THE INFLUENCE OF LEADERSHIP PRACTICES ON FACULTY JOB SATISFACTION IN BACCALAUREATE DEGREE NURSING PROGRAM

by

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ABSTRACT

CLIFFORD C. AFAM. The Influence of leadership practices on faculty job satisfaction in baccalaureate degree nursing program. (Under the direction of DR. CHARLES HUTCHISON)

Using a correlational, cross-sectional study design with self-administered questionnaires, this study explored the extent to which leadership practices of deans and department heads influence faculty job satisfaction in baccalaureate degree nursing programs. Using a simple random sampling technique, the study survey was sent to 400 faculty members. 300 faculty members were chosen out of 400 and106 faculty members who returned the questionnaires and employed full time in baccalaureate degree nursing programs in the southeastern part of the United States were selected for the study. The study participants completed the Weiss, Dawis, England, and Lofquist's (1977) Minnesota Satisfaction Questionnaire and Kouzes and Posner's (2003) Leadership Practices Inventory (LPI) survey. The study illuminated the relationship between leadership practices of university deans and department heads and faculty job satisfaction using a descriptive, correlational cross-sectional study design with self administered questionnaires. The findings indicated that nursing deans and department heads who implemented the leadership practices whereby their faculty felt encouraged and enabled to act more autonomously produced higher levels of job satisfaction.

Keywords: leadership practices, job satisfaction, nursing faculty

DEDICATION

This dissertation is dedicated in loving memory of my beloved father, Mathias Ikenna Afam. I wish you were here to experience this with me, but I believe that your spirit lives forever. May God continue to bless you.

Rest in Peace.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AACN:	American Association of Colleges of Nursing
ANA:	American Nurses Association
HRSA:	Health Resources and Services Administration
IRB:	Institutional Review Board
JCAHO:	Joint Commission on Accreditation of Healthcare Organization
LMX:	Leader Member Exchange
LPI:	Leadership Practices Inventory
MSQ:	Minnesota Satisfaction Questionnaire
SPSS:	Statistical Package for the Social Science
VDL:	Vertical Dyad Linkage

CHAPTER 1: INTRODUCTION

Education is the primary vehicle by which individuals pursue success and gain skills, knowledge, and attitudes necessary to prepare them to live a socially useful and productive life. Although colleges and universities intend to provide quality education, many still have difficulty providing an environment that is conducive to learning. Parents and society, as consumers of educational services, are concerned about the effects of the process of education on students (Lucas, 1986). Lucas also found that deans of nursing educational programs hold important leadership roles in the nursing profession, healthcare delivery system, and higher education. Administrators of nursing education are expected to be fully prepared and knowledgeable in their areas of expertise, but most nursing deans and department heads go into their positions inadequately trained for leadership (Goldenberg & Waddell, 1990; Redman, 2001). They have no training on how to manage an academic institution successfully in order to ensure that the teaching and learning environment is conducive to students (Goldenberg, 1990). Redman (2001) noted that the dean not only has expectations of the faculty, but that the faculty also has expectations of the dean, and, if these mutual expectations are not met, the relationship between the dean and the faculty will be adversely affected.

Teachers play an important role in shaping the future of individuals as well as of entire generations. In recent years, research has demonstrated the dramatic effects that teachers can have on the outcomes of students from all academic and social backgrounds

(Goldhaber & Anthony, 2003). Rebell and Wolff (2008) noted that parents and students are aware that the most essential resource that a school can provide to any student is a truly effective teacher. In fact, studies have shown that teacher quality is the most important educational input predicting student achievement (Goldhaber & Anthony, 2003). Ross's (1995) study revealed that teachers who are successful and satisfied establish challenging goals for themselves and their students, hold themselves responsible for instructional outcomes, and persist in spite of obstacles. Ross's research further supports the position that, by strengthening teacher efficiency and satisfaction, student achievement is enhanced. Faculty members may become dissatisfied with their work if deans and directors fail to provide effective leadership and if nursing schools are not effectively organized (Shieh, Mills, & Waltz, 2001).

Nursing Leadership

The roles of academic deans in higher education are challenging and complex; yet, longevity in these positions is relatively short. As the nation faces a massive nursing shortage, creative, visionary leaders will need to provide exemplary leadership in schools of nursing as the profession attempts to recruit and educate the next generation of health care providers. In the 2001-2002 American Association of Colleges of Nursing (AACN) survey of 504 nursing deans, 73.2% were in their first year of deanship, and 57 nursing deans (11.4%) were in their positions of leadership for less than a year. An additional 100 nursing deans (20%) were in their positions for a period of 1-2 years. Thus, a total of 157 or (31.4%) of nursing deans were relatively new to their position (Berlin, Bednash, & Stennett, 2002).

Deans and department heads are responsible for training and supervising staff, assigning faculty duties, coordinating registration, recruiting students and attending meetings (Anderson, 1997; Filan, 1999; Foote, 1999). These duties are crucial to the successful administration of colleges and the subsequent job satisfaction of faculty who are under the supervision of the department heads. The way in which the above tasks are accomplished could have an impact on the satisfaction of the faculty. Therefore, the leadership practices that the department heads employs are paramount to the success of the institution and the satisfaction of the faculty members (Anderson, 1997; Filan, 1999; Foote, 1999).

There is a national nursing faculty shortage that has reached a critical proportion as reported in a number of professional nursing journals. Factors that have contributed to the shortage include unattractive pay, increased faculty workload, age, more lucrative career options within the nursing profession and, most importantly, leadership practices of academic faculty leaders. Mobily (1992) indicated that the most common source of stress for nursing faculty was attributed to ineffective supervisory leadership. A significant number of nursing faculty are leaving academia mainly because they are dissatisfied with the leadership practices of their deans and department heads (Baker, Sullivan, & Emery, 2006). Similarly, the turnover rate of academic deans has accelerated dramatically so that the dean's position has become a stage in one's career, rather than a permanent and perhaps culminating career path (Bright & Richards, 2001).

This trend is evident in nursing programs, where the mean number of years in the dean's position has dropped from 7 to 6.3 between 1999 and 2003. The number of first-year deans in the same time period increased from 69.3 to 75.3 (Berlin, Bednash, &

Stennett, 2002). Visionary and creative individuals will be needed to provide exemplary academic leadership in higher education nursing programs as the profession attempts to recruit and educate the next generation of healthcare providers. Academic deans are in the best position to provide this leadership; thus, it is paramount that the position of the nursing dean has the core characteristics to provide job satisfaction that will lead to longevity not only in their role, but for the nursing faculty as well (Bright & Richards, 2001).

There exists a critical nursing leadership crisis which is currently having a grave impact on the recruitment and retention of baccalaureate degree nursing faculty. A shortage of trained and educated nurses secondary to the nursing faculty shortage may potentially have a devastating effect on the care of all Americans. Consequently, healthcare in America suffers from a reduction in the numbers of professional nursing faculty needed to train qualified nursing student applicants, which in turn, negatively affects the total number of nurses educated in the United States. Therefore, leadership practices of deans and department heads that negatively affect faculty job satisfaction will adversely influence student academic achievement.

Statement of Problem

Professional demands on university deans and department heads continue to multiply with increased responsibilities in administrative duties with less attention being paid to faculty members and instructional issues within the school. Academic nursing leaders have increased the expectations for nursing faculty without addressing resource concerns, which increased performance anxiety and distrust of nursing academic leaders among nursing faculty (Anderson, 2002). Numerous studies have presented findings on

principals' leadership practices and teacher satisfaction or efficacy on student academic achievement; but, few have limited their focus on higher education specifically leadership practices and effectiveness of deans and its impact on faculty job satisfaction.

There is limited research at the university level that examines the relationship between deans' and department heads leadership practices and its impact on faculty job satisfaction. Insufficient research exists about what it is like for nursing faculty to work with the academic deans in their departments and how their experiences may impact their job satisfaction (American Association of Colleges of Nursing, 2005). Given the challenges and responsibilities faced by deans and department heads, it is important to explore their leadership practices and the impact on faculty job satisfaction.

Finally, most nursing education research studies primarily are focused on health and illness, neglecting issues that affect faculty job satisfaction. This certainly made this study even more important because it focused on higher education and leadership practices of the educators who administer these schools and their impact on faculty job satisfaction.

Purpose of the Study

The purpose of this study is to explore the extent to which leadership practices of deans and department heads influence faculty job satisfaction in baccalaureate degree nursing program. The research questions that guided this study are as follows:

- What are the leadership practices of nursing deans and department heads as perceived by nursing faculty?
- What are the levels of job satisfaction as perceived by nursing faculty?

- To what extent do leadership practices of deans and department heads as perceived by nursing faculty, predict nursing faculty job satisfaction?

Definition of Terms

Leadership

Leadership is a relationship between those who aspire to lead and those who choose to follow (Kouzes & Posner, 2002). Leadership is a process where a person influences a group of individuals to achieve a common goal (Holdford, 2003; Northhouse, 2004). Yukl (2002) defined leadership as a process whereby an individual exerts influence over a group of people in order to guide, structure, and facilitate all relationship and actions within an organization. Similarly, Owens (2001) noted that there is no clear definition of leadership that will be acceptable to everyone; but, agrees that leadership is a group function and that leaders seek to influence the behavior of other people. Roberts (1990) defines leadership as "the privilege to have the responsibility to direct the actions of others in carrying out the purposes of the organization, at varying levels of authority and with accountability for both successful and failed endeavors" (p. 5).

Leadership practices

Leadership practices are what deans do to create a condition that enables faculty to find their own direction, fostering practices and strategies that increase faculty duties (Armstrong-Coppins, 2003).

Leadership effectiveness

Leadership effectiveness is the ability to influence the activities of an individual or group toward the achievement of a goal (Addison, 2006).

Job satisfaction

Job satisfaction has been defined as any combination of physical or psychological factors and/or environmental circumstances that may cause a person to be satisfied with his or her job (Hoppock, 1935). Job satisfaction is best thought of as a reaction that people have to what happens to them at work (Lawler, 1973). Weiss, Dawis, England, and Lofquist, (1997) defined job satisfaction as an employee's general positive feelings about his or her job. Job satisfaction is the fulfillment that an individual obtains from experiencing different jobs, activities, and both extrinsic and intrinsic rewards (French, 1990).

Faculty effectiveness

Faculty effectiveness is the teacher belief in his or her capacity to strongly influence student positive learning (Armstrong-Coppins, 2003).

Faculty member

A faculty member is an instructional faculty member who has no administrative title and holds a full-time position (tenure track or non-tenure track) as a professor, associate professor, assistant professor, or instructor in a baccalaureate nursing degree program (AACN, 2010).

Summary

The purpose of this study is to explore the extent to which leadership practices of deans and department heads influence faculty job satisfaction in baccalaureate degree nursing program. This chapter examined the background of the study, statement of the problem, purpose of the study, nursing leadership and definition of terms. The next chapter will review the relevant literature of this study.

CHAPTER 2: REVIEW OF THE LITERATURE

The purpose of this research study is to explore the issues relating to which leadership practices of deans and department heads influence faculty job satisfaction in baccalaureate degree nursing programs. The review of the literature will identify the theoretical foundation of the study encompassing leadership and job satisfaction theories.

Leadership Theories

The formal scientific study of leadership started in the 20th century and primarily focused on broad concepts such as traits, ability, and behaviors of a leader. Consequently, the delineation of leadership emanated from these broad concepts within the context of an interactive relationship between leaders and followers in an organization (Marquis & Huston, 2008). The most common theme associated with leadership is that it is a group process that involves interaction between at least two people in pursuit of a goal (Bowman, 2002; Keller, 1999). Leadership has been conceptualized in numerous ways and in accordance with different theories of leadership, and nearly every theorist has his or her own definition of leadership. However, from the abundance of several definitions, common features pertinent to the phenomenon of leadership can be identified (Bass, 1981). The most consistent description noted is that leadership involves a process of influence between the leader and the followers to accomplish group, organizational, or social goals (Hollander, 1985).

“Great Man” Theory

Great Man theories assume that the capacity for leadership is inherent – that great leaders are born not made. These theories often portray great leaders as heroic, mythic, and destined to rise to leadership when needed. The term “Great Man” was used because, at that time, leadership was thought of primarily as a male quality, especially in terms of military leadership (Marquis & Huston, 2008). Early research on leadership was based on the study of people who were already great leaders and these people often times are from aristocracy because the ordinary people had less opportunity to lead (Northouse, 2004). Northouse also noted that Aristotle may be said to be a proponent of The Great Man Theory, as he is quoted as saying, “Men are marked out from the moment of birth to rule or be ruled.” Nevertheless, practitioners of psychology often ask themselves to what extent leaders can be developed or to what extent leadership is an inborn ability or related to more stable dispositional factors (Levin & Turner, 2009). Curry (2000) noted that few theorists offer great-men theories of leadership in actuality; rather, a leader may adopt a leadership model that reflects his or her own beliefs.

Trait Theory

Trait Theories posit that people are born with inherited traits and certain qualities that make them better qualified or suited to leadership and they often identify particular personality or behavioral characteristics shared by leaders. These traits are innate rather than nurtured through parenting or schooling (Northouse, 2004).

Stogdill (1974), in his first survey, grouped eight important leadership traits that are critical to leaders. They include responsibility, self-confidence, intelligence, insight, initiative, socially skilled, alertness and persistence. In his second survey other traits

critical to leaders were identified, consisting of tolerance to stress, cooperation, ambitious, decisive, dependable, persuasive, diplomatic, tactful and creative. McCall and Lombardo (1983) researched both success and failure and identified four primary traits by which leaders could succeed or derail:

- Emotional stability and composure: Calm, confident and predictable, particularly when under stress.
- Admitting error: Admitting to mistakes, rather than putting energy into covering up.
- Good interpersonal skills: Able to communicate and persuade others without resort to negative or coercive tactics.
- Intellectual breadth: Able to understand a wide range of areas, rather than having a narrow-minded area of expertise.

Barge and Hirokawa (1998) indicate that, although the trait theory approach to group leadership possesses a certain amount of common sense, it fails to provide us with suitable theoretical mechanism for linking leadership behaviors to group performance outcomes.

The Path-Goal Theory of Leadership

The Path-Goal Theory of Leadership describes the way that leaders encourage and support followers in achieving the goals they have set by making the path that they should take. The Path-Goal Theory contends that the leader must motivate subordinates by emphasizing the relationship between the subordinates' own needs and the organizational goals, and clarifying and facilitating the path subordinates must take to fulfill their own needs as well as the organization's needs. The leader helps the followers

define goals and then reach them in the most efficient way while removing obstacles that may exist and providing support and encouragement for achievement of goals (House, 1971).

Contingency Theory

Fiedler, (1967) developed a contingency theory of leadership and postulates that there are three important contingency or situational dimensions that influence a leader's effectiveness. The dimensions include the following:

- Leader-member relations: the degree of confidence the subordinates have in the leader. It also includes the loyalty shown the leader and the leader's attractiveness.
- Task structure: the degree to which the followers' jobs are routine as contrasted with non-routine.
- Position power: the power inherent in the leadership position. It includes the rewards and punishments typically associated with the position, the leader's formal authority based on ranking in the managerial hierarchy and the support that the leader receives from supervisors and the overall organization.

In Contingency theory, the leader's ability to lead is contingent upon various factors, including the leader's preferred style, the capabilities and behaviors of the followers and also various other situational factors. Contingency theories contend that there is no one best way of leading and that a leadership style that is effective in some situations may not be successful in others. Success depends upon a number of variables, including the leadership style, qualities of the followers, and aspects of the situation.

Cognitive Resource Theory

Cognitive Resource Theory posits that a leader's cognitive ability, which includes intelligence, technical competence and job relevant knowledge (experience), contributes to the performance of the team when the leader's approach is directive. However, stress

affects the leader's intelligence and quality of decisions made. When there is low stress, intelligence is fully functional and makes an optimal contribution. Conversely, when there is high stress, a natural intelligence will make no difference or have a negative effect on decision making. When there is high stress and intelligence is impaired, experience will enable the leader to make appropriate decisions without having to think carefully about the situation (Fiedler, 1995).

Leadership Styles

Azumi and Madhere (1983) examined principal leadership styles as a determinant of teacher effectiveness. They found that principals who utilized a system which incorporated rich feedback and focused on socialization as a way of achieving the organizational goals had greater teacher conformity and, as a result, higher student achievement than those who relied on programming and sanctions of methods of control. Hilliard (2000) advocates for special group of educators who create powerful education environments and not puzzled about how to raise the achievement levels of students from any background to levels of excellence. These educators see the universal genius, spirit, and humanity in all students and things like poverty, bilingual status, single-parent families, and even threatening neighborhood environments present no obstacle to the attainment of excellence for their students. Similarly, Kumashiro (2000) suggests that educators should teach in ways that are equitable and not ignore the differences in their students' identities, rather, educators need to acknowledge and affirm differences and tailor their teaching to the specifics of their student population.

Goleman, Boyatzis, and McKee (2001) noted that effective leaders use emotional intelligence to guide their leadership styles. They defined emotional intelligence as the

ability to manage ourselves and our relationships effectively. They observed that the overwhelming impact of the leader's "emotional style," represent their assertion that a leader's emotional intelligence creates a certain culture or work environment. High levels of emotional intelligence create climates in which information sharing, trust, healthy risk-taking, and learning flourish. Low levels of emotional intelligence create climates rife with fear and anxiety. They explained that emotional intelligence includes four distinct capabilities namely: self-awareness, self-management, social awareness and social skill. They posit that leaders who demonstrate self-awareness portray the ability to read and understand their own emotions and recognize how they influence the work of those around them. They understand their own strengths and weaknesses, and possess the confidence in themselves to achieve their goals (Goleman, Boyatzis, & McKee 2001).

Those who demonstrate self-management, control their own emotions and impulses and consistently display honesty and integrity while being conscientious of their responsibilities and the ability to adapt to change. Such leaders are driven to achieve and have the initiative to seize opportunities when they arise. Leaders who demonstrate self-awareness, exhibit empathy for their followers and take an active role in their concerns. They have a keen perception of the direction the organization is heading, and also the ability to understand and meet the needs of their customers. The last component of emotional intelligence is social skill, and it includes the ability to motivate others with clear and unifying vision, to develop others through providing direction, and to listen and communicate in a concise manner. Leaders who employ social skills are effective change agents, manage conflicts and are proficient team builders (Goleman, Boyatzis, & McKee 2001).

Goleman (2000) in his study identified six different leadership styles claiming that leaders who are successful are those who utilize various leadership strategies contingent on the challenges of their organization. Goleman delineated these styles as follows: Coercive leaders demand immediate compliance and help organizations deal with crisis. However, it is the least effective leadership styles in most situations because it does not provide flexibility within the organization. Authoritative leaders identify standards and strategies that will move the organization in the direction of the vision thereby mobilizing people toward that vision and increasing commitment to the organization.

However, authoritative leadership may become ineffective over a period of time because the followers are not empowered in the organization. Affiliative leaders build strong relationships and create emotional bond and harmony within the organization by placing people first. Democratic leaders build consensus through participation by spending time listening to people and seeking their ideas thereby increasing flexibility and morale within the organization. Pacesetting leaders expect excellence and self-direction identifying employees who cannot meet organizational standards and demand immediate improvement or be replaced. Coaching leaders develop people for the future by identifying their strengths and weaknesses thereby encouraging them and delegating responsibilities so that they may succeed in their careers. Utilizing four or more of these leadership styles depending on the organizational climate produces the most effective leaders (Goleman, 2000).

Burns (1978) identified two types of leaders, transformational and transactional. Transformational leaders motivate followers to perform to their full potential in the

performance of their job by influencing a change in perceptions and by providing a sense of direction. On the other hand, a transactional leader is defined as a leader or manager who functions in a caretaker role and is focused on day-to-day operations. The characteristic of these leaders is that they survey the needs of their followers and set goals for them based on what can be expected from the followers. Transformational leaders use charisma, inspiration, individualized consideration, and intellectual stimulation to produce greater effort, effectiveness, and satisfaction in followers (Bass & Avolio, 1990). Similarly,

Leithwood and Jantzi (1999) found that transformational leadership had a significant effect on school organizational conditions and school organizational conditions had a significant total effect on student learning. Results demonstrated strong significant effects of such leadership on organizational conditions and moderate but still significant total effects on student engagement. In addition, Yammarino and Dubinsky (1994) noted that transactional leadership is perceived as routine, objective, mundane, and maintenance oriented while transformational leadership is dynamic and change oriented. They further stated that transformational leaders strive hard to develop their followers in view of preparing them to assume leadership roles in the future.

A theory of leadership that focuses on specific relationships between leader subordinates is the vertical dyad linkage (VDL) theory, also called the leader member exchange (LMX) theory (Brown, 2001). In this theory, the leader develops distinct relationships with different groups by means of differential treatment of the groups. A dyadic relationship between leader and subordinates results in a polarization of groups into in-groups and out-groups (Brown, 2001). The in-group has greater access to the

inside information, and has trust of the leader. Mutual respect exists and the relationship is reciprocal. The out-group relationship in contrast is based on the formal employment contract where members perform their specified duties and the leader group relationship remains formal (Graen & Uhl-bien, 1995).

Further in their investigation, the researchers developed the leadership making model which examined the stages of development of high quality relationships between leader and subordinate. They identified three development stages. The first stage is the stranger stage in which the dyadic relationship is primarily contractual where the leader carry out his responsibility and the subordinate does likewise. The second stage is the acquaintance phase. In this phase, the leader and the subordinate have social exchanges, begin exchanging personal information, and develop new ways of sharing job related information. This increase in social exchange leads to a formation of trust and respect. As the mutual trust and respect become concretized, the relationship progresses to the mature phase. In this phase, the effects of the relationship on both leader and follower are reciprocal (Brown, 2001).

Another model is the Transformational Leadership Model built on four main factors: idealized influence, inspirational motivation, intellectual stimulation, and individual consideration (Brown, 2001). Transformational leadership focuses on the process by which the leader engages with followers, and together creates a connection that raises each of them to higher levels of motivation and morality. The leader is the role model and is admired and emulated by the subordinates (Brown, 2001). Brown drawing conclusion from other studies, suggested that principals and other leadership positions like the deans and department heads created the organizational context, by creating the

linkages among teachers to allow for cohesiveness and improved collaboration, and by instituting policies and practices critical to improved effectiveness that were within his or her control. Principals relying on their formal powers and influence are able to guide and direct the efforts of others towards organizational effectiveness.

Job Satisfaction

Job satisfaction is an emotional and affective response referring to feelings of like or dislikes (Muchinsky, 1993). Job satisfaction is a feeling based on the individuals' assessment of the extent to which the work environment satisfies one's needs. (Dawis & Lofquist, 1984). Job satisfaction is best thought of as a reaction that people have to what happens to them at work (Lawler, 1973). Spector (1996) proposed three reasons to explain why job satisfaction is important to industrial and organizational fields. First, organizations that are concerned with humanitarian values tend to respect each individual and focus on individuals' relationships. Therefore, high levels of job satisfaction can be a reflection of individuals' emotional or mental health. Secondly, a successful organization relies upon elevated levels of job satisfaction. Job satisfaction can be viewed from a utilitarian perspective, because satisfaction and dissatisfaction about work affect the performance of job functions. Lawshe and Neagle (1953) noted that employees' favorable attitudes toward their supervisors contribute to employee satisfaction. Also, employees' positive attitudes toward their supervisor were related to the productivity of the work group supporting the notion that leaders make a difference in their subordinates' job performance and satisfaction.

Job satisfaction represents a general attitude toward one's job, and is concerned with such specific factors as wages, supervision, job security, working conditions, and absenteeism

(Al-Ajimi, 2001). Several studies have been undertaken in the United States, on job satisfaction, which indicate job satisfaction as a product of numerous personal variables that interact in many complicated ways. Job satisfaction is frequently treated as an overall effective orientation of workers toward their roles which they are presently occupying (Bilgic, 1998).

Locke (1976) stated that job satisfaction is pleasurable or positive emotional state resulting from the appraisal of one's job or job experience. Job satisfaction according to Motowidlo (2002) is judgment about the favorability of work environment.
Weiss (2002) maintained that job satisfaction is a positive (or negative) evaluative judgment one makes about one's job or job satisfaction. Brief (1998) asserted that job satisfaction is an internal state that is expressed by affectively or cognitively evaluating an experienced job with some degree of favor or disfavor. Job satisfaction is positively related to motivation, job involvement, organizational citizenship behaviors, organizational commitment, life satisfaction, mental health, and job performance and negatively correlated to absenteeism, turnover, and perceived stress (Brief, 1998).

Many theories have been developed to identify the cause of job satisfaction, and such theories are grouped in three categories: (a) situational theories, (b) dispositional approaches, and (c) interactive theories (Judge, 1998). Situational theories propose that job satisfaction derives from the nature of one's job or other environmental factors. Dispositional approach, on the other hand, assumes that job satisfaction stems from personality of the individual (Judge, 1998). Interactive theories suggest that job satisfaction results from the interplay of the situation and personality. Workers find satisfaction in those tasks that provide opportunity for autonomy and flexibility (Judge,

1998). According to Vandenberg and Lance (1992), employee satisfaction mostly depended on leadership behaviors, and interaction with coworkers. Odom, Box, and Dunn (1990) found that employees' attitudes and behaviors are positively impacted by their organizational culture that supports innovation.

According to Locke (1976), job satisfaction can be defined as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences. From a conceptual perspective and based on deductive reasoning, it means that individuals who have negative appraisal of their job or job experiences, tend to engage in counterproductive behaviors. Individuals who perceive that they are receiving unfavorable treatment are more likely to feel angry, vengeful, and dissatisfied. (Mount, Ilies, & Johnson, 2006). The norm of reciprocity, on the other hand, suggests that when individuals are dissatisfied with their organizations, or their leaders, they may reciprocate with negative work behaviors such as withholding effort, arriving late at work, taking longer break times, and leaving early. (Mount, Ilies, & Johnson, 2006).

Job Satisfaction Theories

Affect Theory

The Affect Theory developed by Edwin Locke in 1976 is arguably the most famous job satisfaction model and the main premise of this theory is that satisfaction is determined by a discrepancy between what one wants in a job and what one has in a job. The theory states that how much one values a given facet of work e. g. the degree of autonomy in a position moderates how satisfied or dissatisfied one becomes when expectations are met or not met. When a person values a particular facet of a job, his satisfaction is more greatly impacted positively when expectations are met and negatively

when expectations are not met compared to one who does not value that facet (Brief, & Weiss, 2001).

Dispositional Theory

Dispositional Theory suggests that people have innate dispositions that cause them to have tendencies toward a certain level of satisfaction regardless of one's job. Judge in 1998 narrowed the scope of Dispositional Theory by proposing a four Core Self-evaluation Model that determines one's dispositions towards job satisfaction: self-esteem, general self-efficacy, locus of control, and neuroticism. This model states that higher levels of self-esteem (the value one places on his or herself) and general self-efficacy (the belief in one's own competence) lead to higher work satisfaction. Having an internal locus of control (believing one has control over his or her own life, as opposed to outside forces having control) leads to higher job satisfaction level. Lower levels of neuroticism lead to higher job satisfaction level (Weiss, 2002).

Two-Factor Theory (Motivator-Hygiene Theory)

Frederick Herzberg's Two-Factor Theory proposes that workers begin with neutral attitudes toward a job. While certain "motivators" such as responsibility, achievement, and recognition contribute to job satisfaction, negative factors called "hygiene" such as salary, supervision and working conditions produce dissatisfaction in the job. Herzberg theory further states that satisfaction and dissatisfaction are driven by different factors – motivation and hygiene factors, respectively. An employee's motivation to work is continually related to job satisfaction of the subordinate. Motivation can be seen as inner force that drives individuals to attain personal and organization goals. Motivating factors are those aspects of the job that make people want

to perform, provide people with satisfaction, for example, recognition, achievement and promotion opportunities. Hygiene factors include aspects of the working environment such as pay, company policies, job security, and supervisory practices (Herzberg, Mausner, & Snyderman, 1959).

Nursing Shortage

Nearly every person's every health care experience involves the contribution of a registered nurse. Birth and death, and all the various forms of care in between, are attended by the knowledge, support and comforting of nurses. Few professions offer such a special opportunity for meaningful work as nursing. Yet, America is facing a growing shortage of registered nurses. There are, of course, other compelling shortages of health care personnel-pharmacists, respiratory therapists and physical therapists, each with its own set of issues and deserving of its own special focus. But the nursing shortage is, in many respects, the most extreme of these problems, and in the end, nurses are the primary source of care and support for patients at the most vulnerable points in their lives (Buerhaus, Staiger, & Auerbach, 2000).

The nursing shortage emerged in 1998 and peaked in 2002 (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006). In the late 1990s as government and private payer reimbursements declined, hospitals downsized and cut registered nursing positions as a cost-cutting initiative. These registered nurses were replaced by unlicensed assistive personnel at a much lower cost. Nursing recruitment initiatives also were relaxed (Allen, 2008). These efforts contributed to the acute shortage of registered nurses (Marquis & Huston, 2008).

Buerhaus, et al. (2000) found that between 1983 and 1988, the average age of working registered nurses increased 4.5 years (from 37.7 to 41.9 years). In hospitals, the average age of registered nurses increased 5.3 years during the same period. Registered nurses are aging at a rate more than twice as fast as all other occupations in the U.S. workforce. (p.231) "The number of working registered nurses under the age of 30 fell from 419,000 in 1983 to 246,000 in 1998, a 41% decline. In contrast, over the same period the number of working people in the U.S. workforce under 30 dropped by only 1% of all working registered nurses in the United States, the percent under 30 years of age dropped from 30% of the registered nurse workforce in 1983 to 12% in 1998" (Buerhaus et al., 2000, p.231)

The issue of the present nursing shortage should be a concern to the public because an increasingly growing shortage of nurses may reach a critical proportion in the future. It is therefore, a matter of public protection because inadequate numbers of prepared professional nurses threaten the institution's health and safety. When there are too few nurses, patient safety is threatened and health care quality is diminished. The ability of the health system to respond to mass casualty event is severely compromised. Buerhaus, et al. (2006) noted the impact of faculty shortage on nursing as two-fold. First, the lack of faculty to educate the growing demand for baccalaureate-prepared registered nurses directly impacts the nursing shortage. The nursing shortage thus directly impacts safe patient care. The greatest impact of the nursing and nursing faculty shortage is the effect on quality patient care. The lack of nurses contributed to nearly a quarter of all unexpected problems resulting in death or injury to hospital patients. An analysis of sentinel event reporting system- a computer database includes 1,609 reports of patient

deaths and injuries since 1996. The reports include detailed explanations from hospitals, which showed low nursing staff levels being a contributing factor in 24% of the cases (Stolberg, 2002).

The shortage of registered nurses is already having ill effects on the U S health care delivery system. (Joint Commission on Accreditation of Healthcare Organization [JCAHO], 2002) states: “Ninety percent of long term care organizations lack sufficient nurse staffing to provide even the most basic of care; home healthcare agencies are being forced to refuse new admissions; and there are 126,000 nursing positions currently unfilled in hospitals across the country” (p.5) The current nurse staffing shortage is occurring at a time when patient acuity is higher, care more complex, and demand for services often exceeds capacity. This problem experts predict will get worse. “The baby boom generation-all 78 million of them, are aging requiring more health care. Given this anticipated additional demand for health care services, it is estimated that by 2020, there will be at least 400,000 fewer nurses available to provide care than will be needed” (JCAHO, 2002, p.5).

The scarcity of healthcare workers has not abated since it emerged some years ago; if anything, it is getting worse. It is now apparent that hospitals face a dramatic shortage of employees in almost all fields, and that the problem shows no sign of going away soon. Young people are increasingly choosing such fields such as information technology that they perceive, for a variety of reasons, to be more attractive. (Selvan, 2001). There is no simple description of the status of the nursing workforce shortage presently. Discussion surrounding this issue is complex and interrelated. It is not possible to isolate a single factor or solutions. Rather, a systematic approach to issues in nursing

education and faculty, healthcare delivery system, and the work environment of nursing faculty and clinical areas will be considered. Furthermore, the impact of government regulation, and state boards of nursing rules will be considered also. Failure to consider the relationship among these aspects limits the full appreciation of the nursing shortage complexity.

The reasons for the current and projected shortages are complex and will be difficult to correct. First, the relative supply of nurses is diminishing. The number of employed nurses grew at the rate of 1% per year from 1996 to 2000, the smallest increase ever reported. The demand for nurses is increasing, especially because of the aging of the population. Only 10% of nurses are 30 years or younger. Fewer young people are choosing nursing as a career, and a large number of practicing nurses will be retiring in the near future (Killeen, 2002).

Buerhaus, Staiger, and Auerbach (2000) in their study of policy responses to an aging registered nurse workforce states that: “Over the past twenty-five years, there has been a tremendous expansion in career opportunities for women outside of nursing, and a corresponding decline in interest by women in nursing careers” (p. 278). There is an increased interest of freshman women in careers outside of nursing. Since the mid-1970’s women graduating from high school in the 1990’s were thirty-five percent less likely to become registered nurses compared to women who graduated in the 1970’s. As a consequence of the declining interest in nursing, the number of women becoming registered nurses has decreased sharply in recent years; particularly among younger aged women (Buerhaus et al., 2000). The reality is that the profession will be unable to compete with the myriad of other career opportunities unless we improve working

conditions, increase compensations over the lifetime of the nursing faculty, registered nurses and provide clinical practice opportunities and responsibilities that match their skill and knowledge (Tanner & Ballack, 2001).

Buerhaus, Needleman, Mattke, and Stewart (2000) in their report on strengthening hospital nursing noted that the inability of the nursing profession to replace the large number of registered nurses born in the baby-boom generation (the bulk of the workforce) who will soon begin retiring means that the size of the registered nurse workforce will contract after 2015 and the largest group of registered nurses remaining in the workforce will be in the 50-60 age group. Coincidentally, over the same period many of the nation's eighty million baby boomers will turn sixty-five, and the demand for registered nurses are expected to greatly accelerate.

The gap between the demand and the supply of registered nurses is projected to be well over 400,000 registered nurses by 2020, and enrollment into nursing education programs would have to increase immediately by 40% to offset this projected gap. This will be possible only with adequate number of nursing faculty in our schools to train these nurses. Enrollments of entry-level bachelor's degree students in the nation's nursing schools fell by 5.5% in 1998. The decline in enrollment in nursing colleges was a precipitating factor influencing the severity and the length of the nursing shortage in the 1990's. Without more fundamental changes in the perceived attractiveness of nursing as a career choice, the numbers of new nurses prepared in the United States may not be adequate to meet future requirements (Coffey-Love, 2001).

Mendez and Louis (1991) previously stated in their findings on college students image of nursing as a career that the combined situation of declining enrollment into

nursing colleges and an increasing demand for nursing services has made the impending shortage of 2010 different from and more acute than the previous nursing shortage in this country. The decline in enrollment is due in part to a decrease in the number of slots available in some nursing colleges.

Factors contributing to the shortage of nurses according to the National Council of State Boards of Nursing (2001) are as follows:

- An inadequate supply of young high school students choosing a nursing career due largely to competing and more attractive career opportunities in other fields.
- Growing concern over stressful and/or unsafe working conditions for nurses and nursing faculty.
- Increasing demand for nursing care, due to aging of the general population and greater need for chronic and community based care.

Cleary, Lacey, and Beck-Warden's (1998) report on estimating the market for nursing personnel in North Carolina said that: "Eighty-eighty percent of hospitals and sixty-four percent of community based employers throughout the state reported persistent recruitment difficulties for nursing personnel, particularly registered nurses" (p. 336). With predictions that this nursing shortage will be more severe and have a longer duration than has been previously experienced, traditional strategies implemented by employers will have limited success. The aging workforce, low employment and global nature of this shortage compound the usual factor that contributes to nursing shortages. This shortage is not solely a nursing issue and requires a collaborative effort among nursing leaders in practice and education, healthcare executives, government and the media (Nevidjon & Erickson, 2001). National Council of State Boards of Nursing (2001)

strongly opposes the implementation of any expedient solutions to the shortage that may lead to the inefficient and unsafe delivery of nursing care because of the likely adverse impact on public health safety, and welfare.

Solutions include but are not limited to the following: Improving the image of nursing, increasing the number of students enrolled in nursing programs with sufficient increase in the number of faculty members and eliminating stigma and barriers facing men and minorities in the profession. Others are introducing greater flexibility into the work environment structure and scheduling for nurses, implementing appropriate salary and benefit programs for nurses and nurse educators, recruitment of foreign-based nurses in the United States, and provision of sufficient grants to institutions to organize nursing camps for young high school students in our communities. Lastly, increased funding by government and private organizations for positive advertisement campaign about the opportunities available in nursing, nursing education should be enhanced.

The image of nursing should be portrayed more positively in the public to encourage young people in choosing nursing as a career. Hospital human resource departments could form partnership with nursing education programs for the purpose of conveying more favorable images of nursing via radio, television, Internet, and in community and public relations programs. State and federal grants to stimulate partnership between hospitals and nursing education may be needed. (Buerhaus et al., 2000). Local community surveys could be done with the aim of determining the public's perception of nurses, and data from the survey could help identify stigmas and misunderstandings about nursing that can guide public relations and image building strategies. Hospitals and nursing education programs could form partnerships to influence

middle school teachers and high school career counselors to stress the comparative advantages and opportunities in nursing (Buerhaus et al., 2000).

Albaugh (2001) proposes that nurses use the media as a change agent to draw positive attention to nursing. The images of nursing in the media often do not accurately portray the nursing profession as the autonomous, scientific, research-based, caring profession that it is. Harulow (2000) said: Campaigns to improve the image of nursing should not only target students but also faculty and career advisors. This could be accomplished through written literature or presentations to students, counselors and teachers. Nurses can contact junior high and high school counselors and administrators to set up speaking opportunities or submit written information to school publications. Students and teachers may be invited to tour hospitals and schools of nursing.

Meadus (2000) in his study on the barriers to recruitment of men into nursing claimed that school counselors influence career choice; however, information provided by counselors to students about nursing is limited and often inaccurate. Counselors experience misconceptions about nursing and are not likely to advise academically capable male and female students to pursue a career in nursing. For this reason, a re-education of high school counselors about the nursing profession is important in aiding recruitment of future nurses of both genders.

Buerhaus et al. (2000) said that the number of minority registered nurses was estimated to be only 9.7% of the workforce in 1996. On average, minority registered nurses (African Americans, Hispanics, Asian Americans, and Native Americans) have a greater probability of being in the workforce and work more hours per year than their white counterparts. Thus, attracting more minorities and men into nursing is likely to

significantly increase the number of nursing hours supplied by the registered nurse workforce. Expanding the number of minorities will provide a culturally sensitive care to the growing number of minorities in the general population. Buerhaus et al. (2000) in their study further noted: Men and minorities should be encouraged to choose nursing as a career since men and women are almost equally interested in other professions like law, medicine, education, pharmacy, and other fields, whereas women dominate nursing. This lack of interest by men suggests there is some stigma attached to the nursing profession. If the root cause of this stigma and other barriers facing men can be identified and removed, more men would enter nursing minimizing future shortages. Therefore campaigns to recruit male high school and college students into nursing programs must become a priority. Schools of nursing should employ higher numbers of male nursing faculty to be role models for male nursing students (Meadus, 2000).

Glassel-Brown (1998) in his work on the use of immigration policy to manage the nursing shortage claimed that the use of foreign nursing graduates and faculty in the past has been successful and can be used again to solve the problem. Immigration policy on hiring foreign educated registered nurses and faculty should be less restrictive to enable employers of nurses and schools to recruit nurses abroad. The greatest strength of foreign nurses is their readiness to take on major responsibilities on arrival, and their willingness to work in locations, units, and shifts that were difficult to cover or unattractive to American nurses. Their tendency to work full time provided much needed consistency (Glaessel-Brown, 1998).

Some other proposals that can be utilized in solving the issue of nursing shortage are streamlining government regulations and policies, providing bonuses, grants,

scholarships and other incentives to prospective student nurses, improving the pay structure of nurse educators to attract more people into nursing education which will in turn increase student enrollment. Hinshaw (2000) in a study on the shortage of educationally prepared nursing faculty suggested that the shortage of nursing faculty is interwoven with the current national shortage of nurses. The shortage of nurses requires the educational programs of the profession to supply more graduates. Shortage of nursing faculty will limit student enrollment and likely decrease the number of graduates.

Providing more funding to colleges of nursing geared towards increasing the number of intake of students is also important. A number of regulatory and policy issues may be exacerbating the shortage of nurses. Nevidjon and Erickson (2001) in their study on solutions for the current nursing shortage said that in all sectors of patient care delivery, nurses are complaining about the amount of paperwork that has resulted from a multitude of actions by regulatory bodies and re-imbursement industry. Nurses find that they are spending more time with paperwork than with patients. This dissatisfies nurses who want to have interaction with their patients and families and may contribute to nurses leaving direct care areas particularly in acute care settings. Within an organization, aggressive process improvement initiatives can help standardize and streamline documentation.

A report by the (Joint Commission on Accreditation of HealthCare Organization [JCAHO], 2002) noted that nurses are also overwhelmed with paperwork and administrative duties. A study commissioned by the American Hospital Association found that for every hour of patient care; 30-60 minutes were spent on subsequent paperwork. This excessive paperwork derives from managed care, federal and state

regulations, and (JCAHO) standards compliance activities (JCAHO, 2002). State boards of nursing need to review also their policies and procedures to determine whether those policies and procedures are contemporary or out of date and contributing to the nursing shortage (Nevidjon & Erickson, 2001).

In their report, the Joint Commission on Accreditation of HealthCare Organizations (2002) advised hospitals to adopt a zero-tolerance policies for abusive behaviors by health care practitioners especially doctors. Incidents of isolated verbal abuse of nurses, typically by physician, are unfortunately well known. Less well known is the impact of this disruptive behavior on nurse satisfaction and retention levels. According to Buerhaus et al. (2000) “Older nurses are less likely to tolerate a work place in which they experience lack of respect by physician, administrators, and others or unreasonable restrictions on their autonomy and control over nursing practice. Hospitals should examine the culture of their organizations and remove such practices and behaviors” (p. 283).

Lastly, hospitals should use diverse ways to keep turnover rate of nurses down by offering positions as preceptors, mentors, and counselors to new graduates, student nurses and young high school health occupation students. These nurses should be compensated financially to encourage participation. Also, a more favorable work schedules and environment should be designed for nurses. This is necessary because the pool of nursing faculty is drawn largely from nurses in the clinical areas who proceed to acquire higher degrees and subsequently become nurse educators in our universities (Buerhaus et al., 2000).

Nursing Faculty

In order to hold a nurse educator position, universities and colleges require a master's degree in nursing or in a related field. A doctorate degree is the ultimate and therefore, the preferred degree for nurse educators within the academic institutions (Berlin & Sechrist, 2002). An AACN (2010) survey reported that there were more than 375 master's degree programs in nursing and 80 doctoral degree programs in nursing available. In addition, there are 120 Doctor of Nursing (DNP) programs with about 161 DNP programs being developed. Between 1980 and the year 2000, the number of registered nurses whose highest level of education was either a master's degree or doctoral degree increased significantly (HRSA, 2000). However, colleges of nursing are experiencing the greatest shortage of prepared nurse educators holding a doctoral degree; with less than 50% of nurse educators holding an earned doctorate degree (Anderson, 2000; Berlin & Sechrist, 2002; Hinshaw, 2000). Nurses with advanced degrees are increasingly holding positions in non-academic employment settings (AACN, 2005).

Nurses who possess an advanced degree are in demand in a variety of workforce settings, not just in academic settings (AACN, 2005). The AACN (2005) reported that in 2001-2002, 28.6% of the 457 doctoral graduates reported employment in settings other than the university setting. In 2004, the AACN (2005) reported that 22.5% of the 307 doctoral graduates had employment commitments in non-academic settings. The demand for doctorally prepared nurses has increased in multiple workplaces, particularly in the hospital settings and homecare settings. In 2002, out of 188 full-time doctorally prepared nurse educators who resigned from their positions within the colleges and universities, 43.8% resigned to assume non-academic positions of employment. Similarly, in 2002

also, out of 202 master's prepared nurse educators that resigned from their positions within the colleges and universities, 43% resigned to assume non-academic positions of employment (AACN, 2005; Hinshaw, 2000).

Wood and Cardin (2002) noted that nursing programs across the United States face the realities of a diminishing nurse educator population and the subsequent vacant positions during a time when there is a growing number of nursing student applicants. Colleges and universities need qualified nurse educators and recognize that other stakeholders including profit and non-profit organizations such as healthcare organizations, hospitals and other academic institutions are also competing for the best available nurse educators. Many of these non-profit institutions of higher learning unfortunately, could not compete with the employment benefits including higher salaries being offered by hospitals and the other institutions due to budgetary constraints and limitations within the colleges and universities (AACN, 2005, 2008).

The nursing profession is experiencing a projected long-term shortage of nurses as never experienced before (American Association of Colleges of Nursing [AACN], 2009; Health Resources and Service Administration [HRSA], 2006). It is estimated that by the year 2020, there will be a 30% shortage of registered nurses approximately 800,000 nurses in the United States. The implications of the nursing shortage have drawn the attention of many stakeholders including nursing organizations, healthcare institutions, government agencies, schools of nursing, private enterprises, and the general public (HRSA).

The AACN (2005) noted that in 2003, 64% of faculty vacancies were for individuals who held doctorate degrees and 30% were for individuals who earned a

master's degree in nursing. Approximately 300 doctoral nurse educators will be eligible to retire each year, with this trend continuing through 2013 (Berlin & Sechrist, 2002). Similarly, between 2012 and 2018, approximately 280 masters's prepared nurse educators will be eligible to retire annually (AACN, 2008).

The aging of the nurse faculty workforce coupled by the anticipated retirements and insufficient replacement pool of younger faculty has negatively impacted current and future nursing faculty availability. The most distressing issue about the nursing faculty shortage is the lack of qualified nurse educators prepared to replace faculty who are aging and ready to retire. On the average, nurse educators are six years older than their clinical nurse counterparts. The average doctorally prepared and master's prepared nurse educator is 53 years old, while the average clinical registered nurse is 44.5 years respectively (Lewallen, Crane, Letvah, Jones & Hu, 2003).

The AACN (2005) noted that the average ages of doctoral nurse faculty holding the ranks of professor, associate professor, and assistant professor were 57.9, 55.4, and 51.5 years respectively. The proportion of doctorally prepared full-time faculty over the age of 50 has changed significantly. In 1993 for instance, the proportion of faculty under and over age 50 was similar. However, in 2002, the percentage of faculty 50 years and over increased by 20% and full-time master's prepared faculty 50 years and over increased from 32.6% to 46.9% during the same period. The proportion of faculty members older than age 50 increased from 50.7% in 1993 to 70.3% in 2001 (AACN, 2005).

From 1993 to 2001, the proportion of faculty members in the age categories of 46 to 55, 56 to 65, and older than 65 years increased by 3.5%, 13.4%, and 1.3% respectively.

Furthermore, decreases were noted in the age groups of 35 and younger (0.8%) and 36 to 45 years (17.3%). In 1993, there were 169 resignations from doctorally prepared nurse faculty, where 30 individuals or 17.7% of the faculty in the age group between 36 and 45 indicated that they resigned to accept more lucrative nursing clinical or administrative positions in the public and private sectors. Unfortunately, younger faculty members are leaving academia for alternative career options and better compensated positions, while the data indicate there is an increase in the percentage of midcareer faculty who will be approaching retirement (Berlin & Sechrist, 2002). Consequently, prospective qualified applicants will most likely be declined admission to baccalaureate nursing institutions as a result of the current and projected retirement data (AACN, 2005).

While AACN (2010) reported a steady increase in student applicants in response to the nursing shortage, more than 54,000 qualified applicants were denied admission into nursing programs in 2009 with almost two-thirds of the schools identifying a lack of qualified nurse educators as the primary concern. Many nursing programs had a challenging time recruiting full-time faculty, because faculty had secured more lucrative positions in other vocations and clinical nursing areas. Consequently, academic institutions were compelled to employ part-time faculty which is expected to complete satisfactory levels of productivity in research, teaching and advising. Currently, there are more than a sufficient number of nursing applicants, but because part-time faculty were retained in the 1990s, it is very challenging to hire full-time faculty, since most faculty have secured financially rewarding clinical or administrative nursing positions (Hinshaw, 2000). In 2004, enrollments in entry level baccalaureate programs were up, but showed slower enrollment growth compared to the previous three years, suggesting that nursing

programs had reached their limit as to how far they could expand their program offerings (HRSA, 2006).

In a survey conducted by AACN (2006) on vacant full-time nurse educator positions for 2006-2007 year, the association received a 55.3% response rate from its members with 329 schools responding. From the 8,097 budgeted full-time positions, 637 (7.9%) vacancies existed, which is equal to 1.9 vacancies per school. Similar results were found for the 2007-2008 year with the nurse educator vacancy rate up to 8.8%, equaling to approximately 2.2 faculty vacancies per school (AACN, 2008).

Between 1995 and 2000, enrollment in baccalaureate nursing degree programs declined, but increased 3.7%, 8.1%, 16.6%, 14.1%, 9.6%, and 5%, in 2001, 2002, 2003, 2004, 2005, and 2006 respectively (see Table 1). Similarly, graduations from baccalaureate nursing degree programs declined from 1996 through 2001, but increased 3.2%, 4.3%, 14%, 13.4%, and 18%, in 2002, 2003, 2004, 2005 and 2006, respectively (see Table 2). Increased enrollment and graduations unfortunately, may fail to meet the projected nursing demand of 2,824,900 nurses by the year 2020. Even though enrollments and graduations have increased, qualified nursing applicants will continue to be refused admission to nursing programs due to the shortage of nurse educators (AACN, 2006).

Table A: Enrollment in Baccalaureate Nursing Programs

Year	Increase
2006	5%
2005	9.6%
2004	14.1%
2003	16.6%
2002	8.1%
2001	3.7%

Note. From Student enrollment rises in U.S. nursing colleges and universities for the 6th consecutive year. American Nurses Association, 2006 No permission needed.

Table B: Graduations in Baccalaureate Nursing Programs

Year	Increases
2006	18%
2005	13.4%
2004	14%
2003	4.3%
2002	3.2%

Note. From Student enrollment rises in U.S. nursing colleges and universities for the 6th consecutive year. American Nurses Association, 2006. No permission needed.

Career choices and faculty salaries

The main contributing factors related to nursing faculty shortage are desirable career choices within and outside the nursing profession and non-competitive salaries in academia (Kalisch & Kalisch, 2004). AACN (2005) noted that between 1976 -1977, 24% of graduates from nursing master's program were nursing education majors, and by 2002, the percentage dropped to 3.5% and currently, there has been a decline in enrollment and graduation from graduate nursing educational programs, with an increased interest in nurse practitioner tracks evidenced by 64% of graduate students completing clinical programs.

Nurses are choosing high salaried clinical positions rather than low salaried faculty positions. The average salary for master's prepared faculty at private universities was $38,374 and the average salary at public universities was $41,068 in 2000. By 2004, the average academic salaries for assistant and associate doctoral prepared faculty were $73,333 and $77,605 respectively. The average salary of master's prepared nurse practitioner employed in private practice or hospital settings were $94,313 and $84,000 respectively, while master's prepared faculty across all ranks earned an average salary of $46,000 in 2002. During 2004-2005 academic years, the average salaries for master's prepared associate professors were $62,000 and assistant professors were $56,291. This discrepancy may be attributed to the fact that faculty positions are generally for nine months whereas clinical positions are for twelve months (AACN, 2005).

Nursing faculty salaries historically have been lower than salaries in the clinical areas and in some cases baccalaureate nursing students have secured entry level clinical positions at better salaries than the salaries of their professors. The average salaries for clinical nurse positions have improved at a faster rate more than nursing faculty positions because most universities have repeatedly experienced regular funding cuts and cost containing initiatives, which cannot compete with non-academic employers. As a result, salaries have become a determining factor for students considering an academic career, especially when they calculate their potential earnings and realize that they can earn more lucrative salaries with better fringe benefits in the clinical areas (Chitty, 1996).

Faculty role expectation

Role stress is a condition in which role expectations are vague, conflicting, problematic, or simply unattainable. Role strain is the subjective experience of distress by

the person occupying the role secondary to role stress and role strain escalates as the number of unreasonable and complex demands increase. Numerous conflicting role obligations lead to poor job performance when resources are scare and the factors related to role stress and role strain can be classified into five areas, which include role conflict, role overload, role ambiguity, role incongruity, and role incompetence (Mobily, 1992).

Role conflict is defined incompatible role expectations and there are three subcategories of role conflict, which are inter-sender conflict, intra-sender conflict, and inter-role conflict. Inter-sender conflict is when expectations of administrators, peers and students are inconsistent with faculty expectations. Intra-sender conflict is when administrators expect production without providing the resources. Inter-role conflict is when enrollments plunge, precipitating admissions of unqualified nursing students, coupled with administration's expectations that faculty retain failing students, while upholding standards of the institution. Inter-role conflict is when faculty struggle to meet the expectations of their roles while they are performing multiple duties inherent in teaching, research, and community service (Mobily, 1992).

Role overload is defined as when there is a conflict between quality and quantity of work. Consequently, demanding workload expectations promote substandard work quality. Role ambiguity is defined by a lack of clear expectations associated with fulfilling the obligations of the faculty role. For example, nursing faculty has voiced concerns that they lack information related to the tenure process (Mobily, 1992).

Role incongruity is defined as when there is a conflict between the goals of the academic institution and the faculty. Many nursing faculty are committed to teaching and service to students, unfortunately, many academic institutions value research more than

the tri-partite of scholarship and regardless of faculty commitment to teaching, they are evaluated on their research productivity which becomes a major source of role strain (Mobily, 1992).

Finally, role incompetence is defined as when nursing faculty lack the necessary skills and training to satisfactorily complete the duties of their position. Unfortunately, nursing faculty may lack teaching and research skills needed because they were employed in the clinical positions prior to entering academia and have not received adequate orientation and training as nursing faculty (Mobily, 1992).

Role stress and role strain may result due to complex expectations of the nursing faculty role. Nursing faculty are expected to be productive and competent in teaching, research, and service and they are inundated with pressures to publish scholarly research and facilitate didactic classes and unfortunately, many faculty who transitioned from the clinical settings are not prepared for their new academic role. Role stress and role strain which have been extensively studied in business and military organizations and linked to job dissatisfaction, decreased productivity and low retention rates (Mobily, 1992).

Mobily (1992) in his study examined the degree and sources of role strain among university nursing faculty who were full-time tenure track educators while utilizing the Role Strain Scale which incorporated the five subcategories of role stress and role strain, found that the greatest source of role strain among nursing faculty was work overload, followed by role conflict, then role incongruity, role ambiguity, and role incompetence. The study found that a significant number of faculty were experiencing moderate to high degree of role strain mainly as a result of ineffective supervisory leadership from deans and department chairs (Mobily, 1992).

Hessler and Ritchie (2006) offered solutions to role strain and role stress by asserting that socialization with colleagues and nursing leaders decreases role strain and role ambiguity. Nursing leaders and senior faculty members should invite new faculty, as well as experienced faculty, to social events sponsored by the department in order to decrease feelings of isolation and loneliness. Experience faculty should explain the political structures and policies of the department to new and inexperienced nursing faculty so they can become aware of the academic norms and customs of the department. Providing faculty luncheons and receptions symbolizes recognition, validation, and investment in supporting faculty in the process of developing relationships that may assist in understanding minutiae of academia. Developing monthly meetings dedicated to common concerns and interests of faculty acknowledges that nursing leaders are willing to actively listen to new issues related to present and future concerns (Hessler & Ritchie, 2006).

Nursing faculty have chosen to leave academia primarily due to demanding workload expectations, role ambiguity, stress, and strain. New faculty had hoped to succeed in teaching, research, and service, but meeting the expectations of administrators, colleagues, and students became too overwhelming (Lewallen et al., 2003). Anderson (2002) noted that academic deans and administrators increased new nurse faculty job expectations for promotion and tenure which significantly increased their anxiety dissatisfaction with academia. Nursing faculty identified challenging workload expectations as a major work place stressor (Siler & Kleiner, 2003). Seldomridge (2004) noted that graduate nursing students believed faculty workloads were demanding and inequitable based on their interaction with their instructors.

Summary

The review of the literature identified the theoretical foundation of the study encompassing leadership and job satisfaction theories. The literature also provided historical analyses of the nursing shortage and its effect on faculty job satisfaction. The literature also examined empirical studies relating to leadership styles, job satisfaction, nursing faculty, and academic deans and department heads. The research studies indicated a correlation between leadership practices and faculty job satisfaction. The following chapter will discuss the methodology of this study.

CHAPTER 3: METHODOLOGY

This study used a descriptive, correlational, cross-sectional research design with self administered questionnaires to examine the relationship between the leadership practices of deans and department heads and faculty job satisfaction. In this section, the operational definitions and measurements of variables were described. This section also provides a description of the research design, procedures, instruments used for data collection and reliability, ethical consideration of participants and analysis of data. The review of the literature was conducted using the following online databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, Educational Resource Information Center (ERIC) and Dissertation and Thesis Abstract System. Journal articles, books and dissertations also provided useful references for this study.

Instruments Used for Data Collection

Two instruments were used to collect data for the study. The first instrument is the Kouzes and Posner's (2003) Leadership Practices Inventory (LPI-Observer). The second instrument is the Weiss, Dawis, England, & Lofquist (1977) Minnesota Satisfaction Questionnaire (MSQ). Although this instrument appears dated, it has a high reliability and has been used in recent relevant studies (Broome, 2003; Brown, 2001; Leech & Fulton, 2002). The LPI was originally developed using a case study analysis of more than 1,100 managers' personal best experiences. Subsequently, over 5,000 additional managers and subordinates from various disciplines and organizations were involved in further validity and reliability studies. These studies revealed an internal

reliability ranging from .70 to .91 and test-retest reliability of at least .93 in all five leadership practices (Leech & Fulton, 2002).

The empirical or objective validity of the LPI was supported by factor analyses used to determine the extent to which the instrument items measure common or different content areas. As a result of factor analysis the LPI was shown to consist of five practices. The five factors demonstrated acceptable collinearity (Kouzes & Posner, 2003). Responses to the thirty leadership behavior items were subjected to a principle factoring method with iteration and varimax rotation. Five factors were extracted with eigenvalues greater than 1.0 and accounting for 60.5 percent of the variance. The results from various analyses reveal that the LPI contains five factors, and the items for each factor were consistent with the five subscales of the LPI. The stability of the five factors solution was tested by factor analyzing the data from different subsamples. In each case, the factor structure was essentially similar to the one involving the entire sample (Kouzes & Posner, 2002).

Kouzes and Posner (2002) examined the relationship between managers' effectiveness and their leadership practices. Regression analysis was done with managers' effectiveness as the criterion variable and the five leadership practices as the predictive variables, and they found that the regression equation was significant. The leadership practices explained over 55% of the variance of their managers' effectiveness.

LPI contain 30 behavioral statements, six for each of the five leadership practices.

Challenging the process. A leadership behavior whereby leaders search for opportunities to change the status quo and in so doing, they experiment and take risks

knowing that risk taking involves mistakes and failures; they accept the inevitable disappointments as a learning opportunity (Kouzes & Posner, 2002).

Inspiring a shared vision. A leadership behavior whereby leaders passionately believe that they can make a difference. They envision the future, creating an ideal and unique image of what the organization can become. Through their magnetism and quiet persuasion, leaders enlist others in their dreams. They breathe life into their visions and get people to see exciting possibilities for the future (Kouzes & Posner, 2002).

Enabling others to act. A leadership behavior whereby leaders foster collaboration and build spirited teams. They understand that mutual respect is what sustains extraordinary efforts; they strive to create an atmosphere of trust and human dignity. They strengthen others, making each person feel capable and powerful (Kouzes & Posner, 2002).

Modeling the way. A leadership behavior whereby leaders establish principles concerning the way people should be treated and the way goals should be pursued. They create standards of excellence and then set an example for others to follow. They set interim goals so that people can achieve small wins as they work toward larger objectives, and unravel bureaucracy when it impedes action (Kouzes & Posner, 2002).

Encouraging the heart. A leadership behavior whereby leaders recognize contributions that individuals make by celebrating contributions that individuals make. In every winning team, the members need to share in the rewards of their efforts, so leaders celebrate accomplishments. They make people feel like heroes (Kouzes & Posner, 2002).

The Minnesota Satisfaction Questionnaire (MSQ) was developed by Weiss et al. (1967) for measuring job satisfaction levels with high reliability rating. It requires 5-10

minutes to complete the MSQ short form. According to the manual of Weiss et al. (1967), the Cronbach's alpha of internal consistency reliability conducted by using the data of 1,723 individuals in a variety of occupational areas was .86 for intrinsic satisfaction subscale, .80 for extrinsic satisfaction subscale, and .90 for general satisfaction scale. Three satisfaction ranges were defined: percentile scores of 25 or lower indicate low satisfaction, percentile scores between 26 and 74 display moderate satisfaction, and percentile scores of 75 or higher represent high satisfaction. These instruments have sufficient evidence of reliability and validity because they have been tested and used in relevant studies.

The validity of the MSQ is mainly in the form of construct validity resulting from attempts to use the MSQ to test various predictions from the Theory of Work Adjustment. Sixteen of the MSQ factors were used as criterion variables and the items in the Theory of work Adjustment were used as predictor variables, the analyses yielded evidence of construct validity on 7 of the 16 scales studied (Weiss et al., 1967). Other evidence of validity in the form of concurrent validity is inferred from the ability of the MSQ to discriminate between occupational groups of varying social status levels and between disabled and nondisabled groups. The results indicate that disabled workers were significantly more dissatisfied on 11 of the 20 scales (Weiss et al., 1967). Lastly, several factor analyses done on the MSQ have typically found that about half the common scale score variance is accounted for by an extrinsic satisfaction factor and the other half by an intrinsic factor.

Operational Definitions and Measurements of Variables

Although many terms used in this study are commonly understood, the following operational and technical terms are defined and consistently used throughout the dissertation. The constructs of this study were measured by the Leadership Practices Inventory – Observer and the Minnesota Satisfaction Questionnaire.

Leadership practices

Leadership practices was measured with the Leadership Practice Inventory – Observer instrument, which is a 30-item questionnaire which includes five essential leadership behavioral practices: (a) challenging the process, items 3, 8, 13, 18, 23, and 28; (b) inspiring a shared vision, items 2, 7, 12, 17, 22, and 27; (c) enabling others to act, items 4, 9, 14, 19, 24, and 29; (d) modeling the way, items1, 6, 11, 16, 21, and 26; and (e) encouraging the heart, items 5, 10, 15, 20, 25, and 30 (Kouzes & Posner, 2002). The sample participants was asked to score on a 10-point Likert scale as follows: 1= Almost never, 2 = Rarely, 3 = Seldom, 4 = Once in a while, 5 = Occasionally, 6 = Sometimes, 7 = Fairly often, 8 = Usually, 9 = Very frequently, and 10 = Almost always. This was done for all five essential leadership behavioral practices mentioned. Scores for each practice range from between 6 and 60 (Broome, 2003).

Job Satisfaction

Job satisfaction was measured with the Minnesota Satisfaction Questionnaire (MSQ) which was developed by Weiss et al. (1967) for measuring job satisfaction levels. The MSQ 20-item short form is comprised of three subscales, including intrinsic satisfaction, extrinsic satisfaction, and general satisfaction. The intrinsic satisfaction subscale consists of 12 items. Items 1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16, and 20 that reflect

ability utilization, achievement, and opportunities to do things for other people while on the job; the extrinsic satisfaction subscale includes six items. Items 5, 6, 12, 13, 14, and 19 that are concerned with the way company policies are administered, quality of working conditions, and so forth. The general satisfaction scale is a simple summation of the 20 items from the MSQ short form (Weiss et al., 1967). Participants rated three satisfaction ranges which were defined: percentile scores of 25 or lower indicate low satisfaction, percentile scores between 26 and 74 display moderate satisfaction, and percentile scores of 75 or higher represent high satisfaction.

Participants

The sample for this research study consists of 106 full time faculty members in baccalaureate degree nursing programs from universities in the southeastern part of the United States. The study participants were selected from both private and public government funded institutions. The purpose of selecting participants from both private and public institutions is to increase the population of participants; thereby, increasing the likelihood of higher response rate. The information requested from study participants includes: current degree earned, years of experience at present institution, ethnic background, age, years of dean in current position and tenure track. Furthermore, information on marital status, gender, annual salary and current position was requested from study participants. A self administered questionnaire was sent to prospective participants using simple random sampling.

Procedures

This study was conducted using an electronic online surveying tool, Survey Monkey. The researcher entered the study questionnaires from both the Leadership

Practices Inventory and the Minnesota Satisfaction Questionnaire into Survey Monkey program, to be completed anonymously. All demographic information including participants' age, gender, level of education, and years of service at current position was also entered into the program. A hyperlink to survey program was included through an email sent to the study population and all participants were given a three-week window to complete the survey.

Permission to conduct this research project was requested from the Institutional Review Board (IRB) at The University of North Carolina at Charlotte. A cover letter duly approved by the IRB was sent along with the survey instruments by email through Survey Monkey to 400 faculty members in the Southeastern United States. 300 faculty members were chosen out of the 400 and 106 full time faculty members who returned the questionnaires were selected for the study. The researcher contacted all study participants from the various baccalaureate degree nursing institutions through email for their consent to participate in the study. All participants were informed through email that participation was voluntary. Monetary inducement for participation in the amount of $2.00 cash per participant will be provided for participants who complete the survey and voluntarily provides a mailing address where the monetary incentive will be mailed.

Faculty members were informed through email that information provided and the identity of the nursing school and individual participants are kept confidential. All participants' information remains confidential and no names or identifying information are included in the study. The instruction for administration included the following: "To what extent does the dean at your university typically engage in the following behavior? Choose the number that best applies to each and record. Your answers will be kept

strictly confidential and will not be identified by name". Through email, all study participants were informed that they had three weeks to return all completed questionnaires on Survey Monkey. A reminder letter through email was sent to participants who missed the initial deadline for return of completed questionnaires within one week by email. The intention was to solicit and recruit a larger percentage of participants in the study. Throughout the emailing process, the participants could still not be identified. Therefore, they maintained their anonymity. All data received from study participants were then exported into Statistical Package for the Social Sciences (SPSS 20.0) for analysis.

Ethical Consideration of Participants

The study proposal was presented to the University of North Carolina Charlotte IRB for review and all ethical issues noted were corrected. Such issues related to informed consent and incentives for study participants. Participation was voluntary. The informed consent provided sufficient information about study procedures that the subjects used to make a reasoned decision about participation, based on an understanding of potential risks and anticipated benefits (if any). The participants were not obligated to participate in this study and they were free to withdraw from the study without penalties for any reason and at any time. The privacy and confidentiality of subjects was maintained by not identifying subjects by their name. Subjects' information and data were coded and put in a locked cabinet accessible only to the researcher. All computer data were protected with a password only accessible to the researcher. Any known limits to confidentiality were divulged and participants decided whether to participate in the study or not.

Reliability of the Instrument

The coefficient alpha of internal consistency estimation should be .85 and rarely be as low as .60 based on a sample of about 300 subjects (Nunnally & Bernstein, 1994). However, it is difficult to specify a fixed range that can be applied to all situations, but as a general rule, .80 or above is acceptable for a widely used scale (Carmines & Zeller, 1979). Some researchers have suggested .70 as the minimum acceptable for reliability due to concern of sample size and the number of questions (Kerlinger & Lee, 2000). The reliability of an instrument is based on the consistency and stability of its measurement (Singleton & Straits, 1999).

In this study, coefficient alpha for the total scale of the LPI-Observer instrument was .95 with a range of .95 to .97 for the five subscales. The norm data for the general subscale is .89 with a range of .88 to .92 Leech & Fulton, (2002) which is lower than the coefficient alphas obtained in this study. Therefore, the consistency of the LPI-Observer in this study compared with prior research, demonstrated acceptable internal consistency reliabilities. For the MSQ short form instrument, the coefficient alphas of internal consistency reliability was .94 for the general scale, .90 for the intrinsic subscale and .91 for the extrinsic subscale of the MSQ short form surpassing the norm data of .90 for the general scale, .86 for the intrinsic subscale and .80 for the extrinsic subscale of the MSQ short form from the Weiss et al. (1967) study. Therefore, the MSQ short form internal reliability for this study met acceptable levels for coefficient alphas reliability test.

Analysis of Data

A total of 300 questionnaires were sent out through an electronic online survey tool “Survey Monkey” to selected participants between November 16, 2010 and

December 20, 2011 and 106 questionnaires were returned representing 35% response rate in this study. One questionnaire returned was rejected because it was received outside the survey window.

Descriptive statistics and correlational analysis including multiple regression were used for this study. All of the data were entered into and analyzed using Statistical Package for the Social Science (SPSS) for windows, version 20.0. Prior to statistical analyses, data cleaning was performed with frequency distribution of all variables checked for outliers, missing data, and typing errors. Normal distributions of the independent and dependent variables were assessed. Summary statistics, including the computation of means, ranges, standard deviations, frequency counts, and percentages of all demographic data, were performed according to data levels (nominal, ordinal, or interval). The Chronbach's alpha coefficients of internal consistency reliability of the LPI-Observer and the MSQ short form were evaluated.

This section discussed the research questions and the analytical methods employed in answering the research questions. This section also addressed how the results were presented.

Research question 1

What are the leadership practices of nursing deans and department heads as perceived by nursing faculty? The researcher employed descriptive analyses, including the computation of means, ranges, and standard deviations, to examine the leadership practices of deans and department heads as perceived by nursing faculty. The results represented the means and standard deviations of the leadership practice scales of the LPI-Observer and each subscale of the MSQ short form.

Research question 2

What are the levels of job satisfaction as perceived by nursing faculty? The researcher utilized descriptive analyses, including the computation of means ranges, percentages, and standard deviations to determine the perceived levels of nursing faculty job satisfaction. The results represented the means, standard deviations and percentages of the MSQ and each subscales of the MSQ short form.

For research question 3

To what extent do leadership practices of deans and department heads as perceived by nursing faculty, predict nursing faculty job satisfaction? The researcher employed hierarchical multiple regression to partial out the effects of the demographic data to examine which leadership practices of nursing deans and department heads, as perceived by nursing faculty, correlated to nursing faculty job satisfaction.

The demographic data and the leadership practice scales of the LPI-Observer were entered as a group into the regression model and the dependent variable was the composite items' scores of the MSQ short form. The purpose for using the hierarchical multiple regression was to force the group of variables to enter into the regression equation. Also, by partialling out the effects of the demographic data, the researcher determined how well the leadership practice scales of the LPI-Observer predicted faculty job satisfaction. The hierarchical multiple regression also specified fixed order of entry for variables in order to control for effects of covariates or test the effects of certain predictors independent of the influence of other variables. For the purpose of identifying which demographic variables and the leadership practice scales of the LPI-Observer will show significant relationships with the faculty job satisfaction, one way ANOVA, was

computed prior to entering these groups into the regression model. The benefit of this step was to decrease the possibility of making a Type 1 error due to increased number of predictors (Munro, 2001).

Nunnally and Bernstein, (1994), and J. Cohen and P. Cohen (1983) proposed that variables should not be dumped into an analysis and that, when controlling for confounding variables, researchers should give careful consideration to their presumed causal priority and only those variables that logically precede the predictors of interest. By employing this procedure, significant variables of demographic data and the leadership practice scales of the LPI-Observer will be separately selected as groups prepared for computing hierarchical multiple regression.

Responses obtained from the Leadership Practices Inventory (LPI) and the Minnesota Satisfaction Questionnaire (MSQ) were coded for computer analysis and statistical calculations. Descriptive statistics were computed to explore the relationship between the independent variable (leadership practices) and the dependent variable (faculty job satisfaction). Descriptive statistics included computations of means, ranges, standard deviations, frequency counts, and percentages of all demographic and faculty characteristic data.

Table 1: List of Research Questions

Research questions	Dependent & Independent Variables	Analytical Method
Question 1: What are the leadership practices of deans and department heads as perceived by nursing faculty?		Means, ranges, and standard deviations of summary statistics
Question 2: What are the levels of job satisfaction as perceived by nursing faculty?	DV: Nursing faculty job satisfaction	
Question 3: To what extent do leadership practices of deans and department heads as perceived by nursing faculty, predict nursing faculty job satisfaction?	IV: <u>Demographic data:</u> Age, marital status, gender, current position, years of experience, current degree, number of years employed in current position, current annual salary, years of deans current position, tenure track. IV: <u>*Leadership practices scale (Five scales)*</u> Challenging the process, inspiring a shared vision, enabling others to act, modeling the way, enabling the heart.	One-way ANOVAs, bivariate correlations will be used to select significant variables prepared for analysis of hierarchical multiple regression.

Summary

This study used a descriptive, correlational, cross-sectional research design with self administered questionnaires to examine the relationship between the leadership practices of deans and department heads and faculty job satisfaction. The sample for this research study consists of 106 full time faculty members in baccalaureate degree nursing programs from universities in the southeastern part of the United States. Leadership practices was measured using the Leadership Practice Inventory –Observer instrument, which is a 30-item model which includes five essential leadership behavioral practices. Job satisfaction was measured with the Minnesota Satisfaction Questionnaire (MSQ) which was developed by Weiss et al. (1967) for measuring job satisfaction levels. The MSQ 20-item short form is comprised of three subscales, including intrinsic satisfaction, extrinsic satisfaction, and general satisfaction.

This study was conducted using an electronic online surveying tool, Survey Monkey. The researcher entered the study questionnaires from both the Leadership Practices Inventory and the Minnesota Satisfaction Questionnaire into Survey Monkey program, to be completed anonymously. A total of 300 questionnaires were sent out through an electronic online survey tool “Survey Monkey” to selected participants between November 16, 2010 and December 20, 2011 and 106 questionnaires were returned representing 35% response rate in this study. One questionnaire returned was rejected because it was received outside the survey window.

Multiple regression and correlational analyses, including the computation of means, ranges, standard deviations, frequency counts, and percentages of all demographic data, were performed according to data levels (nominal, ordinal, or interval) in this study.

All of the data were entered into and analyzed using Statistical Package for the Social Science (SPSS) for windows, version 20.0.

CHAPTER 4: RESULTS

This chapter encompasses a detailed analysis of data and findings of the study, including the demographic data of the study participants and the coefficient alphas of reliability for the Leadership Practices Inventory (LPI) and the Minnesota Satisfaction Questionnaire (MSQ) short form. This chapter also presents the findings of this study in the order of their corresponding research questions.

Demographic Characteristics of Survey Sample

The demographic characteristics of the 106 participants as shown in Table 2 consists of 102 females (96.2%) and 4 males 3.8%. The majority of the study participants (n = 106, 84%) were over 40 years of age and 51% of all participants were 50 years and older. The majority of the participants (n = 106, 92.4%) were Whites, 3.8% were Blacks, 1.9% were Hispanics and (0.0%) for Asians. Other racial groups comprised 1.9%. Amongst all participants, (n = 106, 78.3%) were married, 9.4% were single and 12.3% were divorced. A majority of the study participants (n = 106, 53.8%) had earned a doctorate degree, 44.3% had earned a master's degree and 1.9% had earned a bachelor's degree. A majority of all study participants (n = 106, 52.4%) were assistant professors, 23.8% are instructors, 13.3% were associate professors and 10.5% were full professors.

About (n = 106, 31.7%) of respondents reported an annual salary of $46,000 - $60,000, 37.5% of participants reported an annual salary of $61,000 - $75,000, while 26.9% of participants reported earning $76,000 and above. Only 3.8% of participants

reported earning $30,000 - $45,000 a year (see Table 2). A majority of the participants (n = 106, 38.1%) as shown in Figure 1 reported years of experience in present institution 10 years and over, 23.8% are in present institution between 6-9 years, 21.0% are in present institution between 3-5 years and 12.4% of participants are in their present institution between 1-2 years. Only about 4.8% of participants are in their present institution 1 year or less. A majority of the respondents (n = 106, 34.0%) as shown in Figure 2 reported their dean's years in current position between 1-3 years, 24.3% reported their dean's years in current position between 4-6 years, 19.4% of participants reported their dean's year in current position between 7-9 years and 11.7% of respondents reported their dean's years in current position 10 years and above. About 10.7% reported their dean's years in current position 1 year or less. Among all study participants (n = 106, 46.2%) are tenure track and 53.8% of participants are non tenure track.

Table 2: Demographic Characteristics of Sample (N = 106)

Demographic variables	n	%
Gender		
Male	4	3.8
Female	102	96.2
Age (yrs)		
21-30	1	0.9
31-40	16	15.1
41-50	35	33.0
51-60	34	32.1
>60	20	18.9
Ethnicity		
White	97	92.4
Black	4	3.8
Hispanic	2	1.9
Asian	0	0
Others	2	1.9
Marital status		
Married	83	78.3
Single	10	9.4
Divorced	13	12.3
Current degree		
Bachelor's	2	1.9
Masters	47	44.3
Doctorate	57	53.8
Current position		
Instructor	25	23.8
Assistant professor	55	52.4
Associate professor	14	13.3
Professor	11	10.5
Annual salary		
$30,000-$45,000	4	3.8
$46,000-$60,000	33	31.7
$61,000-$75,000	39	37.5
>$76,000	28	26.9

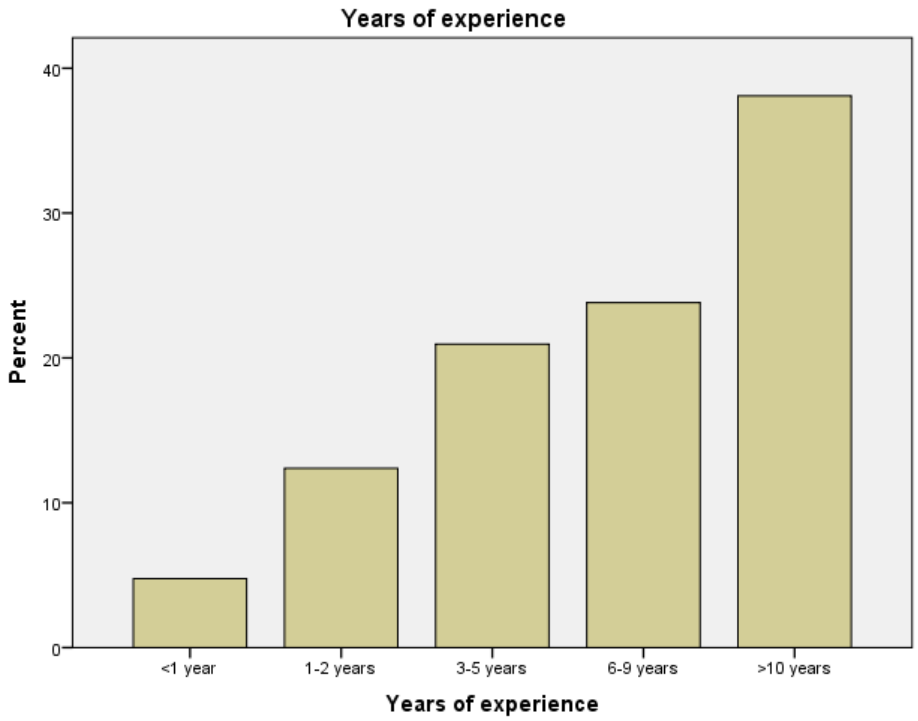

Figure 1. Years of Experience at Present Institution

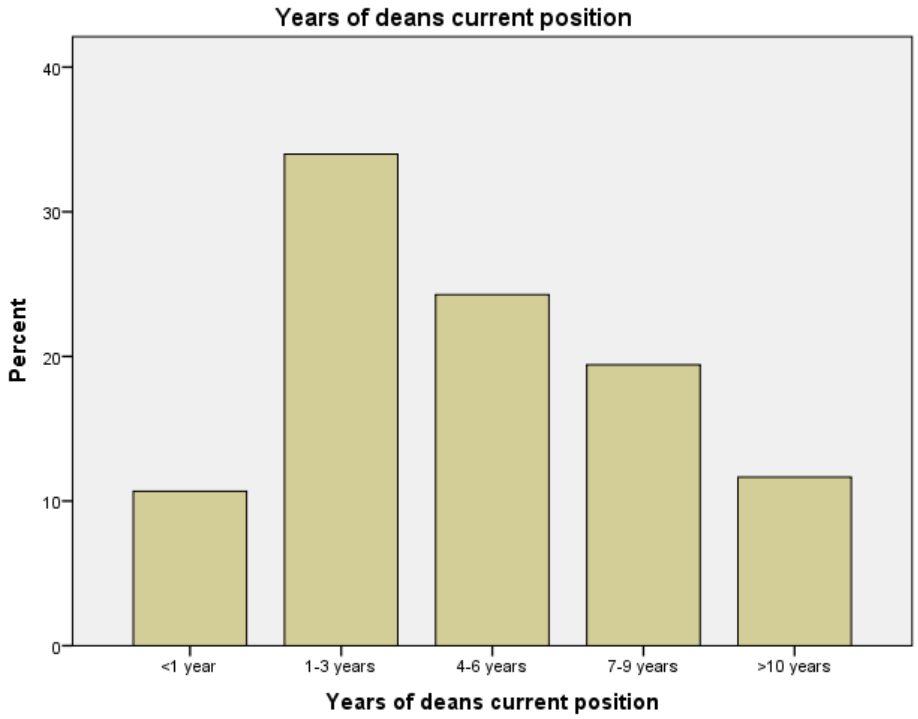

Figure 2. Years of Dean at Current Position

Coefficient Alphas of Instrument Reliability

The Leadership Practice Inventory

The Leadership Practice Inventory is a 30-item questionnaire with a 10-point Likert scale as follows: 1= Almost never, 2 = Rarely, 3 = Seldom, 4 = Once in a while, 5 = Occasionally, 6 = Sometimes, 7 = Fairly often, 8 = Usually, 9 = Very frequently, and 10 = Almost always. The Leadership Practice Inventory-Observer consists of 30-item model which includes five subscales of essential leadership behavioral practices: (a) challenging the process, items 3, 8, 13, 18, 23, and 28; (b) inspiring a shared vision, items 2, 7, 12, 17, 22, and 27; (c) enabling others to act, items 4, 9, 14, 19, 24, and 29; (d) modeling the way, items1, 6, 11, 16, 21, and 26; and (e) encouraging the heart, items 5, 10, 15, 20, 25, and 30. These were used to provide information on faculty's perceived leadership practices of their dean or department head in this study. The Chronbach's alphas of the five subscales of the LPI-Observer in this study recorded a total scale range from .95 to .97 (see Table 3). All of the coefficient alphas in this study were compared to the norm coefficient alpha reliability which ranged from .88 to .92 and test-retest reliability of at least .93 in all five leadership practices (n = 1,100) in a case study of managers (Leech & Fulton, 2002) as shown in Table 3.

Table 3: Summary of Coefficient Alphas of Reliability for the LPI-Observer

LPI-Observer Total/Subscale	N	Items	Alpha	Norm alpha
Total scale	106	30	.95	.89
Challenging the heart	106	6 (3, 8, 13, 18, 23, 28)	.95	.89
Inspiring a shared Vision	106	6 (2, 7, 12, 17, 22, 27)	.96	.92
Enabling others to act	106	6 (4, 9, 14, 19, 24, 29)	.95	.88
Modeling the way	106	6 (1, 6, 11, 16, 21, 26)	.95	.88
Encouraging the heart	106	6 (5, 10, 15, 20, 25, 30)	.97	.92

Norm data were obtained from 1,100 managers in a case study reported in Leech and Fulton (2002).

The Minnesota Satisfaction Questionnaire (MSQ) short form is a 20-item questionnaire with a five-point Likert scale ranging from 1 = very dissatisfied to 5 = very satisfied. This instrument was used to measure perceived nursing faculty's job satisfaction level. The Chronbach's alphas of the MSQ in this study were .94 for the general satisfaction scale, .90 for the intrinsic satisfaction subscale, and .91 for the extrinsic satisfaction subscale (see Table 4). According to the manual of Weiss et al. (1967), the Cronbach's alpha of internal consistency reliability conducted by using the data of 1,723 individuals in a variety of occupational areas was .86 for intrinsic satisfaction subscale, .80 for extrinsic satisfaction subscale, and .90 for general

satisfaction scale. In this study, the Chronbach's alpha coefficient of reliability exceeds the norm alphas as shown in Table 4.

Table 4: Summary of Chronbach's Alphas of Reliability for the MSQ Short Form

MSQ short form Total/Subscale	N	Items	Alpha	Norm alpha
General satisfaction	106	20	.94	.90
Intrinsic satisfaction	106	12 (1, 2, 3, 4, 7, 8, 9, 10, 11, 15, 16, 20)	.90	.86
Extrinsic satisfaction	106	6 (5, 6, 12, 13, 14, 19)	.91	.80

Norm data were obtained from 1,723 individuals in a variety of occupational settings as reported in the manual of Weiss et al. (1967).

Leadership Practices of Nursing Deans and Department Heads

This section addressed the following research question: What are the leadership practices of nursing deans and department heads as perceived by nursing faculty?

Table 6 outlines the item mean scores and standard deviations of each of the five subscales and the total scale of the LPI-Observer instrument. The total scale mean scores was (*M = 36.40, SD* = 13.50). The individual item mean scores of the five subscales ranged from (*M = 7.15 - 7.47, SD* = 2.63 – 2.76). The results indicate that nursing faculty represented a high item mean scores in the leadership practices of *challenging the process* (M = 7.24, SD = 2.63), *enabling others to act* (*M = 7.47, SD* = 2.64) and *inspiring a shared vision* (*M = 7.29, SD* =2.76). Conversely, the leadership practices of *encouraging the heart* (M = 7.15, SD = 2.76) and *modeling the way* (*M = 7.24, SD* =

2.69) represented the lowest individual item mean scores in the leadership practices of nursing deans and chairperson as perceived by nursing faculty. The calculation of the agreement score is based on the standard deviation of the observers' ratings. Standard deviation is a measure of the variation around the calculated average of the scores. Kouzes and Posner have established a standard deviation range based on their database of respondents' results for each of the practices. Agreement scores with a standard deviation within this range (4.44 to 13.28) are considered (M) moderate agreement. Standard deviations exceeding this range (13.29 and above) represent a high variation in the results and are thus considered (L) low agreement. Standard deviations that are below this range (0 to 4.43) represent very consistent results and are thus considered (H) high agreement (Kouzes & Posner, 2001). The actual values for these cutoff points are as shown in Table 5.

Table 5: Calculation of the agreement score based on the standard deviation of the observer ratings

	High	Moderate	Low
Challenging the Process:	0 to 4.43	4.44 to 13.28	13.29 and above
Inspiring a Shared Vision:	0 to 5.19	5.20 to 15.55	15.56 and above
Enabling Others to Act:	0 to 4.06	4.07 to 12.16	12.17 and above
Modeling the Way:	0 to 4.12	4.13 to 12.35	12.36 and above
Encouraging the Heart:	0 to 4.98	4.99 to 14.93 1	4.94 and above

Note. Standard deviation range based on the database of respondents' results for each of the practices Kouzes and Posner (2001).

As shown in Table 6, the standard deviation of each of the leadership practices are well below the high agreement range representing very consistent results that are considered high agreement. The mean and standard deviation on all the leadership practices subscales indicate high agreement ratings of deans and department heads as perceived by nursing faculty.

Table 6: Summary of the Total and Subscales' Item Mean Scores of the LPI-Observer

Total scale & subscale	N	Min.	Max.	M	SD	Norm SD
Total scale	106	30	300	36.40	13.50	
Challenging the process	100	6	60	7.24	2.63*	0 – 4.43
Inspiring a shared vision	102	6	30	7.29	2.76*	0 – 5.19
Enabling others to act	104	6	30	7.47	2.64*	0 – 4.06
Modeling the way	104	6	30	7.24	2.69*	0 – 4.13
Encouraging the heart	105	6	30	7.15	2.76*	0 – 4.98

Note. Ten-point Likert scale ranged from 1 = *almost never,* to 10 = *almost always.* Norm data were obtained from *The Leadership Practices Inventory*. Participant's Workbook by Kouzes and Posner (2001).
*High agreement scores based on the norm standard deviation.

The leadership practices of deans and department heads that are frequently utilized are *Treats others with dignity and respect* (*M = 8.22, SD* = 2.58) of the leadership practice subscale Enabling Others to Act, had the highest mean scores of deans and department heads leadership practices as perceived by nursing faculty, closely

followed by *Seeks out challenging opportunities that test his/her own skills and abilities* (*M = 7.88, SD* = 2.11) of the Challenging the Process subscale (see Table 7). Conversely, *Ask for feedback on how his/her actions affect other people's performance* (*M = 6.28, SD* = 3.12) of Modeling the Way subscale recorded the lowest mean scores; and was closely followed by *Shows others how their long-term interests can be realized by enlisting in a common vision* (*M = 6.64, SD* = 2.97) of the Inspiring a Shared Vision subscale (see Table 7).

Table 7: Summary of the four highest average scores of the Leadership Practices in the LPI -Observer

Leadership practices item/Description	N	Rank	*M*	SD
Enabling others to act: Practice				
Item 14: Treats others with Dignity and respect	106	1st	8.22	2.58
Challenging the process: Practice				
Item 3: Seeks out challenging opportunities that test his/her own skills and abilities	105	2nd	7.88	2.34
Modeling the way: Practice				
Item 1: Sets a personal example of what he/she expects of others.	106	3rd	7.83	2.30
Inspiring a shared vision: Practice				
Item 2: Talks about future trends that will influence how our work gets done	105	4th	7.83	2.34

Note. Ten-point Likert scale ranged from 1 = *almost never*, to 10 = *almost always.*

Table 8: Summary of the Four Least Average Scores of the Leadership Practices in the LPI – Observer

Leadership practices item/Description	N	Rank	M	SD
Modeling the way: Practice				
Item 16: Ask for feedback on how his/her actions affect other people's performance	106	1st	6.28	3.12
Inspiring a shared vision: Practice				
Item 17: Shows others how their long-term interests can be realized by enlisting in a common vision	106	2nd	6.64	2.97
Challenging the Process: Practice				
Item 28: Experiments and take risks, even when there is a chance of failure	105	3rd	6.66	2.78
Encouraging the heart: Practice				
Item 15: Make sure that people are creatively rewarded for their contributions to the success of projects		4th	6.75	2.76

Note. Ten-point Likert scale ranged from 1 = *almost never,* to 10 = *almost always.*

The Perceived Job Satisfaction of Nursing Faculty

This section addressed the following research question: What are the levels of job satisfaction as perceived by nursing faculty?

The mean scores of the MSQ short form were (*M = 68.20, SD* = 18.87) for the general satisfaction scale, (*M = 49.06, SD* = 11.25) for the intrinsic satisfaction subscale,

and (*M = 19.14*, *SD* = 7.61) for the extrinsic satisfaction subscale. The percentile score for this study is 79.1% for the general job satisfaction as measured with the MSQ short form, representing a high job satisfaction level, and the percentile score of 85.8% was recorded on the intrinsic satisfaction subscale on the MSQ, representing a high job satisfaction level. The extrinsic satisfaction subscale recorded the lowest score of 66.8% representing, a moderate job satisfaction level on the MSQ short form. Weiss et al. (1967) noted that a percentile score of 25 or lower of the MSQ indicate a low job satisfaction level, a percentile score of between 26 and 74 represent a moderate job satisfaction level and a percentile score of 75 or higher represent a high job satisfaction level. Based on this categorization, the perceived nursing faculty job satisfaction in this study represents a high job satisfaction level on the general job satisfaction scale (see Table 9).

The job satisfaction levels of this study were compared with the norm data from Weiss et al. (1967). The mean scores of the general satisfaction, intrinsic satisfaction and extrinsic satisfaction subscales were similar to the norm data (see Table 9).

Table 9: Summary of the Total and Subscales of the MSQ Short Form

MSQ scale/subscale	N	M	SD	% Score	Norm* M	Norm* SD
General satisfaction	99	68.20	18.87	79.1	74.85	11.92
Intrinsic satisfaction	105	49.06	11.25	85.8	47.14	7.42
Extrinsic satisfaction	105	19.14	7.61	66.8	19.88	4.78

Note. A five-point Likert scale ranged from 1 = *very dissatisfied* to 5 = *very satisfied.*
*Norm data were obtained from Weiss et al. (1967).

Tables 10 and 11 highlight the most and least item mean scores of the nursing faculty job satisfaction levels, and these analyses were important for the researcher to clarify the areas of the MSQ subscales where nursing faculty felt satisfied or dissatisfied with their jobs. Nursing faculty scored 94.8% on *The way my job provides for steady employment* (*M = 4.51, SD* = .722), followed by a score of 92.4% for *The chance to do things for other people* (*M = 4.40, SD* = .81), both representing the highest mean scores on job satisfaction level as measured with the MSQ short form (see Table 10). However, nursing faculty scored only 58.0% on *My pay and the amount of work I do* (*M = 2.76, SD* = 1.31) and 63.4% on *The chances for advancement on this job* (*M = 3.04, SD* = 1.25), both representing the lowest mean scores on job satisfaction level as measured with the MSQ short form (see Table 11).

Table 10: Summary of the Four Items with the Highest Mean Scores on Job Satisfaction in the MSQ Short Form

MSQ Item/Description	N	Rank	M	SD	% Scores
Intrinsic satisfaction					
Item 8: The way my job provides for steady employment	105	1st	4.51	.722	94.8
Intrinsic satisfaction					
Item 9: The chance to do things for other people	105	2nd	4.40	.81	92.4
Intrinsic satisfaction					
Item 2: The chance to work alone on the job	106	3rd	4.21	.82	89.4
Intrinsic satisfaction					
Item 7: Being able to do things that don't go against my conscience	106	4th	4.21	.83	89.0

Note. A five-point Likert scale ranged from 1 = *very dissatisfied* to 5 = *very satisfied.*

Table 11: Summary of the Four Items with the Lowest Mean Scores on Job Satisfaction in the MSQ Short Form

MSQ Item/Description	N	Rank	M	SD	% Scores
Extrinsic satisfaction					
Item 13: My pay and the amount of work I do	105	1st	2.76	1.31	58.0
Extrinsic satisfaction					
Item 14: The chance for advancement on this job	104	2nd	3.04	1.25	63.4
Extrinsic satisfaction					
Item 12: The way company policies are put into practice	104	3rd	3.14	1.15	65.4
Extrinsic satisfaction					
Item 19: The praise I get for doing a great job	105	4th	3.32	1.17	69.8

Note. A five-point Likert scale ranged from 1 = *very dissatisfied* to 5 = *very satisfied.*

Correlation between Leadership Practices and Job Satisfaction

This section discussed the following research question: To what extent do leadership practices of deans and department heads as perceived by nursing faculty, predict nursing faculty job satisfaction?

Hierarchical multiple regression was used and one-way ANOVA and bivariate correlations were computed prior to entering the demographic information and the five subscales of the LPI-Observer. The purpose of this method was to identify and select

significant variables to enter the regression model in order to decrease the possibility of Type 1 error declaring that the independent variable caused an effect when there was none. One-way ANOVA were employed to examine the differences in nursing faculty job satisfaction levels compared to the independent variables of gender, age, marital status, ethnicity, and years of experience in nursing faculty and dean current position. The other variables are current degree, position at current institution, and annual salary (see Table 12). Based on the data as shown in Table 12, there were no significant difference noted between nursing faculty job satisfaction and the demographic variables of gender F (1, 98) = 0.17, $p > .05$; ethnicity, F (3, 97) = 0.98, $p > .05$; age, F (4, 98) = 0.74, $p > .05$; marital status, F (2, 98) = 0.20, $p > .05$; faculty current position, F (3, 97) = 2.97, $p > .05$ and tenure track, F (1, 98) = 0.08, $p > .05$. Also, there were no significant difference noted based between dean's years in current position F (4, 95) = 0.54, $p > .05$; nursing faculty current degree F (2, 98) = 2.06, $p > .05$; faculty years of experience F (4, 97) = 1.50, $p > .05$ and faculty annual salary F (3, 97) = 1.26, $p > .50$ and faculty job satisfaction (see Table 12). However, there was statistical significant difference between faculty current position F (3, 97) = 2.97, $p < .05$ and nursing faculty job satisfaction (see Table 12). This was supported by the nonparametric Kruskal-Wallis test (H = 0.14 [3, n = 97], $p < .05$).

The Pearson r correlation was computed to examine if there were significant relationships between the continuous variables of the five subscales of the LPI- Observer and nursing faculty job satisfaction (see Table 13). The correlation coefficients were statistically significant for all five subscales of the LPI-Observer and nursing faculty job satisfaction levels. The nonparametric test of Spearman rho correlation was also used to

support these findings (see Table 13). The data also revealed that there was a significant correlation between ethnicity and faculty job satisfaction ($r = + .17$, $n = 105$, $p < .05$, one tail).

Table 12: Summary of One-way ANOVA for Faculty Job Satisfaction and Demographic Variables

Source	N	SS	*df*	MS	F
Gender					
Between groups	105	37.789	1	37.789	0.17
Within groups	105	21541.625	97	222.079	
Total		21579.414	98		
Ethnicity					
Between groups	104	655.444	3	218.481	0.98
Within groups	104	20920.556	94	222.559	
Total		21576.000	97		
Age					
Between groups	105	664.329	4	166.082	0.74
Within groups	105	20915.085	94	222.501	
Total		21579.414	98		
Marital Status					
Between groups	105	91.898	2	45.949	0.20
Within groups	105	21487.516	96	223.828	
Total		21579.414	98		
Faculty current position					
Between groups	104	1870.458	3	623.486	2.97*
Within groups	104	19685.308	94	209.418	
Total		21555.765	97		
Tenure track					
Between groups	105	1.847	1	1.847	0.08
Within groups	105	21577.567	97	222.449	
Total		21579.414	98		
Dean’s years in position					
Between groups	102	496.065	4	124.016	0.54
Within groups	102	20909.893	91	229.779	
Total		21405.958	95		

Table 12 Continued: Summary of One-way ANOVA for Faculty Job Satisfaction and Demographic Variables

Source	N	SS	*df*	MS	F
Faculty current degree					
Between groups	105	891.011	2	445.506	0.13
Within groups	105	20688.403	96	215.504	
Total		21579.414	98		
Faculty years of experience					
Between groups	104	1313.228	4	326.307	1.50
Within groups	104	20248.690	93	217.728	
Total		21561.918	97		
Faculty annual salary					
Between groups	103	838.027	3	279.342	1.26
Within groups	103	20733.249	94	220.566	
Total		21571.276	97		

*p = < .05

Table 13: Correlations between Job Satisfaction and Five Subscales of the LPI-Observer

Variables	Job satisfaction	
	Pearson *r* correlation	Spearman rho correlation
Challenging the process	.632**	.637**
Inspiring a shared vision	.586**	.598**
Enabling others to act	.664**	.692**
Modeling the way	.650**	.687**
Encouraging the heart	.657**	.680**

**p <.01, two-tailed.

Computations of one-way ANOVA and bivariate correlations indicated that seven variables were significantly correlated with nursing faculty job satisfaction levels as measured with the MSQ. These variables, ethnicity, faculty years in current position and the five subscales of the LPI-Observer were individually grouped into two sets prepared for conducting hierarchical multiple regression. The nominal variables of ethnicity and faculty years in current position were re-coded into dichotomous levels for multiple regression. In order to choose the appropriate method to use for hierarchical multiple regression, enter, stepwise, and backward selections of SPSS 20.0 were individually employed to find the predictors of leadership practices for nursing faculty job satisfaction levels.

For the enter selection, 49.9% of the variation in nursing faculty job satisfaction could be attributed to the combined predictors of all the five subscales of the LPI-Observer. The results indicate that all five subscales *enabling others to act* (B = .664, p <.05), *encouraging the heart* (B = .657, $p < .05$), *modeling the way* (B = .650, $p < .05$), *challenging the process* (B = .632, $p < .05$) and *inspiring a shared vision* (B = .586, $p <$ .05) significantly predicted nursing faculty job satisfaction. While employing the backward selection method, the demographic data of ethnicity (B = .289, $p > .05$) and faculty current position (B = .094, $p = > .05$) did not significant predict nursing faculty job satisfaction.

After computing the hierarchical multiple regression the leadership practices of *enabling others to act* (B = .680, $p < .05$) and *encouraging the heart* (B = .670, $p < .05$), indicated the highest significant and positive predictor of faculty job satisfaction levels as shown in Table 14. In summary, the findings indicated that nursing deans and department

heads who utilize the leadership practices of *enabling others to act* and *encouraging the heart* more frequently produced higher levels of job satisfaction as perceived by nursing faculty.

Table 14: Summary of Hierarchical Multiple Regression for Faculty Job Satisfaction (N = 106)

Variable	*R2*	*R2* change	*F*	Standardized coefficient B	t
1 Current position	.009	-.004	.666	.094	.818
2 Ethnicity	.083	-.146	.364	.289	.603
3 Enabling others to act	.462	.456	73.8*	.680	8.59
4 Encouraging the heart	.448	.442	70.6*	.670	8.40

Note. Stepwise selection was used.
*$p < .50$.

Summary

This chapter provided the findings to the research questions in this study. Baccalaureate degree nursing deans and chairpersons displayed the leadership practices of enabling others to act and encouraging the heart more frequently than challenging the process, inspiring a shared vision and modeling the way. It is important to note however, that all five subscales of the LPI-Observer positively predicted high levels of nursing faculty job satisfaction. The demographic data of faculty current position and ethnicity had positive correlation with faculty job satisfaction but did not significantly predict

faculty job satisfaction level. Also, nursing faculty was very satisfied with their job especially as regards the provision for steady employment and the chance to do things for others. However, they were moderately satisfied with their job as regards amount of pay and work done.

CHAPTER 5: DISCUSSIONS

This study used a descriptive, correlational, cross-sectional research design with self administered questionnaires to examine three main research questions on the relationship between the leadership practices of deans and department heads and faculty job satisfaction. One hundred and six responses out of three hundred questionnaires of the LPI-Observer and the MSQ were returned within a five-week window and used for data analysis. This chapter includes the summary of the study findings and discussion of the research questions, implication for nursing, study limitations, recommendations and conclusion.

Leadership Practices of Nursing Deans

This section discussed the following research question: What are the leadership practices of deans and department heads as perceived by nursing faculty?

The LPI-Observer was used to measure the item means and standard deviations of the total and five subscales of the instrument. The results indicate that nursing faculty perceived higher item mean scores in the leadership practices of *challenging the process* (M = 7.24, SD = 2.63), *enabling others to act* (M = 7.47, SD = 2.64) and *inspiring a shared vision* (M = 7.29, SD =2.76). Conversely, the leadership practices of *encouraging the heart* (M = 7.15, SD = 2.76) and *modeling the way* (M = 7.24, SD = 2.69) represented the lowest individual item mean scores in the leadership practices of nursing deans and chairperson as perceived by nursing faculty. All five subscales of the LPI-Observer

recorded satisfactory mean scores, however, nursing deans are encourage to utilize *challenging the process* and *enabling others to act* that recorded the highest mean scores in various institution in order to enhance nursing faculty job satisfaction level. This finding is consistent with Mathew (2007) study that found all five subscales of the LPI-Observer with significant mean scores with *challenging the process* and e*nabling others to act* recording the highest mean scores.

The Job Satisfaction Level of Nursing Faculty

This section discussed the following research question: What are the levels of job satisfaction as perceived by nursing faculty?

Weiss et al. (1967) noted that a percentile score of 25 or lower of the MSQ indicates a low job satisfaction level, a percentile score of between 26 and 74 represents a moderate job satisfaction levels, and a percentile score of 75 or higher represents a high job satisfaction level. Based on this categorization, the perceived nursing faculty job satisfaction level in this study represents a high job satisfaction level on the general job satisfaction scale. The percentile score for this study is 79.1% for the general job satisfaction, as measured with the MSQ short form representing a high job satisfaction level, and the percentile score of 85.8% was recorded on the intrinsic satisfaction subscale on the MSQ, representing a high job satisfaction level. The extrinsic satisfaction subscale recorded the lowest score of 66.8%, representing a moderate job satisfaction level on the MSQ short form. This finding is consistent with some other studies (Snarr & Krochalk, 1996; Chen & Baron, 2006) which noted that nursing faculty is moderately satisfied with their jobs.

Nursing faculty scored 94.8% on *The way my job provides for steady employment* (M = 4.51, SD = .722), followed by a score of 92.4% for *The chance to do things for other people* (M = 4.40, SD = .81), both representing the highest mean scores on job satisfaction level. However, nursing faculty scored only 58.0% on *My pay and the amount of work I do* (M = 2.76, SD = 1.31) and 63.4% on *The chances for advancement on this job* (M = 3.04, SD = 1.25) both representing the lowest mean scores on job satisfaction level. This finding is consistent with Herzberg et al.'s (1959) two-factor theory of job satisfaction that noted that while certain "motivators" such as responsibility, achievement, and recognition contribute to job satisfaction, negative factors called "hygiene" such as salary, supervision, and working conditions produce dissatisfaction in the job. This study found that nursing faculty has a sense of job security representing a score of (94.8%), but less confidence on their chances of advancement in their job (63.4%). This finding is also consistent with Chen, Beck, and Amos (2005) who noted low scores on faculty chances for advancement on their job.

Nursing faculty reported feeling very satisfied when their job provided them a chance to do things for other people, and the chance to do things that do not go against their conscience. These factors also contributed the most towards faculty job satisfaction in this study. These findings are consistent with Chen, and Baron (2006); Lin, and Lee (2003) in their job satisfaction studies. The satisfaction towards work perceived by nursing faculty in this study are supported by previous theories on job satisfaction, for example, Lawler's (1973) facet satisfaction model and Herzberg et al. (1959) two factor theory of job satisfaction. Herzberg et al.'s (1959) noted that certain motivators, which include intrinsic aspects of the job, such as independence of action, responsibility and

recognition for accomplishing difficult tasks, can lead to job satisfaction. Similarly, Lawler (1973) proposed an effort-performance probability model that emphasized that one's internal rewards come from the individual's feeling about job performance, specifically the feelings of pride, personal worth and accomplishment. Therefore, the intrinsic factors noted in this study as perceived by nursing faculty contributing most to job satisfaction are similar to the intrinsic factors posited from these two theories. Nursing deans and department heads based on the findings of this study should strive to raise the intrinsic job satisfaction of nursing faculty in order to enhance satisfaction in their job. Similarly, nursing deans and department heads should endeavor to provide external rewards to faculty members in order to enhance their extrinsic job satisfaction level that recorded only a moderate score of 66.8% on the general satisfaction scale of the MSQ.

Relationship between Leadership Practices and Faculty Job Satisfaction

This section discussed the research question as follows: To what extent do leadership practices of deans and department heads as perceived by nursing faculty, predict nursing faculty job satisfaction?

All five subscales of the LPI-Observer significantly predicted nursing faculty job satisfaction. The findings indicated that nursing deans and department heads who utilize the leadership practices of *enabling others to act* and *encouraging the heart* more frequently, produced higher levels of job satisfaction as perceived by nursing faculty. The leadership style of *enabling others to act* ($B = .680$, $p < .05$) and *encouraging the heart* ($B = .670$, $p < .05$), indicated the highest significant and positive predictor of faculty job satisfaction levels. The findings of this study are consistent with Mathew (2007) study

that found all five subscales of the LPI-Observer significantly predicting teacher job satisfaction except that the findings suggest modeling the way as having the greatest association with teacher satisfaction. Also, Shoemaker (1999) indicated that all five subscales of the LPI-Observer significantly predicted industrial salespersons' job satisfaction. Shoemaker (1997) however, noted that transactional leadership style was more effective for sales managers than transformative leadership style, which primarily is the five subscales of the LPI-Observer.

In summary, the findings indicate that nursing deans and department heads who utilize the leadership practices of *enabling others to act* and *encouraging the heart* more frequently produced higher levels of job satisfaction as perceived by nursing faculty. In other words, when deans and department heads develop cooperative relationships, actively listen to diverse points of views, treat others with dignity, support decisions of other people and provide choice about how people do their jobs while ensuring growth opportunity, faculty job satisfaction will be enhanced. Also, deans and department heads who engage in praise for a job well done, express confidence in people's abilities, creatively reward people for their contribution at work and celebrate accomplishments with team members will subsequently increase faculty job satisfaction.

Demographic Characteristics

One hundred and six nursing out of three hundred faculty members participated in this study. Majority of the study participants were females (96.2%) and only 3.8% are males with 78.3% of all participants married and only 9.4% are single with 12.3% divorced. Majority of the participants were Whites 92.4%. Also, the majority of the study participants (84%) were over 40 years of age and 51% of all participants were 50 years

and older. This finding is consistent with other studies that have reported aging nursing and nursing faculty workforce (Lewallen, Crane, Letvah, Jones & Hu, 2003). On the average, nurse educators are six years older than their clinical nurse counterparts. The average doctorally prepared and master's prepared nurse educator is 53 years old, while the average clinical registered nurse is 44.5 years respectively (Lewallen, Crane, Letvah, Jones & Hu, 2003).

A majority of the study participants (53.8%) had earned a doctorate degree, 44.3% had earned a master's degree and 1.9% had earned a bachelor's degree. A majority of the study participants (52.4%) are assistant professors, 23.8% are instructors, 13.3% are associate professors and 10.5% are full professors. About 31.7% of respondents reported an annual salary of $46,000 - $60,000, 37.5% of participants reported an annual salary of $61,000 - $75,000, while 26.9% of participants reported earning $76,000 and above. A majority of the participants (38.1%) reported years of experience in present institution 10 years and over, 23.8% were in present institution between 6-9 years and 21.0% were in present institution between 3-5 years indicating a total of 82.9% of nursing faculty in their present position 3 years and over which is consistent with findings of 94.8% of nursing faculty reporting being satisfied with their job providing a steady employment.

Only 31.1% of nursing faculty reported their dean's years in current position as 7 years and above which indicates that a majority of nursing deans are in their current position 6 years or less. This finding is supported by Berlin, Bednash, and Stennett's (2002) findings that the mean number of years in the dean's position has dropped from 7

to 6.3 between 1999 and 2003. The number of first-year deans in the same time period increased from 69.3 to 75.3 (Berlin, Bednash, & Stennett, 2002).

Implications for Nursing Practice and Education

Nursing Practice

The behavior of managers in leadership roles can determine the job satisfaction of staff nurses and increase their long term commitment to the organization. Nurse managers can use the leadership practices of the five subscales of the LPI-Observer to create an environment that will facilitate success for both the staff nurse and the employing organization. This type of environment may result in an increase in job satisfaction, enhance staff nurse retention, and subsequently improve the quality and cost of patient care. Since most nursing faculty member were once staff nurses, enhancing staff nurse retention in clinical areas as a result of good leadership practices that increases job satisfaction will ultimately increase the pool of future nursing faculty in our institutions of higher learning.

Nursing Education

This research study was conducted to better understand how and to what extent leadership practices of deans and department heads influences faculty job satisfaction. The knowledge acquired from this study will contribute to the field of education by improving leadership training for schools of nursing administrator. Such leadership skills will be will be necessary to promote an environment where nursing faculty will be satisfied with their jobs. This study implies that nursing deans and department heads who care about their faculty as individuals, set personal example of what is expected, follow

through on promises and commitments, seek feedback from faculty, build consensus around organization's values and make certain that goals are set, and will maintain nursing faculty that are satisfied with their jobs. Besides, nursing deans and departmental heads who search outside the organization for innovative ways to improve, actively listen to diverse points of view, treat others with dignity and respect, support decisions other people makes, express confidence in their abilities, praise people for job well done, and give team members appreciation and support while finding ways to celebrate accomplishments. Such actions will help to maintain nursing faculty that are satisfied with their jobs.

Limitation of Study

The LPI-Observer was used in this study and it primarily measures transformational leadership practices because its subscales are congruent with factors associated with transformational leadership practices. Future studies should utilize instruments that measures leadership practices that encompass not only transformational, but transactional and laissez-faire leadership models. This study did not measure the leadership practices of deans and department heads as perceived by deans themselves; therefore, future studies should assess the leadership practices of deans and department heads as perceived by deans and departmental heads, so that a useful comparison can be made with faculty's perception of their leadership practices. Additionally, replication of this study with a larger sample size and broader population which includes nursing programs in community colleges is desirable in order to provide better generalization to the study. This study, therefore, cannot be generalized to community colleges nursing programs.

Lastly, a replication study should be done every 2 to 4 years in order to ascertain the ongoing and long-term relationship between leadership practices of deans and department heads and faculty job satisfaction in baccalaureate degree nursing programs in Southeastern United States. That should help to modify leadership training programs as needed.

Recommendations

Based on the findings of this study, development of leadership training programs designed for deans and department heads in baccalaureate degree nursing programs is desirable. These leadership training programs should be developed to inculcate the basic principles of the five subscales of the LPI-Observer. This leadership training programs could be developed as pre-service or ongoing in-service on all aspects of the leadership practices for nursing deans and department heads. In particular, these leadership training programs should include the skills of setting personal examples for faculty to emulate, taking risks, envisioning and communicating an exciting future for nursing faculty, giving positive feedback and practicing espoused values of the institution. Additionally, these training programs should include giving more independence to faculty and publicly celebrating and appreciating individual and team contributions and achievements.

The university authorities should develop a faculty satisfaction survey encompassing the LPI-Observer for use annually in nursing departments to monitor the degree to which leadership practices of deans and department heads relate to nursing faculty job satisfaction. Additionally, the university authorities should develop a pathway to deanship for aspiring deans and department heads to follow.

Lastly, a qualitative study design is recommended for future studies in order to provide more in-depth knowledge and understanding of the leadership practices of deans and department heads and faculty job satisfaction.

Conclusion

The findings of this study revealed that deans and department heads' leadership practices are significantly related to faculty job satisfaction which suggests that leadership is an important factor in maintaining faculty job satisfaction in nursing degree programs in institutions of higher learning. The nursing shortage presently across the nation, though, abating, is still at a significant level and is of grave concern. The ability to continue to educate future nurses across this nation is paramount and adequate numbers of qualified nursing applicants are needed to completely abate this shortage. The ability to educate a sufficient number of nursing students is dependent on the nursing faculty.

Therefore, effective leadership practices by nursing deans and department heads are important in the academic climate of nursing education programs in order to ensure retention of current faculty and continued recruitment of qualified nursing faculty that will be satisfied with their jobs. In order to accomplish this, the utilization of the LPI-Observer and its five-subscales is highly recommended because all its components is congruent with transformational leadership practices which is by far more effective in enhancing faculty job satisfaction. Based on multiple research studies within many diverse settings, transformational leadership has correlated positively with the outcome variables of work satisfaction, leader effectiveness, and effort expended by subordinates.

Wang, Chontawan, and Nantsupawat, (2012) found a significant positive correlation between transformational leadership practices of nurse managers and job satisfaction of registered nurses. Similarly, Mohammad, Al-Zeaud, and Betaynan, (2010) found that a significant relationship exist between transformational leadership practices and job satisfaction of registered nurses. Other research findings support the proposition that transformational leadership practices achieve job satisfaction and commitment more effectively than transactional leadership practices (Bass, 1985, 1990; Hater & Bass, 1988).

REFERENCES

Addison, E. P. (2006). *The principles of leadership effectiveness in higher education.* New York, NY: Harper & Row.

Al-Amiji, R. (2001). The effects of personal characteristics on job satisfaction: A study among male managers in the Kuwait oil industry. *International Journal of Commerce & Management,* 3, 91-111.

Albaugh, J. A. (2001). A call to action for nurses: Declining enrollment and the nursing shortage . *Urology Nursing, 21*, 327-332.

Allen, L. (2008). The nursing shortage continues as faculty shortage grows. Nursing Economics, 26, 35-40.

American Association of Colleges of Nursing (2005). Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply. Retrieved from American Association of Colleges of Nursing website: http://aacn.niche.edu/publication/whitepapers/facultyshortages.htm

American Association of Colleges of Nursing (2008). Nursing faculty shortage fact sheet. Retrieved from American Association of Colleges of Nursing website: http://www.centerfornursing.org/nursemanpower/FacultyshortageFactsheet.pdf

American Association of Colleges of Nursing (2009). Nursing faculty shortage fact sheet. Retrieved from American Association of Colleges of Nursing website: http://aacn.niche.edu/Media/factsheets/facultyshortages.htm

American Association of Colleges of Nursing (2010). Amid calls for more highly educated nurses, new AACN data show impressive growth in doctoral nursing programs. Retrieved from American Association of Colleges of Nursing website: http://www.aacn.nche.edu/Media/NewsReleases/2010/enrollchanges.html.

Anderson, C. A. (2000). Current strengths and limitations of doctoral education in nursing: Are we prepared for the future? *Journal of Professional Nursing, 16,* 191-200.

Anderson, C. A. (2002). Nursing faculty: Going, going, gone. *Nursing Outlook,* 50(2), 43-44

Anderson, J. A. (1997). Leadership training initiatives for community college administrators: A focused synthesis of the literature. *Community College Review, 24(4),* 28-55.

Armstrong-Coppins, D. R. (2003). What principals do to increase collective teacher efficacy in urban schools. *Dissertation Abstracts International (UMI No. 3014857)*

Azumi, J. E., & Madhere, S. (1983). *Professionalism, power and performance: The relationship between administrative control, teacher conformity, and student achievement.* Paper presented at the Annual Meeting of the American Educational Research Association, Montreal, Canada. (ERIC Document Reproduction Service No. ED 275 054)

Baker, A., Sullivan, D.T., & Emery, M. (2006). *Leadership competencies for clinical managers: The renaissance of transformational leadership.* Boston: Jones & Barlett.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review,* 84(2), 191-215.

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist, 28,* (2), 117-148. Retrieved February 19, 2005, from Eric database

Bandura, A. (1997). *Self efficacy: The exercise of control.* New York: W.H. Freeman and Company.

Barge, J. K., & Hirokawa, R. Y. (1989). Toward a communication competency model of group leadership. *Small Group Behavior 20(2),* 167-189.

Bass, B. M. (1981). *Stogdill's handbook of leadership.* New York: The Free Press

Bass, B. M. (1985). *Leadership and performance beyond expectations.* New York: Free Press.

Bass, B., & Avolio, B. (1990). *Transformational leadership development: Manual for the Multifactor Leadership Questionnaire.* Palo Alto, CA: Consulting Psychologist Press.

Berlin, L. E., Bednash, G. D., & Stennett, J. (2002). *2001-2002 Salaries of deans in baccalaureate and graduate programs in nursing.* Washington, DC: American Association of Colleges of Nursing.

Berlin, L. E., & Sechrist, K. R. (2002). The shortage of doctorally prepared nursing faculty: A dire situation. *Nursing Outlook, 50,* 50-56.

Bilgic, R. (1998). The relationship between job satisfaction and personal characteristics of Turkish workers. *The Journal of Psychology, 32,* 549-561.

Bowman, R. F. (2002). The real work of department chair. *Clearing house,* 75(3), 158-163.

Brief, A. P. (1998). *Attitude in and around organizations*. Thousand Oaks, CA: SAGE Publications.

Brief, A. P. & Weiss, H. M. (2001). Organizational behavior: affect in the workplace *Annual Review of Psychology,* 53, 279-307.

Bright, D. F. & Richards, M. P. (2001). *The academic deanship: Individual careers and institutional roles*. San Francisco: Jossey-Bass.

Brown, L. I. (2001). A meta-analysis of research on the influence of leadership practices on student outcomes. *Dissertation Abstract International (UMI No. 3119769)*

Buerhaus, P. I., Donelan, K., Ulrich, B. T., Norman, I., & Dittus, R., (2006). State of the registered nurse workforce in the United States. *Nursing Economics, 24,* 6-12.

Buerhaus, P. I., Needleman, J., Mattke, S., & Stewart, M. (2002). Strengthening hospital nursing. *Health Affairs, 21,* 123-129.

Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Expanding career opportunities for women and the declining interest in nursing as a career. *Nursing Economics, 18,* 230-236.

Burns, J. (1978). *Leadership*: New York: Harper and Row.

Carmines, E. G. & Zeller, R. A. (1979). *Reliability and validity assessment*. California: Sage Publications, Inc.

Chen, H., Baron, M. (2006). Nursing directors' leadership styles and faculty members job satisfaction in Taiwan. *Journal of Nursing Education, 45,* 404-411.

Chen, H., Beck, S. L., & Amos, L. K. (2005). Leadership styles and nursing faculty job satisfaction in Taiwan. *Journal of Nursing Scholarship, 37,* 374-380.

Chitty, K. (1996). Professional nursing: Concept and challenges. Philadelphia: W. B. Saunders.

Cleary, B. L., Lacey, L. M., & Beck-Warden, M. (1998). Estimating the job market for nursing personnel in North Carolina. Image: *Journal of Nursing Scholarship, 30,* 335-338.

Coffey-Love, M. (2001). Said another way: The nursing shortage: What is your role? *Nursing Forum, 36,* 29-35.

Cohen, J., & Cohen, P. (1983). *Applied multiple regression/correlation analysis for the behavioral sciences.* Hillsdale, NJ: Erlbaum.

Curry, B. K. (2000). *Women in power: Pathways to leadership in education.* New York: Teachers College Press.

Dawis, R., & Lofquist, L. H. (1984). *A Psychological theory of work adjustment: An individual differences model and its applications*. Minneapolis, MN: University of Minnesota Press.

Elliott, S. (2000). The relationship between teacher efficacy and principal leadership behaviors and teacher background variables in elementary schools (Doctoral Dissertation, University of Connecticut, 2000).

Fiedler, F. E. (1995). Cognitive resources and leadership performance. *Applied Psychology,* 44(1), 5-28. Doi:10.1111/j1464-0597.1995.+b01378.x.

Fiedler, F. E. (1967). *A theory of leadership effectiveness.* New York: McGraw-Hill.

Filan, G. L. (1999). The need for leadership training: The evolution of the chair academy. *New Directions for Community Colleges,* 105, 47-55.

Foote, E. (1999). Sources and information on midlevel managers in community college. *New Directions for Community Colleges,* 105, 75-82.

French, W. (1990). *Human Resources management* (2nd ed.). Boston, MA: Houghton Mifflin.

Gibson, S., & Dembo, M.H. (1984). Teacher efficacy: A construct validation. *Journal of Educational Psychology*, 76(4), 569-582.

Glaessel-Brown, E. E. (1998). Use of immigration policy to manage nursing shortages. *Image: Journal of Nursing Scholarship, 30*, 323-327.

Goldenberg, D. (1990). Nursing education leadership. Effect of situational and constraint variables on leadership style. *Journal of Advanced Nursing, 15, 1326-1334.*

Goldenberg, D., & Waddell, J. (1990). Occupational stress and coping strategies among female baccalaureate nursing faculty. *Journal of Advanced Nursing, 15(5), 531-541*.

Goldhaber, D., & Anthony, E. (2003). Teacher quality and student achievement. (Eric Document Reproduction Service No. ED99-CO-0035).

Goleman, D. (2000). Leadership that gets results. *Harvard Business Review*, 78-90.

Goleman, A., Boyatzis, R., & McKee, A. (2001). Primal Leaderships. The hidden driver of great performance. *Harvard Business Review*, 42-51.

Graen, G. B., & Uhl-bien, M. (1995). Relationship-based approach to leadership: Development of leader-member exchange (LMX) theory of leadership over 25 years: Applying a multi-level multi-domain perspective. *Leadership Quarterly, 6,* 219-247.

Hater, J., & Bass, B. M. (1988). Superiors' evaluations and subordinates perceptions of transformational and transactional leadership. *Journal of Applied Psychology, 73(4),* 695-702.

Harulow, S. (2000). Get them while they are young. *Australian Nursing Journal, 4,* 28-31.

Health Resources and Services Administration (2000). *The registered nurse population: Findings from the national sample survey of registered nurses.* Washington, DC: U.S. Department of Health and Human Services.

Health Resources and Services Administration (2006). Nursing education in five states. Retrieved from Health Resources and Administration website: http://bhpr.hrsa.gov/healthworkforce/reports/nurseed/I.htm

Herzberg, F., Mausner, B., & Snyderman, B. B. (1959). *The motivation to work.* New York. John Wiley & Sons.

Hessler, K., & Ritchie, H. (2006). Recruitment and retention of novice faculty. *Journal of Nursing Education 45,* 150-154.

Hilliard, A. G. III (2000). Excellence in education versus high-stakes standardized testing. *Journal of Teacher Education, 51,* 293-304.

Hinshaw, A. (2000). A Continuing Challenge: The shortage of educationally prepared nursing faculty. *Online Journal of Issues in Nursing, 6,* 1-8. Retrieved February 27, 2001 from Nursingworld.org database.

Hipp, K. A. (1995). Exploring relationship between principals leadership behaviors and teacher's sense of efficacy in Wisconsin middle schools (Doctoral Dissertation, University of Wisconsin, 1995).

Holdford, D. A. (2003). Leadership theories and their lessons for pharmacists. *Am J Health-Syst Pharm, 60,* 1780-1786.

Hollander, E.P. (1985). *Leadership and power* (Vol, 2). New York: Lawrence Erlbaum Associates.

Hoppock, R. (1935). *Job satisfaction.* New York, NY: Harper.

House, R. J. (1971). A path-goal theory of leadership effectiveness. *Administrative Science Quarterly,* 16, 321-339.

Hoy, W. K., & Woolfolk, A. E. (1993). Teachers' sense of efficacy and the organizational health of school. *The Elementary School Journal, 93,* 355-372.

Joint Commission on Accreditation of Healthcare Organizations. (2002). Healthcare at the crossroads: Strategies for Addressing the Evolving Nursing Crisis. (JCAHO Publication). Chicago IL.

Kalisch, P., & Kalisch, B. (2004). American nursing: A history. Philadelphia: Lippincott Williams & Wilkins.

Keller, T. (1999). Images of the familiar: Individual differences and implicit leadership theories. *Leadership Quarterly, 10(4),* 589-608.

Kerlinger, S. M., & Lee, H. B. (2000). *Foundations of behavioral research* (4th ed.). New York: Harcourt College Publishers.

Killeen, M. R. (2002). Focusing on nursing numbers. *Journal of Child and Adolescent Psychiatric Nursing, 15,* 84-85.

Kouzes, J. M., & Posner, B. Z. (2001). *The leadership Practices Inventory.* Participant's Workbook (2nd ed.). San Francisco, CA: Jossey-Bass.

Kouzes, J. M., & Posner, B. Z. (2002). *The leadership challenge* (3rd ed.). San Diego, CA: Jossey-Bass.

Kumashiro, K. K. (2000). Toward a theory of anti-oppressive education. *Review of Education and Research. 70,* 25-53.

Lawshe, C. H., & Neagle, B. F. (1953). Productivity and attitude toward supervisor. *Journal of Applied Psychology,* 37, 159-162.

Lawler, E. E., III. (1973). *Motivation in work organizations.* Monterey, CA: Brooks/Cole.

Leech, D. W., & Fulton, C. R. (2002). The leadership practices of middle and high school principals. (Eric Document Reproduction Service No. ED 472143).

Leitwood, K., & Jantzi, D. (1999). Transformational school leadership effects: A Replication. *School Effectiveness and School Improvement, 10,* 451-479.

Lewallen, L. P., Crane, P. B., Letvah, S., Jones, E., & Hu, J. (2003). An innovative strategy to enhance new faculty success. *Nursing Education Perspectives, 24(5),* 257-260.

Levin, I., & Turner, R. A. (2009). Can leaders really be "developed"? *The California Psychologist, 42(1),* 10-14.

Lin, C. H., & Lee, F. M. (2003). Job satisfaction of faculty at Taiwanese technology institutes. *Journal of Far Eastern Academy 20,* 477-486.

Locke, E. A. (1976). Job satisfaction and job performance: A theoretical analysis. Organization Behavior and Human Performance, 5, 484-500.

Lucas, M. D. (1986). The relationship of nursing deans' leadership behaviors with institutional characteristics. *Journal of Nursing Education, 25(2),* 50-54.

Mathew, J. (2007). Examining the relationship between secondary school head teachers' leadership and teachers' satisfaction (Doctoral Dissertation, University of Phoenix, 2007).

Marquis, B. L., & Huston, C. J. (2008). *Leadership roles and management functions in nursing. Theory and application* (6th ed.). Philadelphia: Lippincott Williams & Wilkins.

McCall, M. W. & Lombardo, M. M. (1983). *Off track:* Why and how successful Executives get derailed. Greensboro, NC: Center for Creative Leadership.

Meadus, R. J. (2000). Men in nursing: Barriers to recruitment. *Nursing Forum, 35,* 5-12. Doi:10.1111/j.1744-6198.2000.tb00998x…

Mendez, D., & Louis, M. (1991). College students image of nursing as a career choice. *Journal of Nursing Education, 30,* 311-319.

Mobily, P. R. (1992). The phenomenon of role strain in academic nursing. In Lynne Brodie Welch (Ed.), *Perspective on faculty roles in nursing education,* (pp.1-7), Westport, CT: Praeger.

Mohammad, S. I., Al-Zeaud, H. A. & Bataynan, A. M. (2010). The relationship between transformational leadership and employee's satisfaction at a Jordanian private hospital. *Business and Economic Horizons, 15,* 1-10.

Motowildlo, S. J. (1996). *Orientation toward job and organization*: *Individual differences and behaviorism in organizations*. Jossey-Bass, San Francisco.

Mount, M., Ilies, R., & Johnson, E. (2006). Relationship of personality traits and counterproductive work behaviors. *Personnel Psychology, 59,* 599-622.

Muchinsky, P. M. (1993). *Psychology applied to work: An introduction to industrial and organizational psychology*. Belmont, CA: Wadsworth.

Munro, B. H. (2001). *Statistical methods for health care research* (4th ed.). New York: Lippincott.

National Council of States Boards of Nursing. (2001, January) NCSBN responds to the nursing shortage. Chicago. IL.

Nedvijon, B., & Erickson, J. I. (2001). The nursing shortage: Solutions for the short and long term. *Online Journal of Issues in Nursing, 6,* 1-15. Retrieved February 27, 2001 from Nursingworld .org database.

Northouse, P. G. (2004). *Leadership: Theory and practice.* (3rd ed.). Thousand Oaks, CA: Sage Publications Inc.

Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.) New York: McGraw-Hill.

Odom, R., Boxx, W. R., & Dunn, M. G. (1990). Organizational culture, commitment, satisfaction, and cohesion. *Public Productivity Management Review, 14,* 157-179.

Owens, R. G. (2001). Organizational behavior in education: Instructional leadership and school reform. Boston, MA: Allyn and Bacon.

Rebell, M. A., & Wolff, J. R. (2008). Moving every child ahead: From hype to meaningful educational opportunity. New York: Teachers College Press.

Redman, B. K. (2001). The dean of nursing as arbiter, antagonist, and advocate. *Nursing Administration Quarterly, 25(4), 57-63.*

Roberts, W. (1990). *Leadership secrets of Antilla the Hum.* NY: Warner Books.

Ross, J.A. (1995). Strategies for enhancing teachers' beliefs in their effectiveness: Research on a school improvement hypothesis. *Teacher College Record, 97,* 229-251.

Seldomridge, L. (2004). Attracting students to the professorate: A faculty shadowing experience. Nurse Educator, 29(6), 256-259.

Selvam, A. (2001). The state of health care workforce. *Hospitals & Health Networks, 75,* 41-48.

Shieh, H. Mills, M. E., & Waltz, C. F. (2001). Academic leadership style predictors for nursing faculty job satisfaction in Taiwan. *Journal of Nursing Education, 40(5),* 203-209.

Shoemaker, M. E. (1999). Leadership practices in sales managers associated with the Self-efficacy, role clarity, and job satisfaction of individual industrial salespeople. *Journal of Personal Selling and Sales Management, 19,* 1-19.

Siler, B. B., & Kleiner, C. ((2001). Novice faculty: Encouraging expectations in academia. *Journal of Professional Nursing, 16(2),* 97-103.

Singleton, R. A., & Straits, B. C. (1999). *Approaches to social research* (3rd ed.). New York: Oxford University Press.

Snarr, C. E., & Krochalk, P. C. (1996). Job satisfaction and organizational characteristics: Results of a nationwide survey of baccalaureate nursing faculty in the United States. *Journal in Nursing of Advance Nursing, 24,* 405-412.

Spector, P. E. (1996). *Job satisfaction: Application, assessment, causes and consequences.* Thousand Oaks, CA: Sage.

Stogdill, R.M. (1974). *Handbook of leadership: A survey of theory and research,* New York: Free Press.

Stolberg, S. G. (2002, August 8). Lack of nurses putting patients at risk. The Charlotte Observer, pp. 1A, 2A.

Tanner, C. A., & Bellack, J. P. (2001). Resolving the nursing shortage: Replacement plus one. *Journal of Nursing Education, 40,* 99-101.

Vandenberg, R. J., & Lance, C. E. (1992). Examining the casual order of job satisfaction, and organizational commitment. *Journal of Management, 18,* 153-167.

Wang, X., Chontawan, R., & Nantsupawat, R. (2012). Transformational leaderships: effect on the job satisfaction of registered nurses in a hospital in China. Journal of *Advanced Nursing, 68(2),* 444-451.

Weiss, D. J., Dawis, R. V., England, G. W., & Lofquist, L. H. (1967). *Manual for the Minnesota satisfaction questionnaire. Minnesota studies in vocational rehabilitation.* Minneapolis: University of Minnesota.

Weiss, H. M. (2002). Deconstructing job satisfaction: separating evaluations, beliefs and affective experiences. *Human Resource Management Review,* 12, 173-194.

Wood, D. K. & Cardin, S. (2002). Realizing your marking influence, *Journal of Nursing Administration, 32,* 323-330.

Yammarino, F. J., & Dubinsky, A. J. (1994). Transformational leadership theory: Using Levels of analysis to determine boundary conditions. *Personnel Psychology, 47,* 787-811.

Yukl, G. (2002). *Leadership in organization.* (5th ed.), Upper Saddle River, NY: Prentice-Hall.

APPENDIX A: CERTIFICATE OF APPROVAL FROM UNCC INSTITUTIONAL REVIEW BOARD

UNC CHARLOTTE

Office of Research Compliance

9201 University City Boulevard, Charlotte, NC 28223-0001
t/ 704.687.3311 f/ 704.687.2292 http://research.uncc.edu/compliance-ethics

Institutional Review Board (IRB) for Research with Human Subjects

Certificate of Approval

Protocol #	**11-05-08**		
Protocol Type:	**Expedited**	**7**	
Title:	**The Influence of Leadership Practices on Faculty Job Satisfaction in Baccalaureate Degree Nursing Program**		
Initial Approval:	**5/31/2011**		
Responsible Faculty	**Dr. Charles**	**Hutchison**	**Middle, Secondary, K12 Educ**
Investigator	**Mr. Clifford**	**Afam**	**Middle, Secondary, K12 Educ**

After careful review, the protocol listed above was approved by the Institutional Review Board (IRB) for Research with Human Subjects. This approval will expire one year from the date of this letter. In order to continue conducting research under this protocol after one year, the "Annual Protocol Renewal Form" must be submitted to the IRB. This form can be obtained from the Office of Research Compliance web page http://research.uncc.edu/compliance-ethics/human-subjects.

Please note that it is the investigator's responsibility to promptly inform the committee of any changes in the proposed research prior to implementing the changes, and of any adverse events or unanticipated risks to subjects or others. Amendment and Event Reporting forms are available on our web page at http://www.research.uncc.edu/Comp/human.cfm.

M.L.E 6/2/11

Dr. M. Lynn Exum, IRB Chair Date

APPENDIX B: LETTER OF CONSENT TO PARTICIPATE IN THE STUDY

University of North Carolina at Charlotte
College of Education
9201 University City Blvd
Charlotte, NC 28223-0001

Dear Colleagues,

I am a registered nurse and a doctoral student at the college of education from the University of North Carolina at Charlotte specializing in urban education with concentration in Curriculum and Instruction. My research study is "The Influence of Leadership Practices on Faculty Job Satisfaction in Baccalaureate Degree Nursing Program".

I am inviting you to participate in this study by responding to the enclosed questionnaires consisting of the demographic data, the Leadership Practices Inventory, and the Minnesota Satisfaction Questionnaire through the electronic online surveying tool "Survey Monkey". The time needed for answering the questionnaires is approximately 20 minutes. Please include the title of your supervisor/boss on the first question of the Leadership Practices Inventory- Observer "Name of Leader" Use the drop box to answer the second question. Please I. Manager (I am this leader's supervisor/boss), 2. Direct Report (this leader is my supervisor/boss), 3. Coworker (this leader is a colleague of mine), 4. Others (Please describe your relationship to this leader below). I realize you are busy with faculty responsibilities but your assistance in completing and returning these questionnaires will be helpful in my quest to understand the leadership practices of deans and faculty job satisfaction in baccalaureate degree nursing programs. Your answers will be kept strictly confidential and your individual responses, your name, or your institution will not be identified or made available to anyone. No names, emails or participants institution will be identifiable in the study.

All information and data will be coded and put in a locked box or in a locked cabinet accessible only to the researcher for any printed data or flash drive used. All data

and any identifiable information including participants email addresses, names and responses will be deleted from all computer data base and flash disks and any printed document will be burned immediately after data analysis and study is completed. No data or participants information will be maintained by the investigator after the study is completed. You may contact the researcher, Clifford Afam at 980-622-8530 or by email at ccafam@uncc.edu at any time for any questions regarding this study. Dr. Charles Hutchison is the responsible faculty and his contact information is 704- 687-8885 or by email at chutchis@uncc.edu. The contact information for UNCC research compliance office is 704-687-2291 or by email at research@uncc.edu.

There are no known risks to you by participating in this study. Your participation in this study is completely voluntary. Returning the questionnaires online through "Survey Monkey" will indicate your consent to participate in this study. However, you may withdraw from this study at any time with no penalty or consequence. Monetary inducement for participation in the amount of $2.00 cash per participant will be provided for participants who complete the survey and voluntarily provides a mailing address where the monetary incentive will be mailed. Participants who completed and returned the survey will be contacted through email for their mailing addresses where the inducement will be sent. This inducement is necessary to solicit and recruit a larger percentage of participants in the study. Participants will not be required to return any monetary inducement provided if they withdraw from the study at any time.

There is no direct benefit to you for participating in this study. However, it is my hope that the information obtained from this study will be helpful for nursing leaders in baccalaureate degree nursing programs. Please use the hyperlink to the "Survey Monkey" to complete the questionnaires and return to the researcher within two weeks. Thank you so much for your anticipated willingness to participate in this study.

Yours sincerely,
Clifford C. Afam RN, MSN

APPENDIX C: REMINDER LETTER OF CONSENT TO PARTICIPATE IN THE STUDY

University of North Carolina at Charlotte
College of Education
9201 University City Blvd
Charlotte, NC 28223-0001

Dear Colleagues,

Two weeks ago, a questionnaire requesting you to provide responses about "The Influence of Leadership Practices on Faculty Job Satisfaction in Baccalaureate Degree Nursing Programs was electronically sent to you through an online surveying tool "Survey Monkey". If you have completed the questionnaire already, thank you for your time. If you have not completed the questionnaires, complete and return as soon as possible through the hyperlink to the online surveying tool "Survey Monkey" within the next one week. It is important that your responses to the questionnaires are included in this study.

Thank you so much for your anticipated cooperation

Yours sincerely,
Clifford C. Afam RN, MSN

APPENDIX D: LETTER OF PERMISSION TO USE LPI-OBSERVER INSTRUMENT

1118 Crooked River Dr

Waxhaw, NC 28173

August 18, 2011

Kouzes Posner International

15419 Banyan Lane

Monte Sereno, California 95030-2110

Permission to use the Leadership Practice Inventory – Observer (LPI)

I am conducting a doctoral research on "The Influence of Leadership Practices on Faculty Job Satisfaction in Baccalaureate Degree Nursing Program" in partial fulfillment for the award of Doctor of Philosophy in Curriculum and Instruction.

I am hereby, humbly requesting your permission to utilize your survey instrument The Leadership Practice Inventory (LPI) – Observer (James M. Kouzes & Barry Z. Posner) to be sent electronically to select nursing faculty in baccalaureate degree nursing programs.

Enclosed is a copy of the certificate of approval to conduct this research by the Institutional Review Board for research with human subject from the office of research compliance, university of North Carolina at Charlotte.

Sincerely,

Clifford C. Afam RN, MSN

Doctoral Student

College of Education

University of North Carolina at Charlotte

APPENDIX E: LETTER OF CONSENT TO USE MSQ INSTRUMENT

1118 Crooked River Dr
Waxhaw, NC 28173
August 18, 2011

Vocational Psychology Research
University of Minnesota
N612 Elliott Hall
75 East River Rd
Minneapolis, MN 55455-0344

Permission to use the Minnesota Satisfaction Questionnaire – (MSQ) Short Form

I am conducting a doctoral research on "The Influence of Leadership Practices on Faculty Job Satisfaction in Baccalaureate Degree Nursing Program" in partial fulfillment for the award of Doctor of Philosophy in Curriculum and Instruction.

I am hereby, humbly requesting your permission to utilize your survey instrument The Minnesota Satisfaction Questionnaire – (MSQ) Short Form to be sent electronically to select nursing faculty in baccalaureate degree nursing programs.

Enclosed is a copy of the certificate of approval to conduct this research by the Institutional Review Board for research with human subject from the office of research compliance, university of North Carolina at Charlotte.

Sincerely,
Clifford C. Afam RN, MSN
Doctoral Student
College of Education
University of North Carolina at Charlotte

APPENDIX F: DEMOGRAPHIC INFORMATION

Please read and respond to the following questions:

1. Gender: _____Male _____Female
2. Age: _____21-30 _____31-40 _____ 41-50 _____ 51-60 _____ >60 years old
3. Ethnicity: ____ White ____Black _____Hispanic _____ Asian _____ Others _____
4. Marital Status: _____Married _____ Single _____ Divorced _____
5. Current Degree: _____Bachelors degree _____ Masters degree _____Doctorate Degree
6. What is your current position? _____Instructor _____ Assistant Professor _____Associate Professor _____Professor
7. What is your monthly salary? _____$30,000 - 45,000
   _____$46,000 – 60,000
   _____$61,000 – 75,000
   _____>$76,000
8. Years of experience at present institution _____Year(s) _____ Month(s)
9. How long has your dean/department head been on his/her current position? _____Year(s) _____ Month(s)
10. Are you tenure track? _____ Yes _____ No

APPENDIX G: LETTER OF APPROVAL TO USE LPI-OBSERVER

JOSSEY-BASS™
An Imprint of WILEY

News

September 16, 2011

Clifford Afam
1118 Crooked River Drive
Waxhaw, NC 28173

Dear Mr. Afam:

Thank you for your request to use the Leadership Practices Inventory (LPI) in your dissertation. We are willing to allow you to ***reproduce*** the instrument in written form, as outlined in your request, at no charge. If you prefer to use our electronic distribution of the LPI (vs. making copies of the print materials) you will need to separately contact Lisa Shannon (lshannon@wiley.com) directly for instructions and payment. Permission to use either the written or electronic versions requires the following agreement:

(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, or any derivation of the instrument, is retained by Kouzes Posner International, and that the following copyright statement is included on all copies of the instrument; "Copyright 8 2003 James M. Kouzes and Barry Z. Posner. All rights reserved. Used with permission".
(3) That one (1) **electronic** copy of your dissertation 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 you agree to allow us to include an abstract of your study and any other published papers utilizing the LPI on our various websites.

If the terms outlined above are acceptable, would you indicate so by signing one (1) copy of this letter and returning it to me either via email or by post to; 1548 Camino Monde San Jose, CA 95125. Best wishes for every success with your research project.

Cordially,

Ellen Peterson
Permissions Editor
Epeterson4@gmail.com

I understand and agree to abide by these conditions:

(Signed) Clifford Afam Date: 9-20-11

Expected Date of Completion is: March 31, 2012.

APPENDIX H: LEADERSHIP PRACTICES INVENTORY- OBSERVER SURVEY

Name of Leader: _____

The Observer is This Leader's (Check one): ☐ Manager ☐ Direct Report ☐ Coworker ☐ Other

To what extent does this person typically engage in the following behaviors? Choose the response number that best applies to each statement and record it in the square to the right of that statement.

He or She:

1. Sets a personal example of what he/she expects of others. ☐
2. Talks about future trends that will influence how our work gets done. ☐
3. Seeks out challenging opportunities that test his/her own skills and abilities. ☐
4. Develops cooperative relationships among the people he/she works with. ☐
5. Praises people for a job well done. ☐
6. Spends time and energy making certain that the people he/she works with adhere to the principles and standards that we have agreed on. ☐
7. Describes a compelling image of what our future could be like. ☐
8. Challenges people to try out new and innovative ways to do their work. ☐
9. Actively listens to diverse points of view. ☐
10. Makes it a point to let people know about his/her confidence in their abilities. ☐
11. Follows through on promises and commitments he/she makes. ☐
12. Appeals to others to share an exciting dream of the future. ☐
13. Searches outside the formal boundaries of his/her organization for innovative ways to improve what we do. ☐
14. Treats others with dignity and respect. ☐
15. Makes sure that people are creatively rewarded for their contributions to the success of projects. ☐
16. Asks for feedback on how his/her actions affect other people's performance. ☐
17. Shows others how their long-term interests can be realized by enlisting in a common vision. ☐
18. Asks "What can we learn?" when things don't go as expected. ☐
19. Supports the decisions that people make on their own. ☐
20. Publicly recognizes people who exemplify commitment to shared values. ☐
21. Builds consensus around a common set of values for running our organization. ☐
22. Paints the "big picture" of what we aspire to accomplish. ☐
23. Makes certain that we set achievable goals, make concrete plans, and establish measurable milestones for the projects and programs that we work on. ☐
24. Gives people a great deal of freedom and choice in deciding how to do their work. ☐
25. Finds ways to celebrate accomplishments. ☐
26. Is clear about his/her philosophy of leadership. ☐
27. Speaks with genuine conviction about the higher meaning and purpose of our work. ☐
28. Experiments and take risks, even when there is a chance of failure. ☐
29. Ensures that people grow in their jobs by learning new skills and developing themselves. ☐
30. Gives the members of the team lots of appreciation and support for their contributions. ☐

APPENDIX I: MINNESOTA JOB SATISFACTION QUESTIONNAIRE SHORT FORM SURVEY INSTRUMENT

*Ask yourself: How **satisfied** am I with this aspect of my job?*

***Very Sat.** means I am very satisfied with this aspect of my job.*

***Sat.** means I am satisfied with this aspect of my job.*

***N** means I can't decide whether I am satisfied or not with this aspect of my job.*

***Dissat.** means I am dissatisfied with this aspect of my job.*

***Very Dissat.** means I am very dissatisfied with this aspect of my job.*

On my present job, this is how I feel about . . .	Very Dissat.	Dissat.	N	Sat.	Very Sat.
1. Being able to keep busy all the time	☐	☐	☐	☐	☐
2. The chance to work alone on the job	☐	☐	☐	☐	☐
3. The chance to do different things from time to time	☐	☐	☐	☐	☐
4. The chance to be "somebody" in the community	☐	☐	☐	☐	☐
5. The way my boss handles his/her workers	☐	☐	☐	☐	☐
6. The competence of my supervisor in making decisions	☐	☐	☐	☐	☐
7. Being able to do things that don't go against my conscience	☐	☐	☐	☐	☐
8. The way my job provides for steady employment	☐	☐	☐	☐	☐
9. The chance to do things for other people	☐	☐	☐	☐	☐
10. The chance to tell people what to do	☐	☐	☐	☐	☐
11. The chance to do something that makes use of my abilities	☐	☐	☐	☐	☐
12. The way company policies are put into practice	☐	☐	☐	☐	☐
13. My pay and the amount of work I do	☐	☐	☐	☐	☐
14. The chances for advancement on this job	☐	☐	☐	☐	☐
15. The freedom to use my own judgment	☐	☐	☐	☐	☐
16. The chance to try my own methods of doing the job	☐	☐	☐	☐	☐
17. The working conditions	☐	☐	☐	☐	☐
18. The way my co-workers get along with each other	☐	☐	☐	☐	☐
19. The praise I get for doing a good job	☐	☐	☐	☐	☐
20. The feeling of accomplishment I get from the job	☐	☐	☐	☐	☐
	Very Dissat.	Dissat.	N	Sat.	Very Sat.

APPENDIX J: LETTER OF APPROVAL TO USE MINNESOTA JOB SATISFACTION QUESTIONNAIRE SHORT FORM SURVEY

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Department of Psychology
College of Liberal Arts

N218 Elliott Hall
75 East River Road
Minneapolis, MN 55455
Office: 612-625-2818
Fax: 612-626-2079
www.psych.umn.edu

September 13, 2011

Clifford Afam
1118 Crooked River Rd
Waxhaw, NC 28173

Dear Clifford Afam:

We are pleased to grant you permission to use the Minnesota Satisfaction Questionnaire 1977 short form on a secure web site is your research project as you requested.

Please note that each copy that you make must include the following copyright statement:

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Vocational Psychology Research is currently in the process of revising the MSQ manual and it is very important that we receive copies of your research study results in order to construct new norm tables. Therefore, we would appreciate receiving a copy of your results including 1) Demographic data of respondents, including age, education level, occupation and job tenure; and 2) response statistics including, scale means, standard deviations, reliability coefficients, and standard errors of measurement.

Your providing this information will be an important and valuable contribution to the new MSQ manual. If you have any questions concerning this request, please feel free to call us at 612-625-1367.

Sincerely,

Dr. David J. Weiss, Director
Vocational Psychology Research