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UNITED STATES AIR FORCE NURSE CORPS CAPTAINS'

PERCEIVED LEADERSHIP EFFECTIVENESS

by

Marjorie Jeanne Randall

A Thesis Presented in Partial Fulfillment
of the Requirements for the Degree
Master of Science

ARIZONA STATE UNIVERSITY

May 1998

UNITED STATES AIR FORCE NURSE CORPS CAPTAINS'

PERCEIVED LEADERSHIP EFFECTIVENESS

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May 1998

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ABSTRACT

The purpose of this study was to examine perceived leadership effectiveness of nurses who attended the United States Air Force Nursing Service Management residence course with the perceived leadership effectiveness of nurses who lacked the additional training. Two hundred and seventy-nine United States Air Force Nurse Corps Captains with management experience completed Kouzes and Posner's Leadership Practice Inventory-Self (LPI) and demographic information. There were no significant differences between the LPI scores of Captains who attended the Nursing Service Management residence course and those Captains lacking this training. There were, however, significant differences between gender and the leadership practices, Challenging the Process, Inspiring a Shared Vision, and Encouraging the Heart. Females scored significantly higher than males. There were also significant differences between present position and Challenging the Process, Enabling Others to Act, Modeling the Way, and Encouraging the Heart. Nurse managers scored significantly higher than assistant nurse managers in each of the aforementioned practices.

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Numerous people, many of whom I never met personally, graciously shared their time and expertise in support of this thesis. Without their support, this project would never have been possible. I specifically want to thank Dr. Donna Adams, Dr. Ruth Ludemann, and Clinical Associate Professor Barbara White, for individually and collectively guiding me through the research process. The sharing of their time, expertise, and encouragement were critical to developing this study into a worthwhile project. I want to extend a special thanks to my committee chairperson, Dr. Adams who inspired and supported me every step of the way.

To my family and friends, no words can ever fully express my gratitude. I thank you with all my heart for your support, encouragement, and unconditional love. You gave me the strength and courage to fulfill a dream. For that reason alone, I will be forever grateful.

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CHAPTER 1

Introduction

Leadership is a phenomenon that has intrigued people throughout the ages. For

centuries, philosophers have tried to determine what makes a great leader. Although

thousands of books and articles have been written on the subject, leadership remains

elusive, with its various interpretations dependent upon the situation or discipline (Altieri

& Elgin, 1990).

Leadership in the United States Air Force (USAF) is essential to accomplishing its

mission: To defend the United States through control and exploitation of air and space.

In order for the USAF to be ready to defend against all enemies, foreign and domestic,

there must not only be a well trained fighting force, but also an equally well trained

medical force. The USAF's effectiveness in meeting the health care demands of military

personnel during peacetime and more importantly during times of war will largely

depend on the leadership capabilities of those nurses, physicians, and medical service

officers in charge.

As the civilian health care system has changed throughout the decade, so has the

military health care system. With dramatic transformations taking place in military

health care, new leadership roles continue to emerge for Air Force nurses. These

individuals are no longer in only traditional assignments of clinical nurse, nurse manager,

and chief nurse, but are now expanding their leadership roles to include squadron and

group commander positions. With the added work demands, nursing leaders increasingly

need the skills and fortitude to pilot military health care into the twenty-first century

(Stierle, 1996).

Statement of the Problem

The Total Nursing Force Strategic Plan, officially unveiled by Brigadier General Linda J. Stierle on November 12, 1996, states the number one goal for Air Force Nursing is to "cultivate, identify and advance strong leaders." The Air Force presently provides several opportunities for nurses to gain a theoretical knowledge base in leadership. One such opportunity is an eight week Nursing Service Management (NSM) residence course held at Sheppard Air Force Base (AFB), Texas.

The NSM residence course is devoted to providing mid-level nurses with the management and leadership knowledge necessary to succeed as future leaders in military health care. At a cost of over $15,000 per nurse, only 125 Air Force nurses are able to attend the course annually (Hutchins, 1998). Nurses who do not attend NSM are expected to gain the leadership knowledge needed to competently fulfill their duties on their own time. The Nursing Service Fundamentals (NSF) correspondence course is an alternative for those individuals.

The Department of Defense (DoD) budget cuts have resulted in a need for all military services to examine their operations and find ways to decrease costs. Each Air Force program, including the NSM residence course, is being reviewed to determine cost effectiveness. Nurses who attend NSM and those of equal rank who do not attend, function in the same capacity throughout the Air Force. Given this difference in training and the continual need to cut costs, it is essential to examine whether the NSM residence course is necessary for Air Force nurses to be effective leaders in this vastly changing military health care environment.

Currently, there is no measurement being taken to determine NSM course effectiveness in producing competent, motivated mid-level leaders. Before drastic actions are taken to eliminate NSM, research needs to be conducted to evaluate program outcomes. Understanding how United States Air Force Nurse Corps (USAFNC) Captains perceive their leadership effectiveness may spark possible changes in how future nurse corps leaders will be trained.

Purpose of the Study

The purpose of this study was to explore overall perceived leadership effectiveness among USAFNC Captains with management experience. Perceived leadership effectiveness of nurses who attended the Nursing Service Management residence course or completed the Nursing Service Fundamentals correspondence course was compared with the perceived leadership effectiveness of nurses who lacked the additional training. Furthermore, the study investigated the relationship between the Captains' perceived leadership effectiveness and demographic variables including age, gender, number of years as a registered nurse, number of years as an Air Force nurse, present position, supervisory experience, and increased education. This study may provide DoD officials with useful information on types of educational programs to use in training future military nurse leaders.

Research Questions

1. What is the overall perceived leadership effectiveness of USAFNC Captains with management experience?

2. Do USAFNC Captains who attend the Nursing Service Management residence course differ in perceived leadership effectiveness from those USAFNC Captains who do not attend the course?

3. Do USAFNC Captains who completed the Nursing Service Fundamentals correspondence course differ in perceived leadership effectiveness from those USAFNC Captains who have not taken the course?

4. Are there differences among the demographic variables and USAFNC Captains' perceived leadership effectiveness?

Definition of Terms

For the purpose of this study the following terms were defined:

Air Force Leadership refers to the "art of influencing and directing people to accomplish the mission" (AFP 35-49, 1985).

Leadership is "the art of mobilizing others to want to struggle for shared aspirations" (Kouzes & Posner, 1995).

Management Experience is defined as having held a supervisor position, typically a nurse manager or assistant nurse manager.

Nursing Service Fundamentals is a correspondence course which presents the fundamentals of Nursing Service and includes leadership and management theory.

Previous versions of this correspondence course were referred to as Nursing Service

Management. For the purpose of this research, the correspondence course will only be

called by its current name, Nursing Service Fundamentals (AFCAT 36-2223, 1996).

Nursing Service Management is an eight week residence course held at

Sheppard AFB, Texas. This course provides essential leadership and management

training for mid-level Air Force nurses (AFCAT 36-2223, 1996).

Perceived Leadership Effectiveness was determined by completion of the

Leadership Practices Inventory-Self (LPI-Self) developed by Kouzes and Posner. The

following are descriptions of the five LPI subscales (Kouzes & Posner, 1997: 23-25):

Challenging the Process involves these strategies:

- Searching out challenging opportunities to change, grow, innovate,

  and improve

- Experimenting, taking risks, and learning from the accompanying mistakes

Inspiring a Shared Vision consists of these strategies:

- Envisioning an uplifting and ennobling future

- Enlisting others in a common vision by appealing to their values,

  interests, hopes, and dreams

Enabling Others to Act involves these strategies:

- Fostering collaboration by promoting cooperative goals and building trust

- Strengthening people by giving power away, providing choice, developing

  competence, assigning critical tasks, and offering visible support

Modeling the Way consists of these strategies:

- Setting the example by behaving in ways that are consistent with shared values

- Achieving small "wins" that promote consistent progress and build commitment

Encouraging the Heart involves these strategies:

- Recognizing individual contributions to the success of every project

- Celebrating team accomplishments regularly

Squadron Officer School in Correspondence is a course which focuses on the unique role of the commissioned officer. Course content includes leadership, officership, staff communications, and force employment (AFCAT 36-2223, 1996).

Squadron Officer School in Residence is a 7 week program, located at Maxwell AFB, Alabama, for active-duty Captains with 4-7 years of total active commissioned service. The course instruction includes air and space power, leadership tools, and officership values (AFCAT 36-2223, 1996).

CHAPTER 2

Review of the Literature

Leadership has been discussed throughout the literature in relation to leadership style and effectiveness. Many leadership studies exclude women subjects and are therefore biased (Henderson, 1995). Studies that have focused on nurse leaders tend to be correlational analyses of leadership effectiveness with variables such as job satisfaction, retention, and productivity (Altieri & Elgin, 1994). Few studies have examined the leader's own perception of effectiveness.

Historical Overview

Over the years many leadership theories and models have surfaced, ranging from the Great-Man theory to perceptual and cognitive theories (Bass, 1981). Early research focused on identifiable traits of great leaders. Initially the assumption was that these traits were innate, thus one had to be born a leader. Many theorists eventually believed leadership traits could be acquired through education and experience (Ulrich, 1995).

In the late 1930s, the trait theory started to give way to behavioral concepts. Theorists were focusing on a leader's behavior versus personal traits by exploring how the leader's behavior influenced the followers' productivity and morale. Classic work by Lewin, Lippitt, and White published in 1939, described three different leadership styles: Autocratic, democratic, and laissez-faire. Their work paved the road for the situational and contingency leadership theories that followed (Phelps, 1995).

Stogdill (1948), after an in depth review of the leadership literature, concluded that leadership traits differed in various situations and that no one personality exemplified a

leader. A person who was the leader in one situation may not be the leader in another situation. Based on his findings, many situational leadership theories evolved. The three components considered in situational leadership theory are: The leader, a situation, and the followers. The Leadership Contingency model devised by Fiedler and the Life-Cycle theory of Hersey and Blanchard are examples of situational leadership theory (Grohar-Murray & DiCroce, 1992).

Feidler's Contingency model consists of three dimensions: Leader and member relationship, task structure, and position of power. Feidler believed the most effective leadership style was dependent on the situational variables. His theory was found to be complex, difficult to understand, and not well defended by research (Marriner, 1994; Grohar-Murray & DiCroce, 1992).

Hersey and Blanchard's Life-Cycle theory combined relationship behavior with leader behavior and was depicted in a four quadrant model. According to this theory, a leadership style can be predicted by knowing the maturity level of the followers. As the followers' maturity level increases, the style of leadership changes from an emphasis on tasks to that of relationships (Marriner 1994; Marquis & Huston, 1994).

The late 1970's and early 1980's saw another major change in leadership research. Two leadership styles, transactional and transformational, as defined by Burns, emerged in the literature. Transactional leaders initiate a relationship with followers based on exchange for some resource that is valued by the follower. This type of leadership is limiting, and the effects of transactional leadership are short-lived and episodic.

Transformational leadership, on the other hand, is much more complex than transactional leadership. This leadership occurs when leaders and followers elevate one another to higher levels of motivation and morality. The motives of both the leader and followers become identical through the transformation process (Burns, 1978; Phelps, 1995).

Air Force Leadership

The Air Force views leadership as the "art of influencing and directing people to accomplish the mission." Effective leaders keep two fundamental elements in mind, the mission and the people. A military organization's primary task is to perform the mission, and at the heart of accomplishing the task are the people. Without the support of the people the mission ultimately fails (AFP 35-49, 1985).

Certain traits and principles have been identified as essential to leadership effectiveness within the Air Force. The six traits essential to Air Force leaders are integrity, loyalty, commitment, energy, decisiveness, and selflessness. The principles include: Knowing yourself, knowing your job, setting the example, caring for people, communicating, educating, equipping, motivating, accepting responsibility, and developing teamwork. Juxtaposing traits and principles, effective military leaders adapt their leadership style to meet mission demands. The traits and principles essential to leadership effectiveness within the Air Force are closely associated with many contemporary leadership theories (AFP 35-49, 1985).

Leadership is an expectation of all military members. The Air Force system is designed to reward effective leadership with promotions and increased responsibility.

Optimal leadership at every level within the organization generates a powerful force towards mission accomplishment (Stierle, 1997).

Senior leaders focus on the future, identifying organizational values and developing strategic plans. In contrast, the primary job of mid-level leaders is to teach, coach, and mentor subordinates. Mid-level leaders also ensure the key issues; organizational mission, values, goals and objectives are communicated to the operating level (The Quality Approach, 1993).

<div align="center">Conceptual Framework</div>

Kouzes and Posner's (1995) model of leadership combines transformational leadership theory with many leadership concepts supported by the Air Force. Kouzes and Posner believe leadership is not a mystical quality one is born with, but instead is a set of practices that can be observed and learned. People who have the desire and persistence to lead can improve their abilities substantially. A survey of 1300 managers, who were asked to discuss their best experience in leading others, revealed a set pattern of leadership actions and behaviors that were instrumental to their success. Kouzes and Posner identified these five behaviors common to extraordinary leadership achievements as: 1) Challenging the Process, 2) Inspiring a Shared Vision, 3) Enabling Others to Act, 4) Modeling the Way, and 5) Encouraging the Heart. A review of the five leadership behaviors will help form the conceptual framework for this study.

Challenging the Process

Challenging the Process involves staying on the forefront of latest developments and searching for new opportunities to change and grow. The leader experiments, takes risks, and explores ways to improve the organization. The demands of a rapidly changing marketplace forces the effective leader to embrace change and find innovative ways to be competitive (Kouzes and Posner, 1995).

Changes in the health care industry are rampant. Hospitals are consolidating, more care is shifting towards the ambulatory setting, and managed-care organizations are growing rapidly. With these changes, provider organizations are facing enormous pressures to reduce costs, maximize efficiency, and improve quality outcomes. For these organizations to survive economically while also offering new programs that emphasize primary health care, health promotion, and illness prevention, leaders are being required to rapidly implement changes (Buerhaus et al., 1996).

The role of the nurse manager during this health care revolution is critical. The nurse manager "must be a visionary, anticipate the future, challenge the present, take risks, introduce innovations, and motivate the staff toward goal achievement" (Manfredi, 1996: 315). Challenging the Process as nurse managers and leaders, involves staying abreast of latest developments in health care and expecting other leaders to do the same. Attending continuing education courses, networking, and supporting change are imperative to effectively challenge the process (McNeese-Smith, 1995).

Challenging the Process is not unique to the health care environment. Several studies, using Kouzes and Posner's Leadership Practice Inventory (LPI), pointed to

Challenging the Process as a critical element of successful leadership. Elliott (1990), surveyed 27 National Collegiate Athletic Association (NCAA) Division I head football coaches about their personal best leadership practices. Ninety-three percent of the respondents ($N = 25$) stated their personal best leadership practice involved changing the present ways of doing business. Zook (1993) compared leadership practices of pastors in large Protestant congregations. He concluded that pastors ($N = 132$) continually challenge their congregations to break out of molded behavior patterns. The pastors often confronted their congregations with new paradigms for living which involved both risk and opportunity. Mitchelson (1995) studied 60 leaders from the recreation, sport, leisure, and lifestyle sector; all of whom professed to being change agents and thus, challenged the process.

Inspiring a Shared Vision

Inspiring a Shared Vision requires leaders to passionately believe that they can make a difference and to combine that belief with the desire to change the way things are for something that has never existed. Leaders look optimistically to the future and have a clear sense of what the organization can become. They then convey those ideas to their constituents by appealing to personal values, interests, hopes, and dreams. Forging a unity of purpose in how the vision can meet the constituents' needs and also serve the common good, sparks enthusiasm for the future (Kouzes & Posner, 1995).

Scott (1995) stated having a vision and the ability to inspire others to reach that vision was essential for health care leaders of tomorrow. With the United States Health Care System in great turmoil, strong leadership will be necessary for the unfamiliar road

ahead. Enlisting and communicating with co-workers the vision of what could be, and the belief that these dreams could be fulfilled, is key to obtaining a successful outcome.

Manfredi (1996) studied 42 nurse managers and found that they were inclined to operate from short-term goals rather than a long-term vision. If the organization's vision coincided with its mission, goals, and objectives, the nurse manager had minimal difficulty inspiring the staff to work towards achieving the vision. On the other hand, if the vision of the organization was inconsistent with its mission, goals, and objectives, the nurse managers had great difficulty rousing their staff towards vision achievement.

McNeese-Smith (1995) investigated department managers and staff nurses in two separate studies ($\underline{N}$ = 41 department managers and 471 staff nurses in the first study; $\underline{N}$ = 19 department managers and 221 staff nurses in the second study). She found that Inspiring a Shared Vision appeared as the strongest predictor of employee satisfaction and may be even more significant during periods of tension and change. Inspiring a Shared Vision was also a significant predictor of organizational commitment. With the high degree of organizational commitment being related to decreased staff turnover and costs, these findings suggest that emphasis on visionary behavior be included in the preparation of future health care managers and leaders (McNeese-Smith, 1997).

Enabling Others to Act

Enabling Others to Act entails developing a mutual trust relationship between the leader and constituent. Mutual trust fosters respect, collaboration in goal setting, and enthusiasm for achievement (Kouzes & Posner, 1995). The leader recognizes potential

in members, delegates authority, and provides unconditional support (Mitchelson, 1995). People in an enabling environment feel strong, capable, and more like co-workers than subordinates (Kouzes & Posner, 1995).

Another element implicit to Enabling Others to Act is a leader's sense of integrity. General Fogelman (1995), former Air Force Chief of Staff, stated that integrity provides the basis for mutual trust and confidence. General Gabril, also a former Air Force Chief of Staff, said "Integrity is the fundamental premise of military service in a free society. Without integrity, the moral pillars of our military strength--public trust and self-respect-- are lost" (AFP 35-49, 1985: 1110-R-2). A decrease in the worker's perception of leadership integrity through a lack of trust is harmful to exchange of information (Yukl, 1981).

Research conducted by Yoder (1995) of 390 Army staff nurses, indicated that nurses perceived the coaching relationship with their supervisor to be the most valuable. The behaviors characterized as most often occurring in a coaching relationship included: "Teaching the job, assigning challenging tasks, career counseling, making the individual feel valued by the organization, demonstrating trust and confidence in the individual, setting an example, inspiring the individual, and providing an opportunity for the nurse to develop new ideas, try them out, and evaluating the results" (Yoder, 1995: 296). Those nurses who perceived they were valued and interest was taken in their career by a career developer, typically a mentor, coach, or preceptor, had a greater intent to stay in the Army. Enabling others to believe they can act involves fostering an atmosphere of trust, collaboration and 'esprit de corps' (Kouzes & Posner, 1997).

Modeling the Way

Leaders model the way by setting the example, focusing on key priorities, and clearly articulating their business values and beliefs. Effective leaders are aware that change can be stressful for people, so they create a climate to keep projects on target, often times helping staff break down large tasks into more achievable steps (Kouzes & Posner, 1995). McNeese-Smith (1995) writes that leaders must invariably set and uphold high standards in order to be seen as credible. These leaders understand that although it is their position that gives them authority, it is their behavior that earns them respect. Consistency with shared values builds credibility (Kouzes & Posner, 1997). A leader's credibility is perhaps the single most important factor in subordinates' ratings of a leader's effectiveness (Hogan, Curphy, and Hogan, 1994).

One hundred percent of the NCAA Division I head football coaches ($\underline{N}$ = 27), expressing their personal best leadership practices, included the importance of leading by example and ensuring their actions corresponded with their values (Elliott, 1990). In another study, nurse managers ($\underline{N}$ = 42) voiced the significance of having a positive attitude, establishing high standards, and modeling behaviors they wanted staff members to duplicate (Manfredi, 1996). Familiar colloquialisms commonly heard that typify the leadership behavior of Modeling the Way are: "Practice what you preach" and "walk the talk" (McNeese-Smith, 1995).

Encouraging the Heart

Encouraging the Heart involves recognition of individuals' contributions and celebration of accomplishments. Celebrations increase an individual's network of

connections and promote information sharing. Leaders can recognize contributions of individuals with thank you notes, smiles, and public praise. Their demonstrations of appreciation often make people feel like heroes and thus, keeps hope and conviction alive (Kouzes & Posner, 1995).

Tyagi (1985) conducted research on the importance of key job dimensions and leadership behaviors in motivating work performance of salespeople. Leadership behavior was influential in affecting workers' extrinsic motivation, while key job dimensions, such as love of the work, were more influential in affecting the workers' intrinsic motivation. In contrast, McNeese-Smith (1995) suggested that being a caring, considerate manager/leader and celebrating achievements was important, but other behaviors might be more important in influencing employees. Sharing a vision and challenging employees to grow were seen as bigger motivators.

Robinson, Rodriguez, Sammons, and Keim (1993) compared military nurses and civilian nurses perceptions' of selected aspects of work life. They found, in relation to job satisfaction, that military nurses tended to be less satisfied with the recognition and support they received from their superiors than were civilian nurses. Military nurses also perceived less peer cohesion and supervisory support than did their civilian counterparts. Yoder (1995) found that Army staff nurses wanted better immediate-superior and supervisory level leadership that recognized their individual contributions and in turn, encouraged the heart.

Demographic Variables

Using the LPI, Taylor (1996) explored relationships between staff nurses'

perceptions of their managers' leadership behaviors and the staff nurse's job satisfaction

and organizational commitment ($\underline{N}$ = 32). Results showed that job satisfaction and

organizational commitment were significantly correlated with all five LPI leadership

practices. No significant differences in leadership practices were apparent as a result of

subject characteristics such as age, gender, educational degree, years as a registered

nurse, and area of practice. Evident, however, was the fact that transformational type

leadership behaviors can influence staff nurses to experience greater job satisfaction and

increase long-term commitment to the organization.

Roundy's (1991) study of hospital administrators' ($\underline{N}$ = 84) perception of their

leadership behaviors reported that the number of years in positions and educational levels

were not significantly correlated with any of the five LPI leadership practices. However,

age was negatively correlated with Inspiring a Shared Vision, Modeling the Way, and

Encouraging the Heart. Zook (1993) found that average LPI scores did increase directly

with the pastor's age.

<div align="center">Summary</div>

The primary focus of the literature review was to examine current studies on

leadership effectiveness. A brief historical view on leadership was outlined. The United

States Air Force's leadership concept was explored as well. Critical attributes of

leadership effectiveness as presented by Kouzes and Posner's model of leadership (1997)

were introduced with definitions and explanations found in the literature for each of the five attributes: 1) Challenging the Process, 2) Inspiring a Shared Vision, 3) Enabling Others to Act, 4) Modeling the Way, and 5) Encouraging the Heart.

The majority of research studies determined nurse leadership effectiveness by equating it with variables such as job satisfaction, retention, and organizational commitment. Leadership studies inclusive of women and specifically military women were limited. Few studies were found in relation to military leadership and the five dimensions of the conceptual framework. However, all of the studies reviewed supported at least one of the dimensions as being indicative of effective leadership.

CHAPTER 3

Methodology

The study was designed to investigate the overall perception of leadership

effectiveness among USAFNC Captains. This chapter includes a description of the

sample, instruments, procedure, and data analysis plan. The assumptions and limitations

of the study are also addressed. A comparative descriptive design was used in this study.

Sample

The target population for the study was 411 active-duty USAFNC Captains with

management experience stationed throughout the United States, Europe, and Asia. The

subjects were identified through the USAF Nursing Service Management School and the

USAF Personnel Center. Only active-duty USAFNC Captains with management

experience were included in the study. A computer generated list was used to identify

potential subjects who met the selection criteria. Of the 411 surveys sent via the United

States Postal Service (USPS), 287 (70%) surveys were completed and returned. Another

16 surveys were returned addressee unknown. Of the 287 surveys completed and

returned, 279 were usable. The 8 surveys not used were completed by individuals who

did not meet the selection criteria; 6 Majors, 1 USAF Reservist, and 1 clinical nurse.

Description of Measures

Demographic questionnaire. A questionnaire was developed for the study that

asked subjects to respond to questions regarding age, gender, rank, prior enlistment,

degrees held, number of years as a registered nurse and an Air Force nurse, current job

position and supervisory experience. Attendance or non-attendance of the Nursing

Service Management School, Squadron Officer School, Flight Nurse Course, and

completion or non-completion of Nursing Service Fundamentals and Squadron Officer

School correspondence courses were examined as well (Appendix A).

Leadership effectiveness. Leadership effectiveness was measured with the

Leadership Practice Inventory-Self developed by Kouzes and Posner (1997)

(Appendix A). Five levels of leadership practice are identified in the LPI as common to

most leadership achievements. Leaders 1) challenge, 2) inspire, 3) enable, 4) model, and

5) encourage when performing at their best. Thirty descriptive statements about various

leadership behaviors and activities are described in the questionnaire; six statements for

each of the five leadership practices. A Likert-type scale from 1 (almost never), to 10

(almost always) allows respondents to evaluate perceptions of their leadership practices.

Scores for each category range from 6 to 60. Higher scores indicate a greater use of the

behavior and conversely a lower score a lower use. According to Kouzes and Posner,

research consistently showed that the more frequently a person engaged in the LPI

behaviors, the greater the likelihood that person was identified as an effective leader.

The LPI scoring software (1997) was used to score each LPI-Self questionnaire.

Ongoing reliability and validity studies of the Leadership Practice Inventory

psychometric properties have been conducted with over 35,000 managers and their

associates. Kouzes and Posner (1997) reported internal reliability for the LPI is most

often above .80. Test-retest reliability was above a .90 correlation. The results of factor

analysis consistently reveal that the LPI contains five factors, the items within each factor

corresponding more between themselves than they do with the other factors. The five

scales are orthogonal, measuring five distinct practices. The Cronbach alpha score for

this study was .88.

Procedure

The study was approved by the Arizona State University Human Subjects

Institutional Review Board and the United States Air Force--HQ AFPC/DPSAS (control

number USAF SCN 97-63). Questionnaires, demographic sheets, and cover letters were

sent via the USPS to the target population. The cover letter outlined the study's purpose,

informed the Captains that their participation was voluntary, and explained the methods

of assuring confidentiality. Completed questionnaire forms were returned via the USPS

in self-addressed, stamped envelopes. Completion of the questionnaire indicated

subjects' consent to participate. No names were requested, so anonymity was

guaranteed. A reminder letter was sent to subjects three weeks after mailing of the initial

packet.

Data Analysis Plan

Data were analyzed using descriptive statistics. Mean scores, standard deviations,

and ranges were calculated for each scale of the LPI as a way of characterizing leadership

practices reported by the Captains. Differences between groups were determined using

paired t-tests and analysis of variance (ANOVA). Statistical significance was established

at $p = .05$. Relationships between perceived leadership effectiveness and selected

demographic characteristics were determined using Pearson's product-moment

correlations.

Assumptions

The theoretical assumptions encompassing the conceptual framework are that leadership practices can be observed and learned by ordinary people. Also, if given the opportunity for feedback and practice, those with the desire and persistence to lead can greatly improve their leadership abilities (Kouzes & Posner, 1993). The main assumption for the study itself, is that all Captains in the USAFNC are eligible to be selected for the Nursing Service Management residence course, thus eliminating the bias that only those who already show leadership characteristics are chosen and attend.

Selection for the NSM residence course is based on quotas allocated by HQ AETC/SGAW. Eligibility for consideration includes being a Regular or Conditional Reserve Nurse Corps Officer with less than 10 years of active Federal commissioned service by the course start date. Effective as of January 1996, the officer must have completed the NSF correspondence course. NSM residence course selections are made by the major Air Force Commands (AFCAT 36-2223, 1996). Manpower shortages, mission requirements, and other various circumstances may prevent qualified people from being able to attend the course.

Limitations

A limitation for this study was that the Captains have received leadership training and may still have answered what they "should" be doing. Another limitation is that the study does not test the actual leadership effectiveness of the Captains or how their current "followers" rate their leadership abilities. Any generalization of this study to other ranks within the USAF or other organizations outside the USAF is not possible.

CHAPTER 4

Presentation and Analysis of Data

This chapter presents the findings of the data analysis. Each research question is

answered with results illustrated using tables.

Demographic Characteristics

Demographic data representing the sample are presented in Table 1. The sample

consisted entirely of United States Air Force Nurse Corps Captains with management

experience stationed in the United States, Europe, and Asia. Eighty-three percent of the

respondents were female ($\underline{n}$ = 232) and 17% male ($\underline{n}$ = 47). The majority of the subjects

(67%) were between the ages of 31 and 40.

The number of years respondents had been a registered nurse ranged from 1 to 13

or more years. Thirty-seven percent of those surveyed had 13 or more years experience

as a registered nurse, 41% 9 to 12 years, 21% 5 to 8 years, and 1% with 1 to 4 years

($\underline{n}_s$ = 102, 115, 58 , & 4, respectively). The number of years subjects had been an USAF

nurse ranged from 1 to 12 years. Forty-six percent had 8 to 12 years experience as an

USAF nurse ($\underline{n}$ = 127), 43% 5 to 8 years ($\underline{n}$ = 121), and 11% 1 to 4 years ($\underline{n}$ = 31).

Nineteen percent of the subjects had prior enlistment experience ($\underline{n}$ = 53), 81% had no

enlistment experience ($\underline{n}$ = 226).

Over half of the respondents surveyed were nurse managers (57%, $\underline{n}$ = 159); 35 %

assistant nurse managers ($\underline{n}$ = 97), and the rest held various other positions (8%, $\underline{n}$ = 28).

One hundred percent of those surveyed ($\underline{N}$ = 279) had some experience in management

as determined by responses from questions on present position, number of people

supervised, or number of years holding a supervisor position.

Forty-six percent of those surveyed (n = 128) indicated that they had attended the Nursing Service Management residence course, while over half (54%, n = 151) had not attended. In addition, 69% (n = 193) had taken the Nursing Service Fundamentals correspondence course, 31% (n = 86) had not taken the course. Results also indicated that 44 % (n = 123) had attended the Squadron Officer School residence course as opposed to 56% who had not attended (n = 156). When asked whether or not they had taken the Squadron Officer School correspondence course, over half indicated that they had not taken the course (52%, n = 146). Two subjects did not answer this question. Only one-third (33%) of those surveyed had completed the Flight Nurse course (n = 93) with one individual choosing not to answer this question.

An open ended question asking, what Air Force training best prepared you for the leadership challenges you face today, drew varied responses. Several answered with more than one response. Of the respondents, 79 stated the Nursing Service Management residence course and/or the Nursing Service Fundamentals correspondence course was most effective in preparing them for the leadership challenges they were facing today. In addition, 59 stated Squadron Officer School residence and/or correspondence course, 31 mentorship, 29 no training, 27 on-the-job training, and 22 experience was the best preparation. The remaining 34 responses, included a variety of answers; Reserve Officers' Training Corps (ROTC) program, Master's program, local courses, and so forth. Twenty-two subjects did not respond to this question.

Table 1

Demographic Characteristics of Respondents (N = 279)

Characteristics	n	%
Age (yrs)		
26-30	25	9
31-36	96	35
36-40	87	31
41+	71	25
Gender		
Female	232	83
Male	47	17
Prior Enlistment		
Yes	53	19
No	226	81
Highest Education		
Baccalaureate in nursing	196	70
Baccalaureate in another field	11	4
Masters with major in nursing	28	10
Masters in another field	44	16
R.N. experience (yrs)		
1 to 4	4	1
5 to 8	58	21
9 to 12	115	41
13+	102	37
A.F. Nurse Experience (yrs)		
1 to 4	31	11
5 to 8	121	43
9 to 12	127	46
Present Position		
Nurse Manager	159	57
Assistant Nurse Manager	97	35
Other	23	8

Table 1, Continued

Characteristics	$\underline{n}$	%
Total Supervised (people)		
0	24	9
1 to 5	86	31
6 to 10	56	20
11 to 15	37	13
16+	72	26
No Answer	4	1
Supervisor Years		
0	28	10
1 to 2	129	46
3 to 4	82	29
5 to 8	32	12
9+	7	2.5
No Answer	1	0.5
NSM Residence Course		
Attended	128	46
Did not Attend	151	54
NSF Correspondence Course		
Completed	193	69
Did not complete	86	31
SOS Residence Course		
Attended	123	44
Did not Attend	156	56
SOS Correspondence Course		
Completed	131	47
Did not complete	146	52
No Answer	2	1
Flight Nurse Course		
Attended	93	33
Did not Attend	185	66.5
No Answer	1	0.5

Pearson product moment correlations were used to determine the relationship between selected demographic characteristics and the five subscales of the LPI survey. Results are presented in Table 2. Results indicated positive significant correlations between age ($r = .12$, $p = .05$), number of years as a registered nurse ($r = .15$, $p = .01$) and the leadership practice, Challenging the Process. Inspiring a Shared Vision was positively correlated with number of years as a registered nurse ($r = .18$, $p = .00$) and total number of people supervised ($r = .13$, $p = .03$). Total number of people supervised was also positively related to Enabling Others to Act ($r = .12$, $p = .05$), and Modeling the Way ($r = .12$, $p = .05$).

Table 2

Correlations Between the LPI Subscales and Select Demographic Characteristics

Characteristics		Challenging the Process	Inspiring a Shared Vision	Enabling Others to Act	Modeling the Way	Encouraging the Heart
Age	r	.12	.09	.07	.11	.10
	p	.05*	.12	.23	.06	.11
Education level	r	.09	.07	.06	.10	.08
	p	.12	.23	.30	.10	.18
R.N. experience	r	.15	.18	.03	.09	.11
	p	.01*	.00*	.59	.16	.08
A.F. Nurse experience	r	.01	.01	.00	.02	.10
	p	.88	.82	.99	.75	.11
Total Supervised	r	.07	.13	.12	.12	.09
	p	.22	.03*	.05*	.05*	.12
Supervisor years	r	.07	.04	07	.01	.05
	p	.23	.46	.22	.82	.45

Note. $N = 279$
*$p \leq .05$

Research Questions

1. What is the overall perceived leadership effectiveness among USAFNC Captains with management experience?

Total scores for each of the five leadership practices on the Leadership Practice Inventory were analyzed. The mean, standard deviation, and range for the Captains within the total sample are presented in Table 3. The Captains rated Enabling Others to Act with a mean score of 51.85 ($\underline{SD}$ = 4.74; range 6-60) as the leadership practice engaged in most frequently. This was followed by Modeling the Way (mean = 50.65, $\underline{SD}$ = 5.62), Encouraging the Heart (mean = 49.23, $\underline{SD}$ = 6.99), and Challenging the Process (mean = 44.28, $\underline{SD}$ = 7.65). Inspiring a Shared Vision with a mean score of 40.39 ($\underline{SD}$ = 9.84) was the leadership practice perceived as least often performed by the Captains. The span between highest and lowest leadership practice mean score was 11.46. The greatest variance was associated with the leadership practice Inspiring a Shared Vision.

Table 3

LPI Scores of USAFNC Captains

Leadership Practice	Mean	$\underline{SD}$	Range[a]
Challenging the Process	44.28	7.65	21-60
Inspiring a Shared Vision	40.39	9.84	13-60
Enabling Others to Act	51.85	4.74	36-60
Modeling the Way	50.65	5.62	30-60
Encouraging the Heart	49.23	6.99	24-60

[a] Possible range 6 - 60.

2. Do USAFNC Captains who attend the USAF Nursing Service Management residence course differ in perceived leadership effectiveness from those USAFNC Captains who do not attend the course?

Differences on the LPI for USAFNC Captain respondents who attended Nursing Service Management and those lacking this education are revealed in Table 4. NSM attendees represented approximately 46% of the sample ($\underline{n}$ = 128 versus $\underline{n}$ = 151 for non-attendees). A two-tailed t-test was performed on the two groups to determine if differences on the LPI existed. Results indicated no significant differences between the two groups with respect to the five leadership practices, 1) Challenging the Process, 2) Inspiring a Shared Vision, 3) Enabling Others to Act, 4) Modeling the Way, and 5) Encouraging the Heart.

Table 4

Comparisons of LPI Scores by Scale between NSM Residence Course Attendees and Non-Attendees

	NSM Attendees ($\underline{n}$ = 128)			NSM Non-Attendees ($\underline{n}$ =151)				
Leadership Practice	Mean	SD	Range[a]	Mean	SD	Range[a]	t	p
Challenging the Process	44.32	7.65	27-60	44.25	7.67	21-60	.08	.94
Inspiring a Shared Vision	40.96	9.77	13-59	39.91	9.91	14-60	.90	.37
Enabling Others to Act	52.33	4.49	40-60	51.44	4.92	36-60	1.57	.12
Modeling the Way	50.73	5.44	37-60	50.58	5.78	30-60	.23	.82
Encouraging the Heart	50.02	6.24	33-60	48.57	7.51	24-60	1.73	.09

[a] Possible range 6 - 60.
*$p \leq .05$

3. Do USAFNC Captains who completed Nursing Service Fundamentals correspondence course differ in perceived leadership effectiveness from those USAFNC Captains who have not taken the course?

Again a two tailed t-test was utilized to determine if differences on the LPI existed among the two groups of Captains. The results are depicted in Table 5. NSF graduates represented approximately two-thirds of the sample ($\underline{n}$ = 193). Challenging the Process, Inspiring a Shared Vision, Enabling Others to Act, Modeling the Way, and Encouraging the Heart were not significantly different between NSF graduates and non-graduates.

Table 5

Comparisons of LPI Scores by Scale between the NSF Correspondence Course Graduates and Non-Graduates

| Leadership Practice | NSF Graduates ($\underline{n}$ = 193) | | | NSF Non-Graduates ($\underline{n}$ = 86) | | | | |
	Mean	SD	Range[a]	Mean	SD	Range[a]	t	p
Challenging the Process	43.89	7.59	21-60	45.17	7.75	27-60	-1.30	.19
Inspiring a Shared Vision	40.09	9.75	13-59	41.07	10.08	19-60	-.77	.44
Enabling Others to Act	51.60	4.92	36-60	52.41	4.28	40-60	-1.32	.19
Modeling the Way	50.40	5.67	30-60	51.21	5.49	35-60	-1.12	.26
Encouraging the Heart	49.00	7.29	24-60	49.76	6.26	34-60	-.83	.41

[a] Possible range 6 - 60.
*$\underline{p} \le .05$.

4. Are there differences among demographic variables and USAFNC Captains'

perceived leadership effectiveness?

Differences among demographic variables and the Captains' perceived leadership

effectiveness were determined by using a two tailed t-test or one-way analysis of variance

(ANOVA). Demographic variables which showed statistical significance were analyzed

further using Tukey-HSD as appropriate. No significant differences among groups were

found between the five leadership practices and the demographic variables of age,

enlistment, education, AFNC years, supervisory experience, SOS residence or

correspondence course, and the Flight Nurse course. The following reveals the statistical

differences of selected demographic variables by the five LPI subscales.

<u>Challenging the Process</u>

Significant differences among groups were found for the leadership practice

Challenging the Process and gender, $\underline{F}$ (1, 277) = 9.93, $\underline{p}$ = .00. Females scored

significantly higher than males with mean scores of 44.92 and 41.13 respectively

(Table 6). Present position and Challenging the Process $\underline{F}$ (2, 276) = 4.15, $\underline{p}$ = .02 were

also significantly different (Table 7). Tukey HSD analysis indicated that nurse managers

(mean = 45.42) scored significantly higher than assistant nurse managers (mean = 42.57).

<u>Inspiring a Shared Vision</u>

The leadership practice Inspiring a Shared Vision and gender were found to be

significantly different among groups $\underline{F}$ (1, 277) = 10.76, $\underline{p}$ = .00 (Table 6). Females

(mean = 41.25) scored significantly higher than males (mean = 36.17). Number of years

as a registered nurse (RN) $\underline{F}$ (3, 275) = 3.01, $\underline{p}$ = .03 was also significantly different

Table 6

Means, Standard Deviations, Range, and t-Test of Each LPI Scale by Gender

Leadership Practice	GENDER								
	Female (n = 232)			Male (n = 47)				
	Mean	SD	Range[a]	Mean	SD	Range[a]	t	p
Challenging the Process	44.92	7.68	26-60	41.13	6.73	21-52	3.15	.00*
Inspiring a Shared Vision	41.25	9.91	13-60	36.17	8.38	14-55	3.28	.00*
Enabling Others to Act	51.91	4.77	36-60	51.55	4.64	41-60	.46	.64
Modeling the Way	50.94	5.46	36-60	49.21	6.18	30-60	1.93	.06
Encouraging the Heart	49.85	6.85	24-60	46.17	6.89	31-60	3.36	.00*

[a]Possible range 6 - 60.

*p ≤ .05.

Table 7

Means, Standard Deviations, Range, and Analysis of Variance of Each LPI Scale by Position

PRESENT POSITION

Leadership Practice	Nurse Manager (n = 159)			Assistant Nurse Manager (n = 97)			Other (n = 23)			F	p
	Mean	SD	Range[a]	Mean	SD	Range[a]	Mean	SD	Range[a]		
Challenging the Process	45.42	7.49	26-60	42.84	7.48	27-60	42.57	7.48	27-60	4.15	.02*
Inspiring a Shared Vision	41.34	10.19	13-60	39.28	9.00	19-58	38.52	10.44	14-55	1.78	.17
Enabling Others to Act	52.65	4.39	41-60	50.93	5.01	36-60	50.13	4.96	40-58	5.83	.00*
Modeling the Way	51.39	5.57	35-60	49.67	5.58	30-60	49.61	5.57	36-60	3.31	.04*
Encouraging the Heart	50.33	6.70	24-60	47.54	7.16	28-60	48.83	6.98	32-59	4.99	.00*

Note. $df = 2, 276$
[a] Possible range 6 - 60.
*$p \leq .05$.

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among groups and this subscale (Table 8). Tukey HSD indicated that RNs with thirteen or more years (mean = 42.32) scored higher than those RNs with 5-8 years experience (mean = 38.00).

Enabling Others to Act

The ANOVA indicated there was a significant relationship between present position and Enabling Others to Act F (2, 276) = 5.83, p = .00. Further analysis showed that nurse managers (mean = 52.65) scored significantly higher than assistant nurse managers (mean = 50.93) and other Captains with management experience (mean = 50.13) (Table 7).

Modeling the Way

Nurse managers (mean = 51.39) scored significantly higher than assistant nurse managers (mean = 49.67) on yet another leadership behavior, Modeling the Way (Table 7).

Encouraging the Heart

Significant differences among groups were found for the leadership behavior Encouraging the Heart and gender F (1, 277) = 11.27, p = .01 (Table 6). Females (mean = 49.85) scored significantly higher than males (mean = 46.17). Present position F (2, 276) = 5.00, p = .00 was also found to be significantly different among groups and Encouraging the Heart (Table 7). Tukey HSD indicated that nurse managers (mean = 50.33) scored higher than assistant nurse managers (mean = 47.54).

Table 8

Means, Standard Deviations, and Analysis of Variance of Each LPI Scale by Number of Years as a Registered Nurse

Number of Years as a Registered Nurse

Leadership Practice	1 - 4 (n = 4)		5 - 8 (n = 58)		9 - 12 (n = 115)		13+ (n = 102)		F	p
	Mean	SD	Mean	SD	Mean	SD	Mean	SD		
Challenging the Process	42.25	2.26	42.28	7.40	44.35	7.94	45.43	7.42	2.22	.09
Inspiring a Shared Vision	34.75	8.22	38.00	9.35	40.10	9.86	42.32	9.86	3.01	.03*
Enabling Others to Act	54.75	4.79	50.88	4.63	52.23	4.80	51.85	4.70	1.56	.20
Modeling the Way	50.75	2.5	49.91	5.68	50.46	5.99	51.26	5.21	.78	.51
Encouraging the Heart	46.25	3.77	47.60	7.48	49.80	6.93	49.64	6.76	1.67	.17

Note. df = 3, 275
Possible range 6 - 60.
*p ≤ .05.

CHAPTER 5

Discussion

This chapter summarizes the research project, major findings, and their

implications for nursing.

Overview of Research Project

The purpose of this study was to explore overall perceived leadership effectiveness

among USAFNC Captains who had management experience. Perceived leadership

effectiveness of nurses who attended the USAF Nursing Service Management residence

course or completed the Nursing Service Fundamentals correspondence course was

compared with the perceived leadership effectiveness of nurses who lacked that

additional training. Furthermore, the study investigated the relationship between the

Captains' perceived leadership effectiveness and demographic variables including age,

gender, number of years as a registered nurse, number of years as an Air Force nurse,

present position, supervisory experience, and increased education. The goal of this study

was to synthesize the findings into practical information for use by DoD officials when

determining educational programs for future military nurse leaders.

To gain a greater understanding of the USAFNC Captains' perceived leadership

effectiveness, this research focused on five leadership behaviors found in the literature as

exemplifying effective leadership. These transformational leadership behaviors were:

1) Challenging the Process, 2) Inspiring a Shared Vision, 3) Enabling Others to Act,

4) Modeling the Way, and 5) Encouraging the Heart (Kouzes & Posner, 1997). Two

hundred and seventy-nine USAFNC Captains with management experience participated

in the study.

Summary of Findings

Results of the analyses revealed that USAFNC Captains with management

experience scored themselves highest on the leadership practices Enabling Others to Act,

Modeling the Way, Encouraging the Heart, and significantly lower on Challenging the

Process and Inspiring a Shared Vision. In comparing these results with Kouzes and

Posner's (1997) LPI data base of more than 12,000 leaders since 1986, the Captains

ranked approximately in the 46th percentile for Challenging the Process, 33rd percentile

for Inspiring a Shared Vision, 69th percentile for Enabling Others to Act, 73rd percentile

for Modeling the Way, and 64th percentile for Encouraging the Heart (Figure 1). These

percentile rankings were determined by the percentage of people who scored on or below

a given number.

The finding that Captains scored reasonably high on Modeling the Way and

Enabling Others to Act when compared to other leaders within the LPI data base was not

surprising. Air Force members are expected to adhere to high standards and core values;

Integrity first, Service before self and Excellence in all we do. Enabling Others to Act is

at the heart of military strength. Without collaboration and 'es sprit de corps', military

units become vulnerable when placed in harms' way.

Most USAF educational programs are designed to emphasize leadership and

teamwork skills. Of the Captains surveyed in this study, 59 stated Squadron Officer

School was the training that best prepared them for the leadership challenges they were

facing today. When asked what aspect of the training was most beneficial, the majority

LEADERSHIP PRACTICES INVENTORY

Profile for Total

USAFNC CAPTAINS
May 10, 1998

	Percentile	Challenging	Inspiring	Enabling	Modeling	Encouraging
H I G H	99					
	90					
	80					
	70					
M O D E R A T E	60					
	50					
	40					
	30					
L O W	20					
	10					
	0					
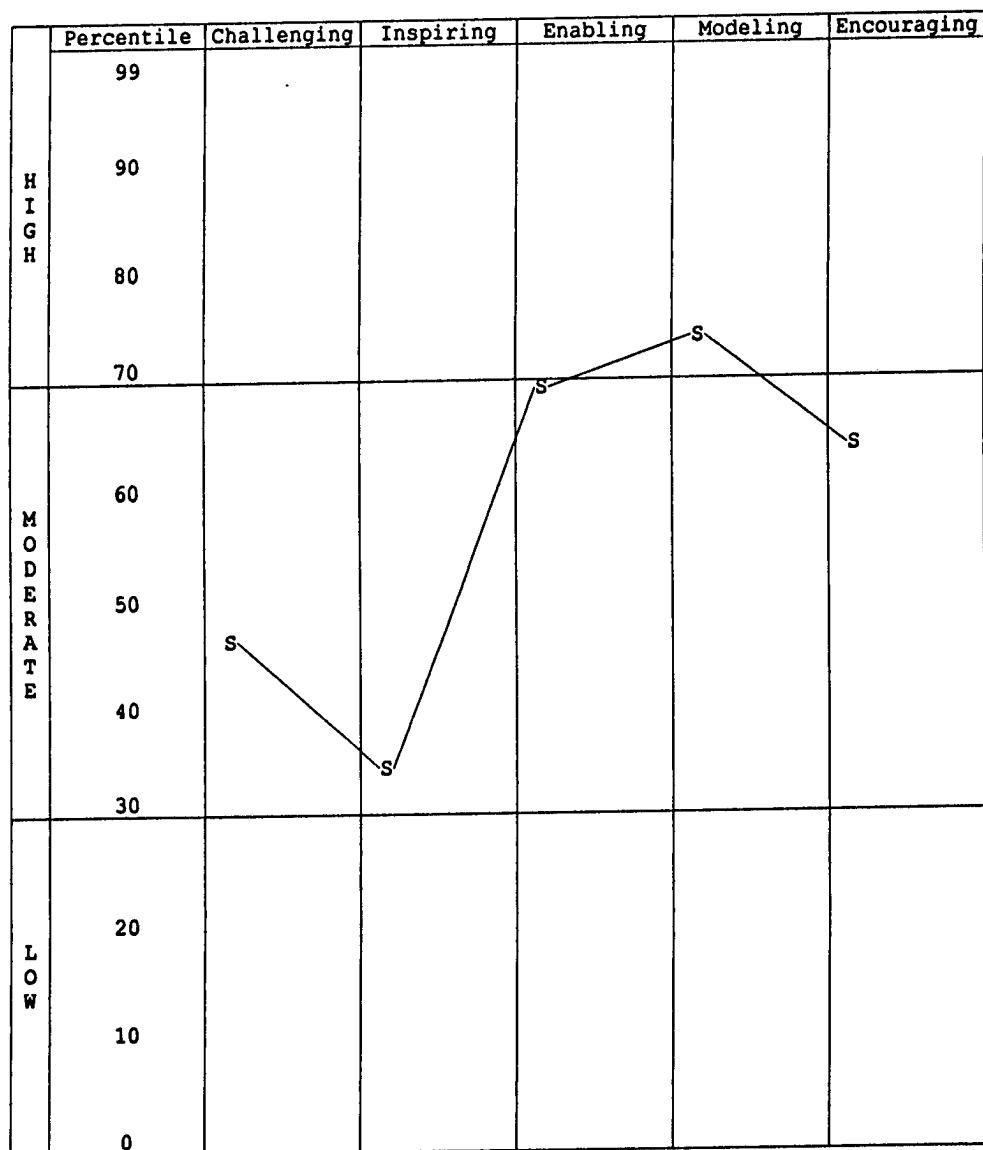
S=Self   M=Manager   D=Direct Reports   C=Coworkers   O=Others

said teamwork. The experience of learning how to effectively lead and also how to be a good follower in a safe environment is essential to creating a powerful total force.

The Captains' perceived ability of Encouraging the Heart when compared with the leaders in the LPI database was also found in the high moderate range. This is conceivably due to the endless opportunities for individual and team recognition within the USAF. The Captains in management positions, like the ones surveyed here, very often are the people submitting individuals for recognition programs and honoring them at promotion ceremonies. Because of their positions, they also are heavily involved with celebrating team successes.

In contrast to this study, the research by Robinson, Rodriquez, Sammons, and Kiem (1993), found that military nurses tended to be less satisfied with the recognition and support they received from their superiors than were civilian nurses. Yoder's (1995) study likewise revealed that Army staff nurses wanted better recognition for their individual contributions. These two studies along with this study may reveal that there is a gap between ones' perception in Encouraging the Heart and the recipients' perception of that leader's ability to do just that, encourage the heart.

Another not so surprising finding was that the Captains as a whole, only scored in the lower moderate range for Challenging the Process when compared with other leaders who had taken the LPI. A possible explanation for this may be found in how the USAF was previously structured. Lower ranked individuals were not encouraged to question events. As one entered positions of authority and responsibility, then Challenging the Process became more prevalent.

With the implementation of the Quality Air Force (QAF) program in the early 1990's, it became officially recognized that individuals in the lower ranks needed to become more involved with identifying training and resource needs. The Air Force embraced the concept of empowering airmen at the lowest level to challenge the status quo (The Quality Approach, 1993). Although all members of the Air Force receive QAF training, remnants of the long standing belief that superiors know best, may continue to linger and thus, stand in the way of junior ranked individuals being willing to Challenge the Process.

A slightly alarming finding in this study was the Captains' much lower score in the leadership behavior Inspiring a Shared Vision. When their mean score was compared with the mean score of leaders in the LPI database, the Captains' ranked in the 33rd percentile. A possible explanation for the low inspiring score was supported by the research. Manfredi's (1996) study of 42 nurses found that nurse managers were inclined to function from short term goals rather than long term vision. The majority of Captains surveyed in this study were nurse managers or assistant nurse managers and therefore, may have also been inclined to work from short term goals rather than a long term vision. What makes this finding somewhat alarming is that the USAFNC is becoming smaller every day. The importance of each individual understanding the mission and vision is essential to medical readiness during peacetime and absolutely critical during times of war. Because many of the Captains surveyed in this study are in prime positions to inspire others toward the mission and vision, the need for Captains to engage in this behavior more often seems imperative.

The second research question and primary focus of the study was to see if the Nursing Service Management residence course made a difference in one's perception of being an effective leader. This study revealed no significant findings between the LPI scores for those Captains who attended the course and those who lacked this training. Over half the Captains who attended the course, however, did identify NSM as the training that best prepared them for the leadership challenges they were facing today. The aspects of NSM these individuals mentioned most often as useful were: Peers sharing experiences and ideas, learning how to handle difficult people/situations, and role playing.

The lack of significant differences between the scores on the LPI of NSM attendees and non-attendees was unexpected. A great portion of the NSM course is devoted to leadership training and specifically discusses the concepts of 1) Challenging the Process, 2) Inspiring a Shared Vision, 3) Enabling Others to Act, 4) Modeling the Way, and 5) Encouraging the Heart. The fact that no formal education, as described in this study, made a significant difference in the leadership behaviors addressed on the LPI may provide a possible explanation. Many of the respondents, when asked what training best prepared them for the leadership challenges they were facing today, referred to mentorship, on-the-job training, and experience as their best training.

An individual commissioned as an officer in the USAF is expected to perform as a leader. Leadership training is ongoing throughout an officer's career. Because all nurses are officers and receive leadership training from many different avenues, trying to detect

differences between an officer who attended a certain leadership course and one who has not, may be nearly impossible.

Other reasons for lack of differences may be that the LPI tool used for this study did not have a total score, and therefore was not sensitive enough to detect the leadership differences. Furthermore, this study examined self-perception of leadership effectiveness. Had the study been designed to survey the Captain's superiors or subordinates in regard to their effectiveness, differences possibly would have been detected. According to Kouzes and Posners' (1992) data base of over 36,000 managers and their subordinates, no differences were reported in the ranking of the five leadership practices between the leader and observers. However, the leaders did score themselves significantly higher in the leadership practices of Challenging the Process and Enabling Others to Act than did their observers.

The final research question examined demographic variables in relation to the leadership behaviors. Gender and Challenging the Process, Inspiring a Shared Vision, and Encouraging the Heart were found to be significantly different among groups. Females scored higher than males in each of the practices mentioned. Males represented 17 % ($\underline{n}$ = 47 versus $\underline{n}$ = 232 for females) of this study. Males do, however, represent 26% of the entire USAFNC. Previous studies that have used the LPI support the findings that females engage more often in the leadership behavior Encouraging the Heart, than males. However, Challenging the Process and Inspiring a Shared Vision were found not to be significantly different for males or females in a sample of 4612 managers ($\underline{n}$ = 3601 males versus $\underline{n}$ = 1011 females) (Kouzes and Posner, 1992).

Differences among groups for present position and Challenging the Process,

Enabling Others to Act, Modeling the Way, and Encouraging the Heart were also found

in this study. Nurse managers scored significantly higher than assistant nurse managers

in each of the categories mentioned. These differences in behavior scores may be due to

predetermined expectations for each position. The nurse manager is expected to take the

lead, set the example, challenge the status quo, take risks, etc. Assistant nurse managers

are also expected to be leaders, but their primary role is to support the nurse manager.

Although it would be plausible to think the differences in scores had to do with

experience, no correlations were found between the five leadership practices and number

of supervisor years. Roundy (1991) in his study of hospital administrators found that

years in position were not significantly correlated with any of the five LPI leadership

practices. Registered nurse experience was positively correlated with Challenging the

Process, and total number of people supervised was positively related to Inspiring a

Shared Vision, Enabling Others to Act, and Modeling the Way.

<div align="center">Implications for Nursing</div>

<u>Nursing Research</u>

There is a strong need for transformational leadership in nursing, especially during

this health care revolution. Findings in this study did not fully explain whether the NSM

course alone was effective in producing competent, motivated mid-level leaders.

However, the findings did indicate that USAFNC Captains' perceived themselves as

engaging often in transformational leadership type behaviors. The only exception is that

they engaged less frequently in the leadership behavior, Inspiring a Shared Vision. These findings may provide credence to decisions being made at the DoD level regarding the training of future military nurse leaders.

No one study will provide all the answers regarding the most effective ways to educate nurse leaders. Future research needs to expand on the Captain's perceived leadership effectiveness and include the followers and superiors perception of the Captains' ability to lead effectively. A replication of this study using a different leadership tool may delineate differences not found by this study. Expanding this research to include all ranks within the USAFNC may provide valuable information. It would also be beneficial to examine how the Army and Navy train their nurse leaders. Examination of such comparative data may create the potential for a multi-service approach in training future military nurse leaders.

Nursing Education

A safe learning environment where nurses can learn to lead and follow without reprisal needs to be the focus of future leadership education. Whether that appropriate environment is the Nursing Service Management residence course is debatable. With the military health care system moving rapidly towards an outpatient managed care model and nurses being placed in charge of multiple disciplines, sending nurses to a corps specific management/leadership course appears outdated. Transforming NSM into a multi-disciplinary health care leadership course may be a possible way to meet the needs of those individuals who will be piloting the military health care system in the new millennium.

Nursing Practice

Transformational leadership in today's rapidly changing military health care environment is essential. Mid-level leaders are in pivotal positions to ensure the mission and vision are carried out. Visionary behavior is important, especially in times of great turmoil, because it inspires followers to become enthusiastic about the future and work towards goal achievement. Senior leaders must promote this type of leadership behavior throughout the ranks. Educational courses need to emphasize the importance of a shared vision along with the other transformational leadership behaviors. Learning from our rich military past, studying great leaders, and encouraging application of transformational type leadership behaviors in a safe environment are the steps to take toward building an impressive military health care system, capable of meeting the needs of all beneficiaries.

Conclusions

The overall findings of the study indicated that USAFNC Captains with management experience ranked themselves high in many of the transformational leadership behaviors identified in the literature as exemplifying effective leadership. The manner in which the Captains acquired those leadership behaviors remains uncertain. The study could not clearly identify formal education, as defined by the survey, as making a difference. This possibly was due to the LPI instrument used to evaluate effective leadership, or simply a consequence of the Air Force culture which promotes effective leadership, both formally and informally, on a daily basis.

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APPENDIX A

Demographic Data Sheet and Leadership Practice Inventory-Self

DEMOGRAPHIC INFORMATION

Instructions: Please complete demographic information by marking your appropriate response to the item with an x, or completing the specific information asked.

1. In what age range are you?

       20-25 . . . . 01[ ]
       26-30 . . . . 02[ ]
       31-35 . . . . 03[ ]
       36-40 . . . . 04[ ]
       41+ . . . . 05[ ]

2. Your gender?

       Female . . . . 01[ ]
       Male . . . . 02[ ]

3. Your rank?

       Captain . . . . 01[ ]
       Major . . . . 02[ ]
       Other . . . . 03[ ]

4. Prior enlisted?

       Yes . . . . 01[ ]
       No . . . . 02[ ]

5. Which of the following degrees do you hold?

       Baccalaureate in Nursing . . . . 01[ ]
       Baccalaureate in another field . . . . . . 02[ ]
       Masters with major in nursing . . . . . . 03[ ]
       Masters in another field . . . . 04[ ]
       Doctorate in nursing . . . . 05[ ]
       Doctorate in another field . . . . 06[ ]

   Please specify if other than nursing: _____

6. Number of years as a registered nurse?

       1-4 . . . . 01[ ]
       5-8 . . . . 02[ ]
       9-12 . . . . 03[ ]
       13+ . . . . 04[ ]

7. Number of years as an Air Force nurse?

       1-4 . . . . 01[ ]
       5-8 . . . . 02[ ]
       9-12 . . . . 03[ ]
       13+ . . . . 04[ ]

8. What is your present position?

> Nurse Manager . . . . 01[ ]
> Assistant Nurse Manager . . 02[ ]
> Other . . . . 03[ ]

> Please specify: _____

9. How many people do you supervise?

> 0 . . . . 01[ ]
> 1-5 . . . . 02[ ]
> 6-10 . . . . 03[ ]
> 11-15 . . . . 04[ ]
> 16+ . . . . 05[ ]

10. How many years have you held a supervisor position where you wrote officer, enlisted, or civilian performance evaluations?

> 0 . . . . 01[ ]
> 1-2 . . . . 02[ ]
> 3-4 . . . . 03[ ]
> 5-8 . . . . 04[ ]
> 9+ . . . . 05[ ]

11. Did you attend Nursing Service Management school in residence?

> Yes . . . . 01[ ]
> No . . . . 02[ ]

> > If yes, what year did you attend?

> > > 1997 . . . . 01[ ]
> > > 1996 . . . . 02[ ]
> > > 1995 . . . . 03[ ]
> > > 1994 . . . . 04[ ]
> > > 1987-1993 . . . . . 05[ ]

12. Did you complete Nursing Service Fundamentals or Nursing Service Management by correspondence?

> Yes . . . . 01[ ]
> No . . . . 02[ ]

> > If yes, what year did you complete course?

> > > 1997 . . . . 01[ ]
> > > 1996 . . . . 02[ ]
> > > 1995 . . . . 03[ ]
> > > 1994 . . . . 04[ ]
> > > 1987-1993 . . . . . 05[ ]

13. Did you attend Squadron Officer School in residence?

Yes . . . . 01[ ]
No . . . . 02[ ]   54

    If yes, what year did you attend?

        1997 . . . . 01[ ]
        1996 . . . . 02[ ]
        1995 . . . . 03[ ]
        1994 . . . . 04[ ]
        1987-1993 . . . . . 05[ ]

14. Did you complete Squadron Officer School in correspondence?

Yes . . . . 01[ ]
No . . . . 02[ ]

    If yes, what year did you complete course?

        1997 . . . . 01[ ]
        1996 . . . . 02[ ]
        1995 . . . . 03[ ]
        1994 . . . . 04[ ]
        1987-1993 . . . . . 05[ ]

15. Did you attend the Flight Nurse course?

Yes . . . . 01[ ]
No . . . . 02[ ]

    If yes, what year did you attend?

        1997 . . . . 01[ ]
        1996 . . . . 02[ ]
        1995 . . . . 03[ ]
        1994 . . . . 04[ ]
        1987-1993 . . . . . 05[ ]

LEADERSHIP PRACTICES INVENTORY [LPI]

Instructions: On the next two pages are thirty statements describing various leadership behaviors. Please read each carefully. Then look at the rating scale and decide how *frequently you engage in the behavior* described. Here's the rating scale that you'll be using:

1 = Almost Never	6 = Sometimes
2 = Rarely	7 = Fairly Often
3 = Seldom	8 = Usually
4 = Once in a While	9 = Very Frequently
5 = Occasionally	10 = Almost Always

In selecting each response, please be realistic about the extent to which you *actually* engage in the behavior. Do *not* answer in terms of how you would like to see yourself or in terms of what you should be doing. Answer in terms of how you *typically* behave---on most days, on most projects, and with most people.

LEADERSHIP PRACTICES INVENTORY [LPI]

SELF

To what extent do you typically engage in the following behaviors? Choose the number that best applies to each statement and *record it in the blank to the left of the statement.*

1	2	3	4	5	6	7	8	9	10
Almost Never	Rarely	Seldom	Once in a While	Occasionally	Sometimes	Fairly Often	Usually	Very Frequently	Almost Always

_____ 1. I seek out challenging opportunities that test my own skills and abilities.

_____ 2. I talk about future trends that will influence how our work gets done.

_____ 3. I develop cooperative relationships among the people I work with.

_____ 4. I set a personal example of what I expect from others.

_____ 5. I praise people for a job well done.

_____ 6. I challenge people to try out new and innovative approaches to their work.

_____ 7. I describe a compelling image of what our future could be like.

_____ 8. I actively listen to diverse points of view.

_____ 9. I spend time and energy on making certain that the people I work with adhere to the principles and standards that we have agreed on.

_____ 10. I make it a point to let people know about my confidence in their abilities.

_____ 11. I search outside the formal boundaries of my organization for innovative ways to improve what we do.

_____ 12. I appeal to others to share an exciting dream of the future.

_____ 13. I treat others with dignity and respect.

_____ 14. I follow through on the promises and commitments that I make.

_____ 15. I make sure that people are creatively rewarded for their contributions to the success of our projects.

1	2	3	4	5	6	7	8	9	10
Almost Never	Rarely	Seldom	Once in a While	Occasionally	Sometimes	Fairly Often	Usually	Very Frequently	Almost Always

_____ 16. I ask "What can we learn?" when things do not go as expected.

_____ 17. I show others how their long-term interests can be realized by enlisting in a common vision.

_____ 18. I support the decisions that people make on their own.

_____ 19. I am clear about my philosophy of leadership.

_____ 20. I publicly recognize people who exemplify commitment to shared values.

_____ 21. I experiment and take risks even when there is a chance of failure.

_____ 22. I am contagiously enthusiastic and positive about future possibilities.

_____ 23. I give people a great deal of freedom and choice in deciding how to do their work.

_____ 24. I make certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on.

_____ 25. I find ways to celebrate accomplishments.

_____ 26. I take the initiative to overcome obstacles even when outcomes are uncertain.

_____ 27. I speak with genuine conviction about the higher meaning and purpose of our work.

_____ 28. I ensure that people grow in their jobs by learning new skills and developing themselves.

_____ 29. I make progress toward goals one step at a time.

_____ 30. I give the members of the team lots of appreciation and support for their contributions.

(1) What Air Force training best prepared you for the leadership challenges you face today?

What aspect of this training did you find most useful?

APPENDIX B

Cover Letter

Major Marjorie J. Randall
4304 E. Bighorn Avenue
Phoenix AZ 85044

Captain «FIRSTNAME» «LASTNAME»
«SQUADRON»/«OFFICE_SYM»
«BASE1» AFB «STATE» «ZIP»

Dear Captain «LASTNAME»

    I am a graduate student under the direction of Dr. Donna Adams, a professor in the College of Nursing at Arizona State University (ASU). I am conducting a research study entitled "U.S. Air Force Nurses' Perceived Leadership Effectiveness." The focus of this study is to explore leadership effectiveness among Air Force nurses with management experience. The information you provide may become instrumental in how Air Force Nurse Corps leaders are trained in the future.

    You were selected to participate in this survey because of your management experience. Your participation is voluntary and will involve completing the enclosed questionnaire. This will take approximately ten minutes of your time. The questionnaire is anonymous, thereby ensuring confidentiality of responses. Return of the questionnaire will be considered your consent to participate.

    The survey has been approved by the Air Force with a control number of USAF SCN 97-63. The identification number on the enclosed envelope is for mailing purposes only. This is so I may cross your name off the list when your questionnaire is returned and thus avoid duplicate mailings. Please be assured your name will never appear on the questionnaire and that the envelope will be separated from the questionnaire immediately upon opening.

    Your input is very important in obtaining an accurate picture of Air Force nurses' perceived leadership effectiveness, and may spark debate on how best to prepare nurse leaders for the challenging and exciting future in military health care. Please mail your responses in the enclosed postage-paid envelope by 20 November 1997. If you have any questions concerning the study feel free to call me at (602) 759-3238 or e-mail Mjrrn61@AOL.com . Thank you for your time and contributions to this research.

Sincerely

MARJORIE J. RANDALL, Maj, USAF, NC
AFIT/ASU Graduate Student

Attachment:
Survey

APPENDIX C

Letter to Dr. Barry Z. Posner and Consent

MARJORIE RANDALL

4304 E. Bighorn Ave
Phoenix, AZ 85044
(602) 759-3238

e-mail: Mjrrn61@AOL.com

July 9, 1997

Barry Z. Posner, PhD
Leavey School of Business and Administration
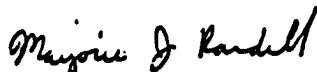Santa Clara University
Santa Clara, California 95053

Dear Dr. Posner:

Thank you for taking time to consider this request. I am a graduate student at Arizona State University (ASU) studying Nursing Administration. As a part of my degree requirements, I plan to conduct research in the field of leadership. To be specific, I want to investigate if Air Force nurses who attend the Air Force Nursing Service Management course in residence differ in perceived leadership effectiveness than those Air Force nurses who do not attend the course.

While looking for surveys which would measure leadership effectiveness, I ran across your book, The Leadership Challenge. Intrigued by how you categorized exemplary leadership, I sent for the *Leadership Practice Inventory (LPI)* through Jossey-Bass Publishers. The *LPI-SELF* survey exemplifies what I am trying to assess.

I am writing today to request permission to use your *LPI-SELF* survey as a part of my research. May I also please replicate the questionnaire? Thank you again for your time and consideration in this request. I eagerly await your reply and any recommendations you may have in regards to this study.

Sincerely,

Marjorie J. Randall
ASU Graduate Student

KOUZES POSNER INTERNATIONAL
15419 Banyan Lane
Monte Sereno, California 95030
Phone/FAX: (408) 354-9170

July 24, 1997

Ms. Marjorie J. Randall
4304 Bighorn Avenue
Phoenix, Arizona 85044

Dear Marjorie:

Thank you for your correspondence (dated July 9) requesting permission to use the Leadership Practices Inventory (LPI) in your graduate research project. We are willing to allow you to reproduce the instrument as outlined in your letter, at no charge, with the following understandings:

(1) That the LPI is used only for research purposes and is not sold or used in conjunction with any compensated management development activities;

(2) That copyright of the LPI is retained by Kouzes Posner International, and that the following copyright statement be included on each page of the instrument: "Copyright © 1997 Kouzes Posner International, Inc. All rights reserved.";

(3) That one (1) copy of your research project and one (1) copy of all papers, reports, articles, and the like which make use of the LPI data be sent promptly to our attention; and

(4) That one (1) copy of the LPI data be provided, along with relevant demographic information, in ASCII-format upon completion of the project.

If the terms outlined above are acceptable, would you please so indicate by signing one (1) copy of this letter and returning it in the enclosed self-addressed, return envelope. Best wishes for every success with your research project. If we can be of any further assistance, please let us know.

Cordially,

Barry Z. Posner, Ph.D.
Managing Partner

I understand and agree to abide by these conditions:

(Signed) _Marjorie J. Randall_ Date: _30 Aug 97_

APPENDIX D

Letter to HQ AFPC/DPSAS and Consent

MEMORANDUM FOR MR. CHARLES HAMILTON   12 August 1997

FROM: Major Marjorie Randall
          4304 E. Bighorn Avenue
          Phoenix, AZ 85044

SUBJECT: Survey Request

1. Enclosed is a survey request for your consideration.   I am an AFIT sponsored graduate student
at Arizona State University studying Nursing Administration. As a part of my degree requirements,
I plan to conduct research in the field of leadership. To be specific, I want to investigate if Air
Force nurses who attend the Air Force Nursing Service Management course in residence differ in
perceived leadership effectiveness than those Air Force nurses who do not attend the course.

2. If you have any questions or concerns regarding this request please feel free to reach me at
602-759-3238 or by e-mail Mjrm61@AOL.com. Thank you for your time. I eagerly await your
reply and any recommendations you may have in regards to this study.

                                   MARJORIE J. RANDALL, Maj, USAF, NC
                                   AFIT Student

4 Atch
1. Survey Request
2. Kouzes Posner International letter
3. LPI instrument
4. Demographic Sheet

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE PERSONNEL CENTER
RANDOLPH AIR FORCE BASE TEXAS

U.S. AIR FORCE

1947 - 1997

2 2 AUG 1997

MEMORANDUM FOR MAJOR MARJORIE RANDALL

FROM: HQ AFPC/DPSAS
550 C Street West, Ste 35
Randolph AFB TX 78150-4737

SUBJECT: Survey Request (Your letter, 12 Aug 97)

Your proposed survey has been reviewed and is assigned a USAF Survey Control Number contingent upon you making the following changes:

1. Ref Cover Letter. A cover letter should be included when the survey is sent to the field. This letter should include a brief overview of the objective and purpose of the research, why this person was selected to participate, and thank them in advance for their contributions. You may also want to add an address they could write to if they are interested in seeing the results of the research once it is complete.

2. It is acceptable to forward the data and relevant demographic information to Kouzes Posner International, but you will need to work through your local Public Affairs office to ensure that you follow the appropriate data release procedures.

With the above changes, a control number of USAF SCN 97-63 is assigned and will expire on 31 Dec 97. Please ensure that the SCN appears on the face of the survey, or in the cover letter, and forward a copy of the survey and the cover letter (in its final form) to us for our files. Additionally, it is important to note that all data collected can be requested by the public under the Freedom of Information Act.

If you have any questions, comments, or concerns please do not hesitate to contact me at (210) 652 - 5680 (DSN 487-5680) or via e-mail (bensonm@hq.afpc.af.mil). Best of luck during the data collection phase of your project.

MICHAEL J. BENSON, Lieutenant, USAF
Personnel Research Psychologist

APPENDIX E

Human Subjects Institutional Review Board - Arizona State University

Office of Human Research Administration (OHRA)
Vice Provost for Research
Arizona State University

Box 878206
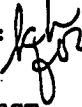*Tempe, AZ 85287-8206*
602/965-6788 FAX: 602/965-7772

M E M O R A N D U M

September 19, 1997

TO: Donna Adams
          Nursing

FROM: Charles Claiborn, Chair
         Human Subjects IRB

SUBJECT: "U.S. Air Force Nurses Perceived Leadership
            Effectiveness" HS #98-018

The Human Subjects Institutional Review Board has concurred that
your above-referenced project qualifies for exemption from Full
Board review under Category #2.

The IRB would like to remind you that Federal regulations require
investigators to immediately report to the Board any complaints,
incidents, or injuries that may occur as part of the project.

**It should be noted that exempt research is approved for one year
only.** Should this project be expanded in the future, please
notify Karol Householder at the Office of Human Research
Administration (mail code 8206).
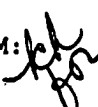
kh

xc: M. J. Randall
     Bailey Creighton

Office of Human Research Administration (OHRA)
Vice Provost for Research
Arizona State University

Box 878206
Tempe, AZ 85287-8206
602/965-6788 FAX: 602/965-7772

M E M O R A N D U M

October 27, 1997

TO: Donna Adams
         Nursing

FROM: Charles Claiborn, Chair
         Human Subjects IRB

SUBJECT: "U.S. Air Force Nurses Perceived Leadership
         Effectiveness" HS #98-018

The Human Subjects Institutional Review Board has concurred
your modification of the above-referenced project for the conduct
of research involving human subjects, per your request dated
October 15, 1997, to include an additional paragraph in the cover
letter regarding approval of the survey by the Air Force.

The IRB would like to remind you that Federal regulations require
investigators to immediately report to the Board any complaints,
incidents, or injuries that may occur as part of the project.

**It should be noted that exempt research is approved for one year
only.** Should this project be expanded in the future, please
notify Karol Householder at the Office of Human Research
Administration (mail code 8206).

kh

xc: Marjorie J. Randall
     Bailey Creighton

BIOGRAPHICAL SKETCH

Marjorie J. Randall is currently a Major in the United States Air Force Nurse Corps. She received her undergraduate degree in nursing at Syracuse University, Syracuse, New York in 1983. Upon graduation she was commissioned as a second lieutenant through the Air Force Reserve Officers' Training Corps program. She has served in a variety of nursing positions: Medical-surgical clinical nurse, assistant charge nurse, and nurse manager. She also served as a flight nurse, instructor flight nurse, and senior flight clinical coordinator and has more than 1770 hours flying in the C-9 Nightingale. Her assignments included: Andrews AFB, Maryland, March AFB, California, Scott AFB, Illinois, Spangdahlem AB, Germany, and Arizona State University, Tempe, Arizona. Her decorations include the Meritorious Service medal with two oak leaf clusters and the Air Force Achievement medal. She is a member of Phi Kappa Phi, Sigma Theta Tau, American Nurses Association and United States Association of Military Surgeons.