Original Article

Relationship between Nurses' Perception of Transformational Leadership Practices and Control over Nursing Practices

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Abstract

Background: Control over nursing practices provides evidence-based practices for high quality, safe, and cost-effective nursing care. Transformational nurse leaders are needed to create a work environment in which nurses have control over their practices.
Objective: This study was aimed at determining the relationship between transformational leadership practices of unit charge nurses and nurses' control over nursing practices.
Methodology: This descriptive and correlational study was performed in two public hospitals in Turkey. The sample of the study consisted of 56 unit charge nurses and 220 staff nurses working with these nurses. Data were collected through the Demographic Data Form, Leadership Practices Inventory Self and Observer and Control Over Nursing Practice Scale. The data were evaluated using SPSS 22.0 Windows package. Descriptive statistics and Spearman Correlation Analysis were used to evaluate data.
Results: The mean scores obtained from the overall Leadership Practices Inventory by the unit charge nurses and staff nurses were 129.55 ± 12.11 and 124.00 ± 17.45 respectively. There was no statistically significant difference between the unit charge nurses' and staff nurses' total scores on leadership practices or score averages on other leadership practices ($p > .05$). The mean score for the control over nursing practices scale obtained by the unit charge nurses was 121.12 ± 22.70, which was statistically significantly higher than was that of the staff nurses (106.06 ± 29.54) ($p= .001$). A moderate and positive significant relationship was determined between the staff nurses' Leadership Practices Inventory total scores and control over nursing practices scores ($r = .43$, $p = .01$)
Conclusion: According to this study's results, nurse managers' behaviors, such as modeling the way for other nurses with whom they work, enabling others to act, inspiring a shared vision and encouraging the heart are important for improving nurses' control over nursing practices.

Keywords: Control over nursing practices, Leadership, Nursing, Transformational leadership practices.

Introduction

Health care institutions are organizations that provide 24/7 uninterrupted services in response to people's needs. As nursing care services constitute the widest service scope of these institutions, nurses have an important role in fulfilling patient care objectives at the corporate level, and they exert much influence on the quality of the services provided. Therefore, nurses should participate in policies and decisions related to patient care at the organizational level and should bear responsibility for these decisions: in short, they should have control over practices (Nursing Practice Act, 2010). Transformational nurse leaders are also required to create a working environment in which nurses have control over practices. However, it has been stated that nurse managers who display transformational leadership behaviors ensure the retention of nurses by creating positive working

environments that support nurses. (Brewer et al. 2016). Moreover, transformational leadership, the most influential leadership in health care services, is stated to affect nurse and patient outcomes positively and to be a predictor of quality outcomes (West et al., 2015). Because transformational nurse managers are leaders who enable others to act, they encourage other nurses to participate in corporate decisions aimed at improving patient care and make nurses into leaders by strengthening them (Wong, Cummings, & Ducharme, 2013).

As unit level representatives of management, Unit Charge Nurses' (UCNs) transformational leadership (TL) practices play an important role in improving an institution by increasing the quality and safety of patient care services. To improve care services, UCNs are expected to empower nurses, to support them in terms of their professional development, and to encourage them to participate in corporate decision-making processes and thus, to bear important responsibilities for nurses' control over nursing practices (CONPs) (Nursing Practice Act, 2010). It has also been determined that the most effective group enabling nurses to have control over practices is UCNs (Almuhsen, Alkorashy, & Baddar, 2016). That nurses have control over practices is also important to achieve patient-care goals and hence, for patients to receive safer and higher quality care (Mallidou et al., 2011).

Although it has been considered that UCNs who perform TL practices can contribute to creating and maintaining a working environment where nurses have CONPs, there are no studies in the nursing literature that have been conducted to examine UCNs' TL practices and the actual control situation of nurses with whom they work in these practices. Therefore, this study was planned to examine UCNs' TL practices and the control situation of nurses with whom they work over practices. The expected benefits of this study are to create awareness in decision makers relevant to healthcare services and to make nurses aware of issues of TL and having CONPs. Moreover, this study will lead to developing strategies that will enable nurses to become accepted as professionals who have control over practices. It is also hoped that this study will inspire further studies to be conducted in this field.

Research questions

This descriptive and correlational study performed to determine the relationship between TL practices of UCNs and nurses' control over practices. The research questions are as follows:

- What are the UCNs' (self) and staff nurses' (observer) evaluations of the UCNs TL practices?
- What are the CONPs levels of UCNs and staff nurses?
- Is there a relationship between UCNs' TL practices and staff nurses' CONPs?

Background

Transformational Leadership: Bass (1990) defines transformational leaders as "*people who encourage their followers to make more than the expected, increase their awareness about organization's mission and goals, and to prompt employees to value the institution above their personal interests."* (p.21). Kouzes and Posner (2012) reported that this transformational leadership approach, accepted as exemplary leadership, includes five basic practices: modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart. TL practices have positive effects on institutions, patients, and nurses such as decreasing patient outcomes (patient falls, medication errors, hospital-acquired infections, pressure ulcers, and patient and/or family complaints) (Boamah et al., 2018), burnout (Wei et al., 2020) and turnover (Cummings et. al., 2018; Saira, Mansoor, & Muhammad, 2021), intent to leave the profession (Labrague, Nwafor, & Tsaras, 2020); increasing job satisfaction (Cummings et. al., 2018; Boamah et al., 2018; Kiwanuka et al., 2020), motivation (Gulkaya & Duygulu, 2020), willingness to stay (Xie et al., 2020), and individual innovativeness (Sarıköse & Türkmen, 2020). It was also found a positive relationship between transformational leadership, medication safety (Lappalainen, Harkanen, & Kvist, 2020) and patient safety culture (Yilmaz & Duygulu, 2021).

Control over Nursing Practices: According to Gerber et al. in 1990 as cited by Weston (2009, p.91) defined control over nursing practices as the "*perceived freedom to evaluate and modify nursing practices, to make autonomous decisions*

related to a patient' care and to influence the work environment and staffing at the unit level of analysis". In a study conducted on the issue, it was stated that CONP is one of the nurse-friendly hospital criteria (Er & Sokmen 2018). Certain studies have revealed the effect of having control over practices on nurses' behaviors and patient care outcomes (Mallidou et al., 2011; Castner et al., 2013; Ajeigbe & McNeese-Smith, 2013). These studies showed that CONPs is an important determinant of nurses' job satisfaction and that it affects their job satisfaction in a positive way (Mallidou et al., 2011). Moreover, a positive relationship was found between having CONPs and teamwork (Castner et al., 2013), nurses' job satisfaction and unit care quality assessment (Al-Hamdan et al., 2019; İspir, 2020), and a highly positive perception of the working environment (Ajeigbe & McNeese-Smith, 2013).

Methodology

Sample and Procedure: The sample of this study constituted two public hospitals with a bed capacity of 500 or more located in Ankara, the capital of Turkey, in which general health services are provided. In this hospitals, 95 UCNs (University hospital: 55; public training and research hospital: 40) and 1007 staff nurses (University hospital: 707; public training and research hospital: 400) worked while the study data were collected. The inclusion criterion for the UCNs was as follows: working as a UCN in inpatient units for at least 6 months and for staff nurses: working with an UCN for at least 6 months. Due to reasons such as closing or combining of certain clinics in hospitals and the inclusion criterion of working as a UCN for at least 6 months, 78 UCNs (University Hospital: 47, public training and research hospital: 31) were included in the study sample. However, of the 78 UCNs, 56 (University Hospital: 29; Public training and research hospital: 27) were reached (UCNs response rate: total 71.8%). It is recommended to take at least three co-workers as observers (LPI, n.d.). In this study, as there were at most five nurses who worked with each UCN for at least six months in some units, five staff nurses were included in the sample. It was planned that, for each UCN, five staff nurses who have worked for at least 6 months were included in this study as observers (78×5 = 390 staff nurses). However, after nurses were excluded from the sample because of the inclusion criteria that staff nurses (observers) were required to work for at least 6 months with a UCN, and the differences in the number of nurses working in clinics and the participation rejection, the researcher reached 220 nurses (University Hospital: 111; Public training and research hospital: 109) (Nurses' response rate: %56.4). Staff nurses included in the sample were selected using convenience sampling method.

Measures

Demographic Data Form: This form listed questions to collect information about nurses' age, educational status, time worked as a nurse, time worked in their current clinic, and time worked as an UCN.

Leadership Practices Inventory (LPI): This inventory was developed by Kouzes and Posner (1988) and adapted to Turkish by Duygulu et al. (2011). The inventory is completed by both the individual participating in the research and observers who have worked with that individual. LPI has 30 items and assesses five sub-dimensions: "Modeling the way" "Inspiring a shared vision", "Challenging the process", "Enabling others to act" and "Encouraging the heart". Each sub-dimension of the scale comprises six items. Turkish validity and reliability analyses of this inventory found the Cronbach alpha internal consistency for "leader" and "observer" to be α = 92 and α = 97, respectively. The minimum possible score of each sub-dimension is 6, and the maximum is 30. Scores range from 30 to 150. If the score obtained from the inventory is close to the maximum, it means that the participant frequently exhibits a TL practice; if the score is close to the minimum, it means that TL practices are rarely displayed by the participants and should be improved (Duygulu et al., 2011). In this study, Cronbach's α coefficient was determined for the leader as .94 and for the observer as .98.

Control Over Nursing Practice Scale (CONP-S): The CONP-S was developed by Gerber et al. in 1990 to measure the perceived control over professional care that is directly provided within the scope of nursing practices, is one-dimensional and has 23 statements (Weston, 2009). It is a 7-point Likert type grading scale that ranges from "has no control" (1 point) to "has full control" (7 points). The CONP-S is the scale most commonly used in the literature to measure the control of nurses over their practices (Weston, 2009). There are two versions of this scale available, one for individuals and one for

groups. The Cronbach's α coefficient of the scale was reported to range between 0.90 and 0.96 (Weston 2009). If the score obtained from the inventory is close to the maximum, it means that the participant has control over practices. In this study, the group version of the scale was used. After the Turkish adaptation study, the Cronbach alpha internal consistency was found to be 0.94 (Ispir & Duygulu, 2017). In this study, Cronbach's α coefficient was determined as .96 in total.

Data Collection: The data collection tools were provided to the UCNs and staff nurses in closed envelopes, and the completed forms were collected by the same method. This procedure ensured that UNCs did not view the staff nurses' responses. It took 15–20 minutes for a nurse to complete the data collection forms. This study was conducted between May-November 2015.

Data Analysis: In this study, SPSS version 22.0 software (IBM Corp., Armonk, New York, USA) was used for descriptive statistics. Descriptive statistics such as mean, median, standard deviation (SD), and frequency were calculated to show the status of nurses. An independent sample t-test was conducted to examine the difference between the CONP-S and LPI mean scores of two groups (UCNs and staff nurses). Furthermore, in this study the Spearman correlation was used to determine the relationship between TL practices and CONPs. The significance level was set at .05.

Ethical Considerations: Before the study was conducted, written approvals were obtained from the Non-Invasive Clinical Studies Ethics Board (Number: GO 14/586-24) and the institutions. Written informed consents were obtained from nurses and UCNs who participated in the study sample. Necessary permissions were obtained from the authors who developed the data collection tools. Research and publication ethics were followed in the article.

Results

The mean age of the participating UCNs was 38.91 ± 6.88 years. Of the participants, 76.8% had a bachelor's degree, their professional experience median was 17.16 years (range, 6 to 37.25 years). The nurses' median working time as a UCN was 3.87 years (range, 6 months to 25 years). For staff nurses, the mean age was 30.82 ± 6.60 years. Among the observers, 75.5% had a bachelor's degree, their professional experience median was 7 years (range, 7 to 33 years). The staff nurses' median time working in the clinic was 2.62 years (range, 6 months to 30 years). The total mean score of UCNs on the self-assessment regarding TL practices was 129.55 ± 12.11. Based on the staff nurses' (observers) assessment of UCNs' transformational leadership practices, the total LPI score was 124.00 ± 17.45. UCNs' self-assessments showed that the leadership practice most frequently displayed was "encouraging the heart" (26.70 ± 2.70). Based on staff nurses' assessments, UCNs most commonly displayed the leadership practice "enabling others to act" (25.51 ± 3.45). The UCNs' mean scores on the sub-dimension "encouraging the heart" were found to be significantly greater than the staff nurses' mean scores ($t = 2.608$, $p = .012$) (Table 1). No significant difference was found between UCN's self and staff nurses (observers) assessments in terms of total leadership practices and other leadership practices ($p = .054$). The UCNs' mean score of CONP-S was 121.12 ± 22.70, whereas the observers' mean score was 106.06 ± 29.54. The UCNs' mean score of CONP-S was significantly higher than the staff nurses' mean scores ($t = 3.55$, $p = .001$) (Table 2). There was a moderate and positive, significant relationship ($r = .43$, $p = .010$) between staff nurses' (observers) scores concerning CONP-S and LPI total scores (Figure 2) and sub-dimensions "modeling the way" ($r = .40$, $p = .010$), "inspiring a shared vision" ($r = .40$, $p = .010$), "challenging the process" ($r = .39$, $p = .010$), "enabling to act" ($r = 0.43$, $p = .010$), and "encouraging the heart" ($r = .43$, $p = .010$) (Table 3) (Geher & Hall, 2014).

Table 1. Self and Observer Scores on UCNs' Transformational Leadership Practices (n = 276)

Leadership Practices	UCNs (n = 56)		Observers (n = 220)		Statistical Evaluation	
	Mean (SD)	Min-Max.	Mean (SD)	Min-Max.	t	p
Model the way	26.32 ± 2.64	19-30	25.35 ± 3.25	10-30	1.633	0.108
Inspire a shared vision	25.00 ± 3.00	18-30	24.35 ± 3.63	10-30	1.141	0.259
Challenge the process	24.92 ± 3.30	16-30	23.83 ± 3.92	8-30	1.713	0.092
Enabling others to act	26.60 ± 2.31	22-30	25.51 ± 3.45	12-30	1.824	0.074
Encourage the heart	26.70 ± 2.70	19-30	25.12 ± 3.67	7-30	2.608	**0.012**
Total	129.55 ± 12.11	105-150	124.00 ± 17.45	59-150	1.972	0.054

UCN, Unit Charge Nurse.

Table 2. Nurses' and UCNs' Scores on Control Over Nursing Practices (n = 276)

Group	Control Over Nursing Practices			
	Mean (SD)	Min- Max	Statistical Evaluation	
			t	p
UCNs (n=56)	121.12 ± 22.70	65-161	3.55	**0.001**
Observers (n=220)	106.06 ± 29.54	23-161		

Table 3. Correlations of the Observer Scores on UCNs' TL practices and CONP Scores Overall and Subscales (n = 220)

Transformational Leadership Practices	Statistical Evaluation	Scores of Control Over Nursing Practices
		Observers (n=220)
Model the way	r	**0.402***
	p	0.01
Inspire a shared vision	r	**0.397***
	p	0.01
Challenge the process	r	**0.393***
	p	0.01
Enabling others to act	r	**0.429***
	p	0.01
Encourage the heart	r	**0.430***
	p	0.01
Total	r	**0.425***
	p	0.01

p< .01, * Correlation is significant at .01 level.

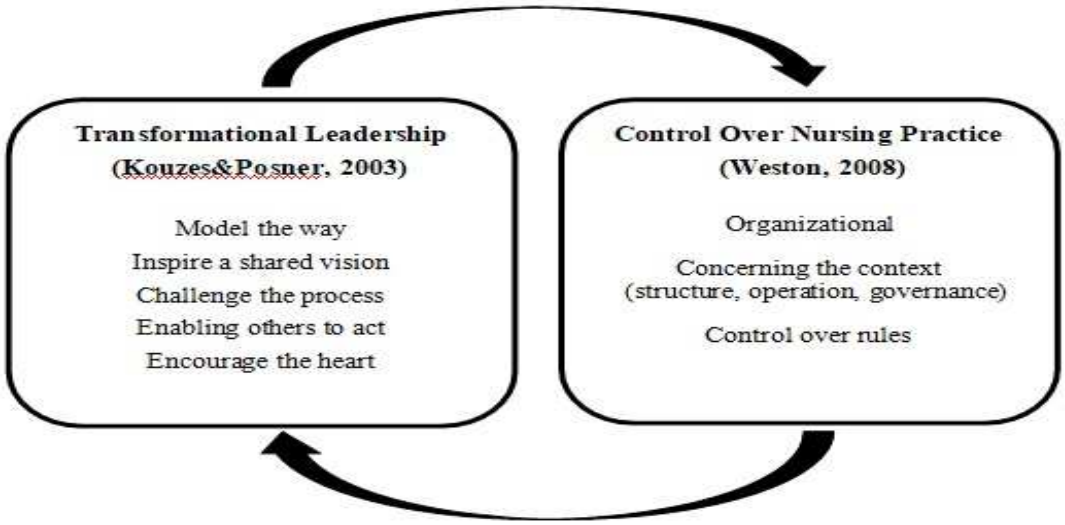

Figure 1. Conceptual Framework of the Study

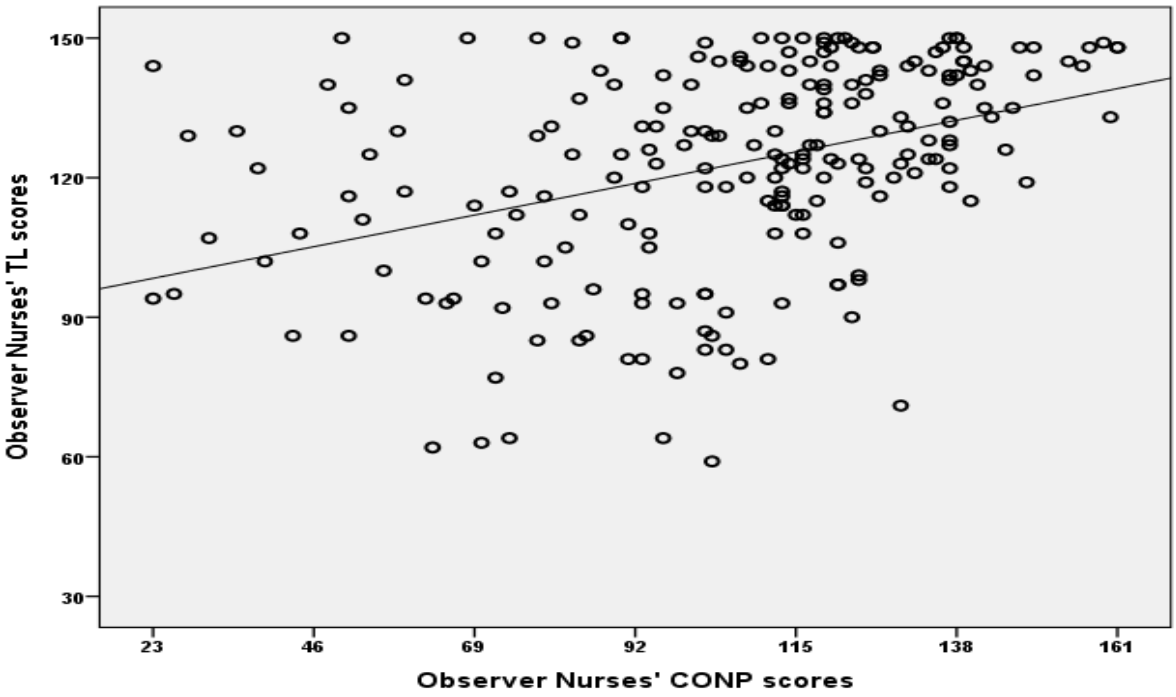

Figure 2. The Correlation of the Observers Scores on UCN's TL Practices and Observer CONP Scores

Discussion

In this study, UCNs' total and sub-dimension scores of leadership practices were close to the upper limit. This finding is largely in agreement with the findings of certain other international studies conducted with nurses (Spano-Szekely et al., 2016; Herman et al., 2017). In Turkey, a similar result was determined in Gulkaya and Duygulu's (2020) study. The high mean scores in this study suggest that the UCNs frequently engage in leadership practices such as guiding their employees, improving the system by supporting new ideas, promoting cooperation and empowerment, including employees in decision-making processes and recognizing their contributions. The study was carried out in university, training and research hospitals. Nursing services of these hospitals were continuously improved within the scope of quality and accreditation implementations. This can be interpreted to indicate that the nurses are continuously improving themselves to adapt to the rapidly developing health system and provide high quality and safe patient care services. Although the UCNs frequently engage in leadership practices, these results represent the self-assessment part of the scale. The findings of studies that examine organizational behaviors such as leadership should be attentively assessed and consider the effects of social desirability.

The current study determined that UCNs most commonly exhibit the leadership practice of "encouraging the heart". This finding by this current study led researchers to conclude that UCNs regard themselves as people who encourage nurses with whom they work to improve nursing skills, to recognize their own contributions, and to thank others.

Staff nurses' (observers) assessments of UCNs' TL practices found UCNs' total and sub-dimension scores of leadership practices to be close to the upper limit. This finding demonstrated that observer nurses considered UCNs with whom they work to be leaders who provide their employees with an example, seek innovative means for change and development, establish relationships based on trust and cooperation, strengthen their employees, and recognize their contributions. Organizational behavior studies are expected to find the effect of social desirability; the mean scores of UCNs and observer nurses were found to be similar, showing that the findings were consistent. In other studies conducted in Turkey, the levels of staff nurses' and nurse managers' perception of TL practices were determined as moderate (Sarikose & Turkmen, 2020), or high (Gulkaya & Duygulu, 2020; Yılmaz & Duygulu, 2021). Abualrub and Nasrallah (2017) found perceptions of staff nurses and nurse managers regarding TL practices to be at a moderate level. The only sub-dimension that those authors found to be higher was enabling others to act. There are also studies that examine TL behaviors using the Multifactor Leadership Questionnaire (MLQ). While nurses assessed the TL behaviors of managers as slightly above average in the study conducted by Liang et al. (2016) and Morsiani, Bagnasco, and Sasso (2017), they assessed them as in moderate in the study conducted by Boamah et al. (2018). Another study did a bidirectional assessment and found that the mean TL scores of nurse managers were significantly higher than staff nurses' mean scores (Al-Yami, Galdas & Watson, 2018). In other studies, nurses evaluated their nurse managers as a transformational leader at a good level (Lappalainen Harkanen, & Kvist 2020) and high level (Labrague, Nwafor, &Tsaras 2020).

Observer nurses determined the most commonly used leadership behavior of UCNs to be "enabling other to act". This finding is largely in agreement with the findings of other studies in Turkey (Arslan & Vatan, 2020; Gulkaya & Duygulu, 2020; Yilmaz & Duygulu, 2021). This result can be interpreted to mean that UCNs are viewed as managers who encourage nurses with whom they work to gain new skills and improve their current skills.

The UCNs' mean score for the "encouraging the heart" sub-dimension was found to be higher than the observer nurses' mean scores. In other studies carried out in Turkey, not only were similar findings determined but also UCNs' self-assessment total scores were determined to be higher than were those of the observers (Gulkaya & Duygulu 2020; Yilmaz & Duygulu, 2021). This result revealed that observer nurses also consider UCNs with whom they work as transformational leaders and can be interpreted to mean that institutions where this study was conducted are in an advantageous position to provide quality and safe patient care and to achieve patient-care goals.

In this study, UCNs had higher levels of CONPs and that observer nurses had a moderate level of CONPs. A study carried out in Saudi Arabia

similarly found that while the CONP levels of staff nurses were moderate, the mean CONP scores of nurse managers were high (Almuhsen, Alkorashy, & Baddar, 2016). In their study, Flynn and McCarthy (2008) used the Nursing Work Index (NWI) and measured nurses' control levels over nursing practices. Those authors found that nurse managers had higher control scores over practices than nurses who provided care directly. Whereas Al-Faouri, Al Ali, and Essa (2014) have determined that nurse managers and nurses with whom they work had a similar and only a limited level of CONPs. As in this study, in other studies, nurses had a moderate level of control over practices (Flynn & McCarthy, 2008; Mohamed, Eldeen Fekrey, & Abd El Wahab, 2016; Al-Hamdan et al., 2019; İspir, 2020).

Kramer and Schmalenberg (2003) studied nurses who work in Magnet hospitals and determined that 24.9% of nurses had higher levels of control over practices. The high CONP scores of UCNs in this study can be explained by the UCNs' roles on committees and councils regarding patient care as part of their duties, authority and responsibilities. The definitions of control over practices also emphasize participation in decisions related to organization-level care practices (Weston, 2010). UCNs are also responsible to the hospital administration for the care services of the clinics in which they operate (Nursing Practice Act, 2010). As examined in this study, UCNs are expected to lead the nurses with whom they work to participate in decision making at the unit level of control over patient care. Considering all these points, UCNs can have more control over practices as a requirement of their positions. Finally, this current study concludes that the deficiency of an organizational management structure may be the reason that nurses had a moderate level of CONPs, or it could be related to a traditional management mentality. Other reasons may include nurses' personal reluctance or managers who did not encourage practices for their employees. In addition, nurses were not able to spare time because of excessive workload and nurse shortages in hospitals where this study was conducted; this may also be explanatory. Kramer and Schmalenberg (2003) emphasized that nurses' control over practices should not be discussed only in the context of an employee attitude but also by understanding the necessity for a formal structure.

We found a moderate positive relationship between staff nurses' (observers) scores of CONPs and observer nurses' scores on UCNs' TL practices which is the major finding of this study. This result showed that as perceptions of nurses about managers' TL practices strengthen, they will have more CONPs. Similarly, a study of Weston (2008) reported that perceptions of nurses about nurse managers' support affected nurses' levels of control over practices on a unit basis. Hall (2007) found a positive relationship between supervisor support and nurses' having more control over their own practices and higher job satisfaction. This finding of our study is important in terms of the presence of a relationship between working environments where nurses have a higher level of CONP and nurse and patient outcomes (Aiken, Smith, & Lake, 1994;

Laschinger, 2008). It is stated that when working conditions that support nurses' participation in decisions and control over practices are provided, they will provide higher quality care and thus their job satisfaction will increase (Laschinger, 2008). On the other hand, according to Kramer et al.'s study (2009), having control over practices makes the use of evidence-based practices possible to increase the quality of patient care provided by nurses. Robbins and Davidhizar (2020) emphasized that in health care institutions TL practices of nurse manager should be encouraged and that this would affect nurse and thus patient outcomes. Based on the results of the present study, it can be stated that to adapt to the current health system, which changes rapidly to provide the safety and quality in nursing care services, UCNs frequently display leadership practices such as modeling the way, enabling others to act, challenging the process, and inspiring a vision. However, the near-maximum scores achieved on both UCNs' self-assessments and observer nurses' assessments support this finding.

Study Limitations: The data collection tools used in this study include UCNs' self-assessments and observer's assessments. Thus, personal subjectivities can be in question. Moreover, this study's results can be applied only to the current sample group and not generalized to others.

Conclusion: This study has a remarkable result that, although UCNs' leadership practice scores were high, nurses were not at their desired level concerning having CONPs. The current result

shows that there is a need for studies that examine the factors affecting nurses' control over practices other than leadership practices. Moreover, the results suggest that nurses' control situations over practices should be measured with larger samples and using current measurement tools that compare organizational outcomes such as strengthening, motivation, job satisfaction, organizational commitment, quality of patient care, and cost.

In this study, a positive relationship was determined between TL practices and CONPs, which is the major finding of this study. This finding shows that when nurse managers become leaders who model the way, they enable their subordinates to act, seek opportunities to develop the system, and inspire a vision, control over practices will increase. Therefore, it can be stated that institutions that have nurse managers with TL characteristics will be at an advantage to gain positive patient-care outcomes through nurses having control over practices.

This and similar published studies have shown how UCNs' leadership practices are important for nurses' CONPs. Given this study's results, it can be suggested to nurse managers that they can make regulations that allow nurses in their institutions to have control over practices and enable participation in committees in which patient-care policy and procedures are established at the organizational level. For nurses to take an active role in these committees, their professional development activities should be improved, the contents of professional education programs should be structured given the necessities, and programs for nurses should be organized to improve and strengthen their leadership skills. Moreover, nurse managers should encourage nurses who provide direct care to participate in decisions that are relevant to them.

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