Yes$$/ percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected to do other's work</td>
<td>1.76/.64</td>
<td>16/11.2</td>
<td>2/1.4</td>
<td>125/87.4</td>
</tr>
<tr>
<td>Reprimanded in front of others</td>
<td>1.59/.80</td>
<td>28/19.6</td>
<td>2/1.4</td>
<td>113/79.0</td>
</tr>
<tr>
<td>Not acknowledged for work</td>
<td>1.50/.85</td>
<td>33/23.3</td>
<td>5/3.5</td>
<td>105/73.4</td>
</tr>
<tr>
<td>Untrue information exchanged</td>
<td>1.44/.75</td>
<td>22/15.4</td>
<td>36/25.2</td>
<td>85/59.4</td>
</tr>
<tr>
<td>Credit taken for your work</td>
<td>1.41/.83</td>
<td>32/22.4</td>
<td>20/14.0</td>
<td>91/63.6</td>
</tr>
<tr>
<td>Information withheld</td>
<td>1.33/.89</td>
<td>40/28.0</td>
<td>16/11.2</td>
<td>87/60.8</td>
</tr>
<tr>
<td>Nonsupport for your “issue”</td>
<td>1.31/.92</td>
<td>45/31.5</td>
<td>8/5.6</td>
<td>90/62.9</td>
</tr>
<tr>
<td>Confidential information shared</td>
<td>1.27/.83</td>
<td>35/24.5</td>
<td>34/23.8</td>
<td>74/51.7</td>
</tr>
<tr>
<td>Taunting ceased upon arrival</td>
<td>1.24/.93</td>
<td>48/33.6</td>
<td>12/8.4</td>
<td>83/58.0</td>
</tr>
<tr>
<td>Reneged on commitment</td>
<td>1.21/.96</td>
<td>53/37.1</td>
<td>7/4.9</td>
<td>83/58.0</td>
</tr>
<tr>
<td>Attempts to destroy credibility</td>
<td>1.19/.91</td>
<td>47/33.1</td>
<td>21/14.8</td>
<td>74/52.1</td>
</tr>
<tr>
<td>Complaint lodged without</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>discussion</td>
<td>1.19/.91</td>
<td>48/33.6</td>
<td>20/14.0</td>
<td>75/52.4</td>
</tr>
<tr>
<td>Consistently criticized</td>
<td>1.06/.99</td>
<td>64/44.8</td>
<td>6/4.2</td>
<td>73/51.0</td>
</tr>
<tr>
<td>Expected to act in certain way without</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>being told what way to act</td>
<td>1.06/.95</td>
<td>60/42.0</td>
<td>15/10.5</td>
<td>68/47.6</td>
</tr>
<tr>
<td>Important messages not given</td>
<td>.91/.96</td>
<td>73/51.0</td>
<td>10/7.0</td>
<td>60/42.0</td>
</tr>
<tr>
<td>Personal items used without consent</td>
<td>.73/.87</td>
<td>77/54.2</td>
<td>26/18.3</td>
<td>39/27.5</td>
</tr>
<tr>
<td>Not included in important meetings</td>
<td>.71/.89</td>
<td>83/58.0</td>
<td>19/13.3</td>
<td>41/28.7</td>
</tr>
<tr>
<td>Threatened with a consequence</td>
<td>.55/.87</td>
<td>100/69.9</td>
<td>7/4.9</td>
<td>36/25.2</td>
</tr>
<tr>
<td>Negative reference given</td>
<td>.25/.57</td>
<td>117/81.8</td>
<td>16/11.2</td>
<td>10/7.0</td>
</tr>
<tr>
<td>Terminated without cause</td>
<td>.17/.53</td>
<td>129/90.2</td>
<td>4/2.8</td>
<td>10/7.0</td>
</tr>
</tbody>
</table>

*Answers may not add to 145 respondents as some respondents did not answer all the questions asked.*

---

**Dunn, 2003, Horizontal Violence Among Nurses in the Operating Room, Association of Operating Room Nurses, 78(6), p. 985**
Appendix G

Hinshaw and Atwood Anticipated Turnover Scale

Anticipated Turnover Among Nursing Staff

ANTICIPATED TURNOVER SCALE

by

(Hinshaw, A.S. and Atwood, J.R.)

Response Options

AS = Agree Strongly
MA = Moderately Agree
SA = Slightly Agree
U = Uncertain
SD = Slightly Disagree
MD = Moderately Disagree
DS = Disagree Strongly

Directions: For each item below, circle the appropriate response. Be sure to use the full range of responses (Agree Strongly to Disagree Strongly).

Scoring Key

(-) AS MA SA U SD MD DS
(+ ) AS MA SA U SD MD DS

Options

Item

1. I plan to stay in my position awhile.
2. I am quite sure I will leave my position in the foreseeable future.
3. Deciding to stay or leave my position is not a critical issue for me at this point in time.
4. I know whether or not I’ll be leaving this agency within a short time.
5. If I got another job offer tomorrow, I would give it serious consideration.
6. I have no intentions of leaving my present position.
7. I’ve been in my position about as long as I want to.
8. I am certain I will be staying here awhile.
9. I don’t have any specific idea how much longer I will stay.
10. I plan to hang on to this job awhile.
11. There are big doubts in my mind as to whether or not I will really stay in this agency.
12. I plan to leave this position shortly.

ATS: Rev 8/86
INSTRUCTIONS FOR SCORING SCALES AND SUBSCALES

SCALES WITHOUT SUBSCALES

1. **GIVE EACH ITEM A SCORE.**
   
   Use the + and - key provided. For each item, score it according to whether it is positive or negative. For example, on a 5-point scale, for + items, SA is scored 5 and SD is scored 1. Conversely, for a negative item on that same 5-point scale, an item response of SA is scored 1 and SD is scored 5.

2. **COMPUTE THE SCORES.**
   
   The score is the simple sum of all of the items in the scale divided by the number of items in the total scale.

9/90

J. Atwood, University of Arizona, Tucson, AZ 85721
Appendix H

Permission to Use Multifactor Leadership Questionnaire

Stamps, Debbie

From: info@mindgarden.com
Sent: Monday, October 05, 2009 2:24 PM
To: Stamps, Debbie
Subject: Re: MGAre: Multifactor Leadership Questionnaire from Deborah C. Stamps (Order # 9855)

Hello Debbie,
Thanks for your order and for completing the Online Use agreement. Please feel free to move ahead with your online survey.
Best,
Valorie
Mind Garden, Inc.

Quoting debbie.stamps@rochestergeneral.org:

> Name: Deborah C. Stamps
> Email address: debbie.stamps@rochestergeneral.org
> Phone number: 315-359-2684
> Company/Institution: St. John Fisher College Order/Invoice number: 9855 Order Date: 10/5/09
> Project Title: The relationship of leadership style and horizontal violence of staff nurse retention in the emergency department
> Instrument Name: Multifactor Leadership Questionnaire
> I will compensate Mind Garden, Inc. for every use of this online form.
> I will put the instrument copyright on every page containing question items from this instrument.
> I will remove this form from online at the conclusion of my data collection.
> I will limit access to this online form and require a login or uniquely coded url. Once the login/code is used that evaluation will be closed to use.
> The form will not be available to the open Web.
> I will include info@mindgarden.com on my list of survey respondents so that Mind Garden can verify the proper use of the instrument.
> Method for Restricting Access:
I will be using survey monkey or zommerang software.
Electronically signed on 10/5/09 by Deborah C. Stamps.
Appendix I

Receipt for Multifactor Leadership Questionnaire Tool

The following order was placed with Mind Garden, Inc. If you ordered paper versions of our products you will be notified when we ship your order. If you ordered Web-based Administrations you will be receiving a separate e-mail containing instructions on how to access and use those administrations. If you ordered PDF versions of our products you will be receiving a separate e-mail containing instructions on how to download your file(s). If this e-mail does not appear in your inbox within 3-4 hours, be sure to look in your Spam and Junk E-mail folders.

We appreciate your business. If you have any questions about your order please contact us by either replying to this e-mail or calling our office at 1-650-322-6300.

Sales Receipt for Order 9855
Placed on 10/05/2009 at 12:46:50 EDT

Special Instructions:

Ship To:
Deborah Stamps
debbie.stamps@rochestergeneral.org
315-359-2684
124 Clooney Drive
Henrietta NY 14467
United States

Bill To:
Deborah Stamps
debbie.stamps@rochestergeneral.org
315-359-2684
124 Clooney Drive
Henrietta NY 14467
United States

<table>
<thead>
<tr>
<th>Product name</th>
<th>Code</th>
<th>Qty</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLQR Bulk Permissions (bundle of 500 @ $0.60 MLQ-B-500-each) (PDF)</td>
<td>MLQ-B-500-PDF</td>
<td>1</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

Shipping: Online Product Delivery: $0.00
Sales Tax: $0.00

Total: $300.00
Payment method: Innovative Gateway Solutions Visa

This order has been paid in full.

*Shipping options are dated from when Mind Garden SHIPS your product not from when you PLACE your order.*

Our privacy policy is available [here](#).

---

**Returns and Exchanges:**

- Returns will be accepted within thirty days of purchase.
- Returns must be sent to Mind Garden by certified mail or other traceable method.
- To receive credit, products must be in re-salable condition and accompanied by a copy of the original invoice.
- Shipping charges are non-refundable.
- If a shipment is refused, the customer is responsible for the associated return shipping costs. This amount will be deducted from the credit.
- Reproduction sets (product codes containing "-B-") and pdf files (product codes ending in "-PDF") may not be returned.
Appendix J

St. John Fisher College IRB Approval

From: Mosca, Jamie [jmosca@sjfc.edu]
Sent: Friday, December 04, 2009 3:24 PM
To: Stamps, Debbie
CC: Cooney-Miner, Dianne
Subject: IRB Approval

Dear Ms. Stamps:
Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, “The Relationship of Leadership Style and Horizontal Violence in Emergency Department Staff Nurse Retention.”

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.
Should you have any questions about this process or your responsibilities, please contact me at 385-5262 or by e-mail to emerges@sjfc.edu, or if unable to reach me, please contact the IRB Administrator, Jamie Mosca, at 385-8318, e-mail jmosca@sjfc.edu.

Sincerely,

Eileen M. Merges, Ph.D.
Chair, Institutional Review Board

EM:jlm

Copy: OAA IRB
IRB: Approve expedited.doc
Appendix K
IRB Changes Approval

From: Mosca, Jamie [mailto:jmosca@sjfc.edu]
Sent: Thursday, December 10, 2009 1:56 PM
To: Stamps, Debbie
Cc: Cooney-Miner, Dianne
Subject: IRB Changes approval

Dear Ms. Stamps:

Thank you for sending the amendment to your research project. The changes have been reviewed and approved and will be filed and noted with your original application.

On behalf of the Board, I wish you success with your research project.

Sincerely,

Eileen M. Merges, Ph.D.
Chair, Institutional Review Board
Appendix L

Permission to Use Emergency Nurses Association Membership List

From: Altair Juarez [mailto:AJuarez@ena.org]
Sent: Thursday, December 10, 2009 4:22 PM
To: Beth Donley; Katie Carey
Cc: Ijdimitr@aol.com; Stamps, Debbie; Suling Li
Subject: RE: Pre-Clearance Request for Deborah Stamps

Hi Beth,

I have reviewed the request below and approve the list rental. Ms. Stamps has submitted all required materials.

Thanks,

Altair

Altair Juarez, MPH, Senior Research Associate
Emergency Nurses Association | 915 Lee Street | Des Plaines, IL 60016 | Tel 847.460.4107 | Fax 847.460.4004 | ajuarez@ena.org

From: Beth Donley [mailto:BDonley@infocuslists.com]
Sent: Monday, November 30, 2009 4:00 PM
To: Altair Juarez; Katie Carey
Subject: Pre-Clearance Request for Deborah Stamps

Hi Altair,

Deborah Stamps is requesting the use of the ENA names for its mailing offer under the following terms:

List: Active Members
Mail date: TBD
Quantity: 3,000
Rental: Rental

The sample is attached. Her IRB is still pending approval. Please respond back by 12/02/09 in order to meet the requested mail date. Let me know if you have any questions.

122
Beth Donley
Consultant

INFOCUS Marketing
p: 800.708.5478 x3248
f: 540.878.2201
4245 Sigler Road
Warrenton, VA 20187
www.INFOCUSlists.com
Appendix M

Permission to Use Sabotage Savvy Survey

Received: Wed 5/13/2009 2:32 PM

you bet... send me a copy so I have it for my records

Dr. Judith Briles
Book Shepherd & Consultant to Authors and Publishers
Helping Authors to Become Successful
Helping Publishers to Survive and Thrive
303.627.9179 or 303-885-2207
DrJudithBriles@aol.com
www.TheBookShepherd.com

In a message dated 5/13/2009 12:30:32 P.M. Mountain Daylight Time, Debbie.Stamps@rochestergeneral.org writes:
are you OK if I modify to have a likert scoring?
thanks

Deborah C. Stamps, MS, RN, GNP, NE, BC
Director of Nursing
Emergency Services & Diagnostic Imaging
Rochester General Health System
1425 Portland Avenue
Rochester, NY 14621
(585) 922 - 4415 Office
(585) 783-8192 Pager
debbie.stamps@rochestergeneral.org

From: DrJudithBriles@aol.com [mailto:DrJudithBriles@aol.com]
Sent: Wednesday, May 13, 2009 2:27 PM
To: Stamps, Debbie
Subject: Re: FW: Sabotage Savvy Questionnaire

I didn't do Likert... sorry. Did a tally of all and then the percentage. At this point in my life, I just don't deal with all the "testing" that you are going to encounter in your form for research. I do all I can to keep things simple. The tool has been used by multiple organizations, that
I've lost count---I'm sorry..just always give the OK--some use as it, some modify

Dr. Judith Briles
Book Shepherd & Consultant to Authors and Publishers
Helping Authors to Become Successful
Helping Publishers to Survive and Thrive
303.627.9179 or 303-885-2207
DrJudithBriles@aol.com
www.TheBookShepherd.com

In a message dated 5/13/2009 7:23:29 A.M. Mountain Daylight Time, Debbie.Stamps@rochestergeneral.org writes;
Dr. Briles sorry to be a pest. The sabotage Savvy survey is a yes/no response. Would it be possible to modify the tools to have a Likert response? Do you have a version that uses a Likert scale?

Do you have reliability and validity information on this tool or how often is has been used. Is there a minimum number of surveys needed?

thanks

Deborah C. Stamps, MS, RN, GNP, NE, BC
Director of Nursing
Emergency Services & Diagnostic Imaging
Rochester General Health System
1425 Portland Avenue
Rochester, NY 14621
(585) 922 - 4415 Office
(585) 783-8192 Pager
debbie.stamps@rochestergeneral.org

From: DrJudithBriles@aol.com [mailto:DrJudithBriles@aol.com]
Sent: Sunday, May 10, 2009 3:35 PM
To: Stamps, Debbie
Subject: Re: FW: Sabotage Savvy Questionnaire

just ask... you have my permission

Dr. Judith Briles
Book Shepherd & Consultant to Authors and Publishers
Helping Authors to Become Successful
Helping Publishers to Survive and Thrive
303.627.9179 or 303-885-2207
DrJudithBriles@aol.com
www.TheBookShepherd.com
In a message dated 5/10/2009 9:31:39 A.M. Mountain Daylight Time, Debbie.Stamps@rochestergeneral.org writes:
Hi Dr. Briles,
Please let me know I can obtain permission to use the Sabotage Savvy Questionnaire. I am developing my methodology section and would like to use your tool.

thanks

Deborah C. Stamps, MS, RN, GNP, NE, BC
Director of Nursing
Emergency Services & Diagnostic Imaging
Rochester General Health System
1425 Portland Avenue
Rochester, NY 14621
(585) 922 - 4415 Office
(585) 783-8192 Pager
debbie.stamps@rochestergeneral.org

From: Stamps, Debbie
Sent: Sunday, April 26, 2009 10:39 AM
To: 'judith@briles.com'
Subject: Sabotage Savvy Questionnaire

Hi Dr. Briles,
I am currently enrolled in a Doctoral program in Executive Leadership at St. John Fisher College in Rochester NY. My dissertation topic is how the leadership style of the nurse manager moderates horizontal violence in the emergency department. The focus of my dissertation will be limited to emergency departments in NYS.

I am writing to ask for permission to use your Sabotage Savvy Questionnaire.

Please let me know the process to obtain permission, documentation of reliability and validity of the tool, and a sample of the tool.

I look forward to hearing from you soon.

thanks

Deborah C. Stamps, MS, RN, GNP, NE, BC
Director of Nursing
Emergency Services & Diagnostic Imaging
Rochester General Health System
1425 Portland Avenue
Rochester, NY 14621
(585) 922 - 4415 Office
(585) 783-8192 Pager
debbie.stamps@rochestergeneral.org
Appendix N

Permission to Use the Hinshaw and Atwood Anticipated Turnover Scale

Received: Fri 5/15/2009 4:02 PM

Dr. Jan Atwood and I would be delighted for you to use the Anticipated Turnover Study Online survey. Best of success with your research.
Ada Sue Hinshaw, PhD, RN, FAAN
Dean and Professor
Graduate School of Nursing
Uniformed Services University
Phone: 301-295-9004
Fax: 301-295-1707

>> "Stamps, Debbie" <Debbie.Stamps@rochestergeneral.org> 5/15/2009 9:52 AM >

Dear Dr. Hinshaw,

I am currently an EdD candidate at St. John Fisher College in Rochester NY and am in the process of completing my dissertation proposal. My online survey is about how the leadership style of the nurse manager moderates the relationship of horizontal violence on anticipated staff nurse turnover in the emergency department. I am writing to seek your permission to use your Anticipated Turnover tool in my research online survey.

My sample will be a national sample of emergency department Registered Nurses. The tools I am using to measure leadership characteristic is the Multifactor Leadership Questionnaire MLQ 5X and the tool to measure horizontal violence is the Brielle Sabotage Savvy Survey. I would be happy to share an abstract of my proposal with you if you would be interested. My dissertation committee has been formed and they are helping me to further develop my design.

I am currently serving as the Director of Nursing for the emergency department at Rochester General Hospital in Rochester NY. I have been in this role for 5 years and my work as a nursing administrator of a very busy emergency department has has piques my interest in the vital role of the nurse manager in creating an environment that results in lower staff nurse turnover. I am hoping my research will add to the importance of the leadership style of the nurse manager in the emergency department and the presence of horizontal violence.

Thanks so much, I look forward to hearing from you soon. I am sorry I sent my first request to the University of Michigan email address and the school has given me your new email address. Thanks so much.

Deborah C. Stamps, MS, RN, GNP, NE, BC
Director of Nursing Emergency Services & Diagnostic Imaging
Rochester General Health System
1425 Portland Avenue Rochester, NY 14621
(585) 922 - 4415 Office (585) 783-8192 Pager
debbie.stamps@rochestergeneral.org
Appendix O

Rochester General Hospital Nursing Research and Evidence Based Practice Approval

ROCHESTER GENERAL HOSPITAL

Department of Nursing Research & Evidence-Based Practice

Date: 20 January 2010

To: Deborah C. Stamps, MS, RN, GNP, NE, BC

From: Lynda J. Dimitroff, PhD, BSN, RN, CHES
Chair, Nursing Research Committee
Leader, Nursing Research & EBP

Re: FORMAL REVIEW – 01/13/10 – The relationship of leadership style and horizontal violence in emergency department staff nurse retention

Congratulations, the Nursing Research Committee has approved your study entitled, The relationship of leadership style and horizontal violence in emergency department staff nurse retention. You have met all of the necessary NRC requirements for your study.

The next step in the process is to have your study reviewed by the Clinical Investigation Committee, our IRB. You may reach the IRB Director or the Assistant Director, Renee Capizzi at 922-5640. The CIC has requested that you list me as the Primary Investigator for this study. Make sure you copy me in on any correspondences that you have with the CIC. In addition, please forward any CIC information to me. It is important that you make an appointment with me prior to data collection to review the Nursing Research SOP.

Once again, congratulations on completing the Nursing Research Committee requirements for approval. I would be very happy to assist you with the necessary paperwork for CIC. If you need any assistance with your study, please feel free to contact me.

c: file