



**TITLE** The Leadership Practices of Nurse Managers and the Association with Nursing Staff Retention and the Promotion of Quality Care in Two Saskatchewan Hospitals

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**OBJECTIVE** The purpose of this study was to describe the nurse managers' leadership practices as perceived by staff nurses and to examine the relationship between staff nurses' perceptions of the nurse managers' leadership practices and staff absenteeism, intent to leave, medication errors, and perception of the quality of patient and nursing care.

## **METHODOLOGY**

The study was conducted in Regina, Saskatchewan with the nursing staff from two urban acute care hospitals, with the usable sample yielding 392 respondents (87% response rate). Respondents completed the observer form of the Leadership Practices Inventory, Intent to Leave scale (O'Brien-Pallas, et al. 2005), staff nurse perceptions of quality nursing care (delivered on the last shift) scale (O'Brien-Pallas, et al. 2003); absenteeism was measured by the number of self-reported sick days in the last six months and medication errors were measured by the medication errors on the completed incident forms over six months at the unit level. The typical respondent was female (95%), 54 percent were over 46 years of age, over half had worked more than 11 years, and 65 percent indicated that they work fulltime. Cronbach alpha coefficients in this study were .93 for Model, .95 for Inspire, .93 for Challenge, .92 for Enable and .96 for Encourage.

## **KEY FINDINGS**

The most frequent leadership practice reported was Enable, followed by Model, then Challenge and Encourage, and Inspire. Their scores, compared with the Kouzes Posner normative database, were in the lowest quintile (10%). The use of The Five Practices were negatively correlated with absenteeism, and significantly correlated ( $p < .05$ ), except for Inspire. However, a hierarchical regression analysis showed that The Five Practices accounted for approximately three percent of the variance around

absenteeism. There were no significant correlations between the five leadership practices and intent to leave careers in nursing. Statistically significant (negative) correlations were found between the staff perceptions of their managers' use of the leadership practices and their intent to leave their jobs. This finding was not significantly influenced by the age or educational level of the respondents. Hierarchical regression indicated that most of this variance was associated with the leadership practice of Model the Way. None of the leadership practices were significantly correlated with medication errors. The Five Practices were significantly correlated (positive) with perceived quality of patient care, and hierarchical regression found them to explain about 23 percent of the variance. The Five Practices were significantly correlated (positive) with perceived quality of nursing care, and hierarchical regression found Challenge and Model to account for about 16 percent of the variance.

The author concludes: "Staff nurses are the individuals giving care in hospitals every day and this study indicates that their perception of how good the care is has a relationship with their perception of nurse managers' use of the leadership practices" (p. 106), and, "If healthcare organizations want to improve the quality of nursing care provided by hospital staff nurses they need to support nurse managers to learn and use the leadership practices" (p. 111).