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RESEARCH ARTICLE

IMPACT OF LEADERSHIP DEVELOPMENT PACKAGE (LDP) ON SATISFACTION OF HEAD NURSES AND UNDERGRADUATE NURSING STUDENTS WITH THE LDP

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ABSTRACT

Over the past several decades, the phenomena of leadership continue to predominate in mainstream business and healthcare literature. Working as a nurse leader requires complex skills and competencies that could affect not only staff, but also patients. Leadership development is a lifelong process. As nurses progress throughout their careers, they will face new challenges. The need for change will always exist and as the circumstances of nurse's lives are constantly altered, the leadership skills also need to be refined, renewed and further developed. Thus the study was conducted to find the impact of the Leadership Development Package on leadership competencies of the participants. The aim of the study was also to identify the organizational climate that was present in the organization and to determine the satisfaction of participants with the leadership development package. Finally, it was also to find the readiness and commitment of key management personnel towards the implementation of leadership development package in the institution. A qualitative research approach with a descriptive research design was employed. 60 head nurses and 60 undergraduate nursing students in experimental and control groups participated in the study. The data was collected using the organizational climate rating scale, focus group discussion format for head nurses and undergraduate nursing students and structured interview format for the key management personnel. The findings of the study revealed that the head nurses and undergraduate nursing students found the LDP to be very useful and were highly satisfied with it. The key management personnel found the need to develop leadership skills among nursing personnel's and were ready to implement the LDP as per the institutional needs.

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INTRODUCTION

Over the past several decades, the phenomena of leadership continue to predominate in mainstream business and healthcare literature. Health care system is increasingly becoming complex and more difficult to manage with each passing decade- a situation compounded by constant changes in the health care structure, changing public demographics and consumer expectation of the healthcare system, the need for implementation of new knowledge, evidence and innovation, new and emerging diseases, technological advancement and the inter professional teamwork and conflict. Leadership and management in nursing directly influence the quality of healthcare provided to patients and therefore directly impacts

upon patient outcomes. (AACN 2007, Herin and Spears 2007, Stanley 2006) Hospitals have a variety of nursing leadership structures, many of which use a traditional nursing management composition of nursing superintendent/ matron/ chief nursing officer, floor supervisors, head nurses/charge nurses and finally staff nurses. In today's healthcare, nursing managers must demonstrate leadership styles that are appropriate for constantly changing, complex and turbulent healthcare delivery system. (Contino, 2002)

Need for the study

Leadership is important in every sphere of activity, it is likely to be particularly crucial issue for nursing and midwifery at the beginning of the 21st century as nurses and midwives, along with other health professionals, find themselves faced with a climate of ongoing change. They hold 24/7 accountability and work a 40- hour week. It has been observed that the

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development of nursing leadership skills was mostly ad hoc, 'on the job' and occasionally 'post-hoc'. There was no systematic or integrated leadership development program within and across nursing institutions in India. Leaders most often grew by chance. Working as a nurse leader requires complex skills and competencies that could affect not only staff, but also patients. (Laschinger, 2004) Frontline nurse leaders are responsible for decision-making not only related to patient care, but also for decisions that will affect the staff and daily operations. Each of these is affected by the nurse's education or work experience. (Connelly, Nabarrete, & Smith 2003b) Without proper education, training, and mentoring, nurse leaders may struggle in their roles, which can contribute to decreased nurse satisfaction and poor patient outcomes (Cook 1999 & Taunton, Boyle, Woods, Hansen, & Bott M 1997).

Initiative to undertake such a study came from personal observations of nurses in their practice settings. Personal observation as a practicing nurse and nurse educator has shown that nurses working at all levels of health care system were excluded from decision making by other health care professional, health care administrators and policy makers. Nurses who were involved at times felt inadequate to make significant contribution and were hesitant to participate in such activity. Thus the researcher felt that Leadership development is clearly one way of supporting nurses to make effective contributions within health service structures, and equipping them with the knowledge, skills and attributes necessary to lead health care teams for imparting quality nursing services. The main aim of the study was to find the impact of a leadership development package on leadership competencies of undergraduate nursing students and head nurses working in the clinical settings as reported by the participants and also as observed by the others. Secondary aim was to identify the organizational climate that was present in the organization and to find the readiness and commitment of key management personnel towards the implementation of leadership development package in the institution. Finally, it was also to determine the satisfaction of participants with the leadership development package. This paper presents the following findings of the study; the organizational climate prevalent in the selected institutions, the satisfaction of participants with the leadership development package, and finally the readiness and commitment of key management personnel towards the implementation of the leadership development package in their institutions.

Methodology

The Systems Research Organizing Model (SROM) (Brewer *et al.*, 2002; Effken *et al.*, 2003) was selected as the conceptual framework for the study. The four constructs that make up the SROM include: 1) Client; 2) Context; 3) Intervention and 4) Outcome. The clients were the undergraduate nursing students and the head nurses. For this research, the context was the organizational climate prevalent in the institution where head nurses and students practiced. The intervention was the leadership development package (LDP) that would increase the ability to implement the five exemplary practices of transformational leadership in their practice. The leadership

development package was designed to provide the fundamentals of leadership which were embedded in the Five Exemplary Leadership Practices which were: (a) Model the Way; (b) Inspire a Shared Vision; (c) Enables Others to Act; (d) Challenge the Process; and (e) Encourage the Heart. As a direct measure, an expected outcome of the leadership development package would be the development of the Five Exemplary Leadership Practices and the leadership practice inventory both the self and observer rated (Kouzes & Posner 2008) was used to measure this. An indirect measure of the outcome was to know the readiness and commitment of key organizational personnel in accepting and implementing the LDP in their institution, and the satisfaction of participants with the LDP. The key organizational personnel would be ready to use the LDP only when they feel it would be beneficial for their institution. Similarly, the participants of the study would be satisfied with the LDP only if the LDP would improve their leadership competencies. Hence this served as an indirect measure of the impact of LDP.

The study involved a mixed method approach, starting with a quantitative data collection and concluding with a qualitative data collection. Quantitative approach was employed to study the impact of leadership development package on the leadership competencies of undergraduate nursing students and head nurses and to find the organizational climate prevalent in the institution towards leadership and leadership development as expressed by the subjects. Qualitative approach was employed to find the satisfaction of subjects with the leadership development package and to find the commitment and readiness of key management personnel in implementing LDP in their institution. A descriptive design was selected to assess the organizational climate prevalent in the institution towards leadership and leadership development and also to describe the qualitative data which was collected to find the satisfaction of participants with the LDP and the commitment and readiness of key management personnel to adopt LDP. Tools used to collect the data were the organizational climate rating scale, the focus group discussion format with leading question to find the satisfaction of participants with the LDP and organizational commitment and readiness interview schedule prepared by the researcher. Validity and reliability of the tools were established before the commencement of the data collection process.

Thirty students of the fourth year B Sc Nursing course who volunteered for the study on first come basis were the study participants in the control and experimental group I. All students of one college acted as the control group. Similarly, thirty head nurses or ward in charges who volunteered for the study on first come basis were the study participants in the control and experimental group II. Head nurses of one hospital acted as the control group. Randomization was not feasible as the chance of contamination to the intervention was very high. All participants in the experimental group of undergraduate nursing students and head nurses who were willing to attend the focus group discussion were included for the focus group discussion to find the satisfaction with LDP. Key management personnel of the hospital and college where the intervention was implemented were the subjects for the structured interview. Descriptive statistics was used for assessing the organizational

climate prevalent in the institution and thematic analysis was used for the qualitative data which was collected.

Major findings

Organizational climate prevalent in the institution

Of the sixty head nurses, thirty three of the head nurse viewed the organizational climate to be poor for leadership and leadership development where as twenty six of them found the climate to be satisfactory and only one person rated the organizational climate to be good. Of the sixty undergraduate nursing students thirty six of them found the organizational climate to be poor and the remaining twenty four of them viewed it as satisfactory. Of the six key management personnel from both hospital and college where the intervention was administered, four of them viewed the organizational climate to be good and the remaining two found it to be satisfactory towards leadership and leadership development.

Focus group discussion- A focus group discussion in three groups of ten subjects was held on the last day of intervention for the experimental group participants and was recorded. Focus group discussion was held separately with undergraduate nursing students and head nurses to determine their satisfaction with LDP and to find the outcomes of participation in the program. Thematic analysis of the data was performed. The Common themes and sub themes which were identified is presented below.

- **Under graduate nursing students** -Five major themes were evident from the focus group discussions which were: **Theme 1- achievement by participating in this program**; A significant area of learning identified by participants in the study was an increased understanding of self. All the participants expressed that the 360 degree feedback by self and observer helped them a lot to understand their own abilities. Most of them were able to identify ways to improve their leadership skills, by understanding the positive and negative aspects of themselves Majority of the participants agreed that the LDP helped them to gain knowledge regarding leadership, leadership style and leadership practices. **Theme 2 – Satisfaction after attending the LDP**; all the participants expressed a high level of satisfaction from attending the leadership development program. **Theme 3- Additional support which is needed to develop leadership skills**; Majority of the participants expressed that they were not provided with opportunity to develop their leadership skills and suggested that ample opportunity need to be provided to students to develop their leadership skills. **Theme 4- Participation in future programs of leadership**; all the participants agreed to that they would definitely attend such program in future. **Theme 5- Suggestion and feedback of the LDP**; Majority of the participants expressed that the objectives of the LDP was attained. The LDP briefly covered all the important aspects of leadership and leadership skills which they were able to easily understand.

- **Head Nurses-** six major themes were evident from the focus group discussion with head nurses. **Theme 1- Achievement by participating in this program**-Majority of the

participants supported that they had gained a lot of new information on leadership qualities, competencies, and also the five leadership practices. Majority of the nurses voiced that they were able to understand themselves better. **Theme 2- Satisfaction after attending the LDP**-All the participants were fully satisfied with the LDP, as they found it easy to implement in the practical situation. **Theme 3- Struggling with leadership situation and difference in the way the situation is handled after the LDP**- Main sources of dissatisfaction at work place voiced by majority of head nurses were: The frequent turnover of the staff, Unavailability of experienced and dedicated staff nurses, Lack of attitude among the new generation staff nurses, Generational gap all leading to lack of teamwork, Lack of coordination, and Lack of motivation in achieving quality patient care. **Theme 4- Additional support which is needed to develop leadership skills**- Opportunity needs to be provided to all so that they will be able to exercise their leadership skills and the management needs to support head nurses in all activities with adequate motivation, encouragement and rewards. **Theme 5- Participation in future programs of leadership**- All head nurses agreed that they would be attending such program in future as it helps them to learn new things and develop new skills. **Theme 6- Suggestion and feedback of the LDP**- Majority of the participants voiced that the LDP was very good, interesting, and easy to understand and practice. They also suggested the need to reduce theory portion in the LDP and supplement it with video clippings of successful leaders and their qualities.

Interview of key management personnel- To determine the commitment and readiness of key management personnel to accept the leadership development package in their institution an interview was conducted with the key management personnel of both college of nursing and hospital where the intervention was implemented with the help of the Organizational Commitment and Readiness Interview Schedule. The interview was recorded and thematic analysis of the data was performed. The ten major themes with sub themes that emerged during the interview are presented below:

- **Theme 1-The difference nursing leadership has made in the organization**; nursing leadership has significantly contributed to the maintenance of quality patient care and they believed that nurses play a very important role in coordinating and leading team to meet the vision of the organization. **Theme 2-Formal leadership training program**; As such there was no formal leadership training program in the institution but there has been on- the- job training in nursing management for the newly promoted nurses. All the key organizational personnel agreed that such leadership training program was essential for nurses and nursing students. **Theme 3-Expectations from nurses who have participated in LDP**; they should be able to coordinate care and build up team which will be able to move towards implementing change and better patient care. Nurses should be able to develop and maintain the standards of care. **Theme 4-Support present in the organization to enhance the leadership skills of nurses**; management has a positive attitude towards leadership training program and strongly believes that everybody should be given an opportunity to learn. **Theme 5- Gaps in nursing leadership capacities**; All the key personnel agreed to that there were gaps in leadership capacities which

were mainly attributed to the frequent turnover of experienced staff and also the gap between nursing education and nursing practice. **Theme 6-Opinion of such leadership development program;** all key personnel were of the opinion that such program would be helpful in developing potential leaders who in turn would help in creating an environment of change. **Theme 7-Concern regarding implementing the LDP;** the main concern regarding implementing the program was to alien it with the needs of the institution and also to focus on individual needs of the participants. **Theme 8-Readiness to implement LDP;** all key management was ready to implement LDP with modifications as per the institution needs in future. **Theme 9-Challenges in implementing;** major challenges would be to change the attitude of participants to such training program, to retain the staff who have been trained, to give everyone a chance to attend such program, to track the progress made by participants after attending such program, to devise methods with incentives and rewards which will aid in better performance of the participants. **Theme 10-Facilitators in implementing;** the main facilitator was that the management personnel were interested in such program and wanted to implement.

DISCUSSION

It was found that majority of head nurses and undergraduate nursing students viewed the organizational climate to be poor for leadership development. This may be due to lack of clarity in sharing the vision of the institution and the participants not having a positive attitude towards the management as a result of the ongoing strike of nurses throughout the state. Pearson *et al.* found relations between a healthy work environment and positive leadership approaches, although much of the identified literature in this review was of a descriptive nature (Pearson *et al.*, 2007). A supportive organizational culture is important in developing leaders and improving leadership, and a healthy work environment may have a positive effect on nurse retention (Curtis, Sheerin and De Vries 2011b). Studies have revealed links between successful leadership and: positive practice environments that support RN staffing adequacy, nurse autonomy and empowerment, participation in policy decisions, control over spans of practice, support for innovative ideas and supervisor support in managing conflict (Cummings, Lee, Macgregor *et al.*, 2008). Wagner *et al.*'s (2010) systematic review of publications on the role of empowerment in nursing leadership suggests that efforts by the organization to 'empower' nurses promote positive work behaviors and attitudes, including leadership behavior (Wagner *et al.*, 2010). Growing evidence suggests that organizations can improve patient, organizational, and nurse outcomes by investing in positive work environments that support nursing leadership (Aiken *et al.*, 2002). The focus group discussion primarily revealed that all the participants who had undergone the LDP were highly satisfied it. The findings of the focus group discussion have been supported by similar findings from other studies. Geore *et al.* (2002) in a study involved interviews with a panel of nurses at three, six, and twelve month's post-completion of the shared leadership concepts program (SCLP). Nurses reported increased personal self-growth over time after training. "They were more aware of how their leadership behavior had changed, how it affected

how they acted, and areas to further improve over time. They reported less stress, were able to participate in committees, and served as resources to other staff more effectively. They saw themselves as having more negotiation skills, better relating to others, and being more accountable for and aware of the health care system as a whole (Geore *et al.*, 2002). Olson (2005) in a study of Leadership Development in the Regional Institute for Health and Environmental Leadership (RIHEL) interviewed RIHEL fellows who reported specific utilization of the five exemplary leadership practices as well as collaborative processes taught during the program, being more self-aware and reflective in their approach to leading, being more intentional and conscious about the practices they utilized and why, and more confident in their leadership practices. Further observations from the interviews noted: "Even some participants who had lower or negative total LPI change scores could articulate specific practices that had changed for them and self-awareness came in many forms for the fellows." (Olson 2005) Ten major themes that emerged during the interview sessions with key management personnel to determine the commitment and readiness of key management personnel to accept the leadership development package in their institution. Few studies have reported the commitment and readiness of management for change. Caldwell *et al.* (2009) in a study explored how three variables—agreement with new strategy, leaders' actions, and groups' general orientation toward change could influence members of physician teams to take actions supporting a strategic shift aimed at improving patient satisfaction. The results of the study showed that normative support for the specific strategic change was directly related to increased patient satisfaction a year later. The interaction between norms supporting change readiness and the quality of leadership was positively related to change in patient satisfaction (Caldwell *et al.*, 2009).

Conclusion

From the feedback of the participants it was clear that the LDP was effective in improving the knowledge and understanding of leadership and they highly appreciated the program. The key management personnel expressed the need for such program and were ready to implement such program in their institution. Nurses often take on leadership positions with enthusiasm when they are provided with tools, training and the active support and encouragement of their superiors. More specifically, increasing general leadership opportunities at all levels and positions, including frontline nurses, would encourage more nurses to consider leadership positions. Nurses cannot improve the culture of their work environment on their own, regardless of the amount and quality of training and support they receive or the depth of their commitment. Lasting cultural and behavioral change requires consistent commitment, leadership and guidance from senior management. It is also recommended that leadership education should be consistently provided. It is preferable to integrate the concept of leadership throughout the nursing education curricula of the program. It is also suggested to integrate it in the extracurricular, in the training of clinical instructors, lecturers, and to provide leadership continuing education courses for nurses. This research contributes to filling the apparent void of empirical work in the development and

administration of specific leadership development package in the areas of transformational leadership to nursing graduate students, which could also be used as an in-service training for head nurses having maximum impact on individual leadership competencies which in turn would finally lead to better patient outcomes.

Ethical clearance was obtained from the Institutional Ethics Committee. Separate permission was obtained from each setting for the study. Informed consent was obtained from each participant of the study. Each participant was made fully aware of the confidentiality and anonymity of the responses given, including the fact that the researcher would use the data for research purpose only. For the focus group discussion and the interview, the participants were assured that the data would be recorded and after analysis the data would be erased.

Conflict of interest- None

Source of Funding – The researcher

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