Transformational Leadership of Nurse Supervisors: Expectation and Perception

of Nurses in a Tertiary Hospital, Bangladesh

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ABSTRACT

This study aimed to identify the level of transformational leadership of nurse supervisors expected and perceived by nurses and to compare the differences between nurses' expectations and their perceptions. The sample was a group of 186 nurses working at a tertiary hospital in Bangladesh. The sample was recruited by systematic random sampling. The instrument used in this study consisted of two parts. Part I was the Demographic Data Form (DDF) and part II the Transformational Leadership of Nurse Supervisors Questionnaire (TLNSQ). Which was developed by the researcher and based on Bass's model (1985). The instrument was validated and back translated by three experts. The reliability of the questionnaire was tested by using Cronbach's alpha coefficient. The alphas of nurses' expectations and perceptions were .79, and .87, respectively. The data were analyzed by using frequency, percentage, mean, standard deviation and paired t – test.

The results revealed that the mean total score of nurses' expectations was at a high level (M= 3.63, SD = 0.21), and nurses' perceptions was at a moderate level (M = 1.47, SD = 0.29). The mean total score and mean score of each dimension of

nurses' expectations towards nurse supervisors' transformational leadership were statistically significantly higher than those of nurses' perceptions ($p< .001$).

  This study provides empirical support in an area of nursing administration for the nursing profession in Bangladesh. The results could be used to improve transformational leadership of nurse supervisors in order to improve nursing quality.

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Finally, I show great respect to my beloved husband. His consideration made it possible for me to study abroad. This study could not been completed without his patience from a distance. My love goes to Nabila and Nafi: "Your prayers always give courage to your mom to overcome all the obstacles along the corridor of this study." I am grateful to my mother "for her wish made me courageous."

Bilkis Akter

MY DEDICATION

The author wish to remember her father Late Abu Taher Prodhan who believed that a person could accomplish any difficult work with determination and diligence. He wanted that his daughter will be an educated nurse.

My mother, husband, and my kids who give me happiness

My teachers who inspire and teach me 'wisdom'

My family and friends who give me spirit.

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CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

Complex events and chaotic developments throughout the world denote that nurse leaders are facing the need for enormous change. Nowadays, health reform movements are a part of change. In many developed and developing countries, health reform is a major part of the restructuring of health care delivery systems (Shaw, 2002). Health care organizations, especially technologically driven ones, need to be more creative and innovative than before to survive, to compete, to grow, and to lead effectively (Gumusluoglu & Ilsev, 2008). To respond to this need, the acquisition of relevant knowledge, skills, and competencies are necessary in the nursing profession. Therefore, knowledge and the practice of effective leadership are now more essential to nursing than ever before (Rocchiccioli & Tilbury, 1998). Nurses need to be effective leaders to meet global changes, health reform, economic unification, nursing shortages, nursing salaries, productivity, and quality of care (Tomey, 1993).

The existing situation is that the nursing profession in Bangladesh is not as well accepted as other professionals in society as it is well below the global standards of the nursing profession. In Bangladesh, nursing care is not at a level to give standard patient care. Hadley and Roques (2007) investigated nursing activities in government and non-government hospitals. They found that, for government hospitals, only 5.3% of nurses' time was spent in direct patient care, and 32.4% went on indirect patient care and paperwork. As much as 50.1% of their time was s pent on maintaining ward

accessories including: counting linen; handing over and taking over equipment. The remaining time was spent away from the ward and chatting with other nurses. These findings should encourage nurse leaders to improve the situation.

With this in mind, nurse leaders need to be more active in participating and contributing to health and public policy. They should be able to influence changes in nursing practice. Nurse leaders' performances have an impact on patient care as well. It can bring improvements such as: increasing the excellence of care; reducing turn over; reducing work place stress; increasing safety at work; improving the quality of care; increasing patients' satisfaction; and enhancing the safety of patients (Chen & Baron, 2007). Therefore, nurse leaders through transformational leadership play an important role in nursing organizations. In Bangladesh, transformational nurse supervisors could play a crucial role as leaders to increase the quality of care through the close supervision of nursing activities. As a result, increased nurses' awareness regarding patient's care might achieve greater patients' satisfaction and higher standards in nursing practice.

Transformational nurse leaders can persuade others to achieve organizational goals. They give more effort to fulfill the mission necessary to move towards organizational objectives. According to the Institute of Work Psychology, transformational leaders have a comprehensive vision and, most importantly, they manage, communicate, influence and motivate their followers effectively (Bass as cited in Epitropaki, 2001). These leaders are directly responsible for involving others in an environment of participatory decision-making. They are closely associated with their followers' working conditions and job satisfaction (Nielsen, Yarker, Brenner, Randall, & Borg, 2008). Transformational leadership involves using an extraordinary

form of influence that moves individuals and groups to go beyond expectations (Bass as cited in Epitropaki, 2001). These leaders employ a visionary style of leadership that inspires employees to become deeply interested in their work and to be innovative and creative and communicate this effectively to all employees (Nielsen, Randall, Yarker, & Brenner, 2008).

According to Bass (1985), transformational leaders broaden and promote the interests of their people. This is achieved when they generate awareness and acceptance of the purposes and mission of their group, and when they encourage their followers to look beyond self-interest for the well-being of their group. Transformational leaders are characterized by: (1) idealized influence or charisma, being role models for their followers; (2) individualized consideration, and respect for the individuality of each follower; (3) intellectual stimulation and encouraging problem solving and innovation; and (4) inspirational motivation, thus motivating and inspiring followers to make meaning and challenge in their own work (Bass, Avolio, Jung, & Berson, 2003).

A literature review from databases such as CINHAL, PUBMED, SCIENCE DIRECT since 1999–2009, was undertaken to identify and assess transformational leadership. No study was found regarding transformational leadership of nurse supervisors in Bangladesh. Therefore, it is not known whether nursing supervisors in Bangladesh possess transformational leadership characteristics. Asking nurses who are working under their supervision is a way of investigating whether transformational leadership is a trait of nurse supervisors. Nurses may expect their supervisors to possess transformational leadership characteristics whereas in reality the supervisors may or may not possess them in actual practice. Since there is no

known knowledge of this issue, the researcher became interested in exploring transformational leadership of nurse supervisors as expected and perceived by nurses in Bangladesh. The result of this study could be helpful for nursing administrators to improve nurse supervisors' transformational leadership.

Objectives of the Study

1. To identify the levels of transformational leadership of nurse supervisors expected by nurses in Bangladesh.

2. To identify the levels of transformational leadership of nurse supervisors perceived by nurses in Bangladesh.

3. To compare the differences between nurses' expectations and perceptions toward nurse supervisors' transformational leadership in Bangladesh.

Research Questions

1. What are the levels of transformational leadership of nurse supervisors including their idealized influence, individualized consideration, intellectual stimulation, and inspirational motivation as expected by nurses in Bangladesh?

2. What are the levels of nurse supervisors' transformational leadership including, their idealized influence, individualized consideration, intellectual stimulation, and inspirational motivation, as perceived by nurses in Bangladesh?

3. Are there any differences between nurses' expectation and perception of nurse supervisors' transformational leadership in Bangladesh including, their idealized influence, individualized consideration, intellectual stimulation, and inspirational motivation?

Conceptual Framework

The conceptual framework of this study was constructed and based on the four dimensions of transformational leadership model developed by Bass (1985). Transformational leadership is a process of influencing organizational members to achieve shared goals. There are four dimensions of transformational leadership as follows:

1. *Idealized influence (charisma) (II)*

Charisma is the key to the extraordinary power of transformational leadership style. Charismatic leadership empowers change and challenges in the organizational environment. Charismatic leaders inspire followers to accomplish organizational goals. Charismatic leaders have an attractive and inspiring personality, which is the role model for others. These leaders have self-confidence and self-esteem, project a clear public image, and have capabilities to solve problems. Charismatic leaders are highly motivated to influence their followers as an "idol hero" or "superman." or "superwoman" They place emphasis on trust and make ethical decisions in any situation to set examples for subordinates to follow.

2. *Individualized consideration (IC)*

Individualized consideration contributes to followers' satisfaction and productivity. Respect for the individuality of each follower is demonstrated by activities such as expressing appreciation, counseling, and encouraging followers' performance. Leaders think about the individual's needs and capabilities. They create an environment that subordinates can demonstrate their intelligence. These leaders can require the subordinates to do special projects, and study within the organizational context, which promotes subordinates' self-confidence and encourages self-study.

Individualized considerations enhance followers' self-esteem, self-fulfillment and self-confidence. These leaders pay attention to each individual's need for achievement and growth by acting as a coach or mentor.

3. *Intellectual stimulation (IS)*

These leaders place emphasis on the intellectual stimulation of their followers when groups or individuals in an organization face critical situations. They stimulate awareness and help activate the problem-solving capabilities of the followers. They also encourage and seek innovative, creative solutions to problems. Transformational leaders project new ideas through the manipulation of language and symbols, such as slogans and rituals. They help the subordinates to do tasks within their capabilities. These leaders are more proactive than reactive in their thinking, and are creative and innovative in their ideas.

4. *Inspirational motivation (IM)*

Leaders with inspirational motivation challenge followers to work with high standards, communicate optimism about future goals, and provide meaning for tasks. They develop attractive visions of the future and inspire their followers with emotional support. They provide the energy that drives a group forward with meaningful purpose. It is also important that this visionary aspect of leadership be supported by communication skills. The leader encourages followers to imagine attractive future states, which they can ultimately envision for themselves.

Hypothesis

There is a significant difference between nurses' expectations and their perceptions regarding supervisors' transformational leadership.

Definition of Terms

In this study the transformational leadership of nurse supervisors expected by nurses was defined as the nurses' perception of their nurse supervisors' ideal behaviors of a visionary leadership style. These behaviors include idealized influence (charisma), individualized consideration, intellectual stimulation, and inspirational motivation. It was measured by an instrument developed by the researcher based on Bass's framework of transformational leadership (Bass, 1985). The higher score indicated the higher expectation of nurses of the nurse supervisors' transformational leadership.

The transformational leadership of nurse supervisors perceived by nurses was defined as nurses' perception of their nurse supervisors' actual behaviors in demonstrating a visionary leadership style, identical to the ones nurses expected their leaders to possess. It was measured by an instrument developed by the researcher that was parallel to the one used to measure the transformational leadership of nurse supervisors expected by nurses. The higher score indicated the higher perception of nurses of the nurse supervisors' transformational leadership.

Significance of the Study

This is the first study exploring transformational leadership of nurse supervisors in Bangladesh. It provides information that could be used to further develop initiatives for developing leadership among the nurses and nurse administrators.

CHAPTER 2

LITERATURE REVIEW

This chapter discusses essential information dealing with transformational leadership that was obtained from related literature. The chapter is organized as follows:

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4. Summary of Literature Review

Concept of Leadership and Leader

    Leadership

    Harold Koontz (as cited in Theofanidis & Dikatpanidou, 2006) defined leadership as power, or the process of influencing people who will strive eagerly and enthusiastically towards the achievement of group goals. Leadership is a complex entity, composed of numerous definition and qualities that describe successful leaders (Grimm, 2008). Cater, Shartle, Hemphill, & Fielder (as cited in Bass, 1973), defined leadership as acts or behaviors. These acts may involve activities, such as structuring work relationships, praising or criticizing group members, and showing consideration for their welfare and feelings. Leadership is the ability to influence other people to move in the same direction, towards the same destination, at the same speed; they do not have to be forced, but must want it (Landsdale as cited in Tappen, Weiss & Whitehead 2004).

    Leadership is a common experience of human beings (Bass, 1973). Leadership is the competence to persuade others effectively in order to accomplish the organizational objectives. In the nursing profession, effective leadership is needed. Nursing leaders must be aware of their important roles in taking the lead to face challenge in the modern health care service. Nurse leaders are facing different changes and challenges everywhere and they need to implement an effective leadership style in a complex health care environment (Jooste, 2004).

    Leadership roles and responsibilities are changing, and nurses need to perform leadership functions in the various aspects of health care organizations. They are increasingly concerned about their own abilities to lead nursing staff. Nurse leaders face exceptional challenges as organizations struggle to adapt to ever accelerating

rates of change both internally and with the external environment in which they are well established (Hannah, Avolio, Luthans, & Harms, 2008). Effective leadership can enhance and play significant roles in taking part in an organization's performance (Chen & Baron, 2007). The present condition of health care environments requires nurse leaders to continually meet complex challenges and to have the requisite agency to positively influence their followers and the organization's culture, climate, and performance (Hannah, Avolio, Luthans, & Harms, 2008).

Leadership in every organization has important roles in altering health care institutes and developing skills and competencies for managing risk, and directing future generation towards patient care. It can give leaders' capabilities to handle stress, problems and conflict, and develops the proficiency of new generation of nurses, who can provide direction for the profession (Carroll, 2005). Leadership increases job satisfaction, self-motivation, self-confidence, autonomy, promotes positive work environments, and increases staffs' knowledge and skills which are applied in the field of practice (Moss & Ngu, 2006).

Leader

A leader is a person who has the extra qualities and accomplishment to achieve the goals shared by followers and the leader. Integrity, courage, initiative, energy, optimism, determination, balance, the ability to handle stress, and self-awareness are the qualities of effective leaders in the nursing profession (Tappan, Weiss, & Whitehead, 2004). Leaders have the maximum requisites of authority, power and influence to lead followers to achieve organizational goals (Jooste, 2004). Leaders act to help a group attain objectives through the maximum application of its capabilities. Ideally, leaders do not stand behind a group to push and stimulate; they

place themselves before the group as they facilitate progress and inspire the group to accomplish organizational goals (Theofanidis & Dikatpanidou, 2006).

Effective leaders are important in every organization to cope with changing health care organizations, and profession to lead future generations. Leaders can act as a role model for the followers. Nurse leaders help nurses to provide excellent nursing care based on theory and the findings of research. Leaders can convey knowledge about organizational theory to support and influence organizational policies and collaborate and coordinate with other health agencies to provide optimum care. They are responsible for disseminating up-dated information and support to patients, staffs, colleagues, and families. Nurse leaders should apply nursing codes of ethics and standards of practice as guidelines for individuals. They must show professional accountability and they need to provide inspiration, mentorship and direction to the profession, organization and patient care (Mahoney, 2001).

Characteristics of an effective leader

The characteristics of an effective leader are very important aspects of leadership qualities. Nurse leaders require skills and qualities that provide direction for a new future generation of nurses. This is very important for enlightening new nursing leaders for a healthy society. Nurse leaders need to develop the special qualities and skills necessary to empower patients and staffs. Leadership qualities provide nurses with the knowledge necessary to manage their work environment, solve problems more effectively and make decisions independently (O'Brien et al, as cited in Mahoney, 2001). The characteristics of an effective leader are as follows:

Integrity. Integrity means that a leader's character is entire, integrated and grounded in concrete moral principles and the leader acts in keeping with them. When nurse leaders model their genuineness through their daily actions, they command admiration, respect, and loyalty. These virtues are the foundation of trust between leaders and followers (Daft, 2005). Every leader's integrity is highly expected of health care professionals. Clients, colleagues, co-workers, and other employees all expect nurse leaders to be honest, law-abiding, confident and trustworthy. Adherence to both a code of personal ethics and a code of professional ethics is expected in every nurse (Tappen, Weiss & Whitehead, 2004).

Optimism. Effective leaders work cheerfully and willingly. When the work is difficult, leaders try to solve it carefully with confidence. However, it is important not to let discouragement keep leader and co-workers from seeking ways to resolve leaders' difficulties. In fact, the ability to see a problem as an opportunity is part of the optimism that makes a person an effective leader. Optimism can re motivate a discouraged group (Tappen et al., 2004).

Solving problems. Consumer problems, rules and regulations problems, employee's problems; occur recurrently and need to be solved. The effective leaders help the staff to identify problems and to work through the problem-solving process to find a real solution (Tappen et al., 2004).

Courage. Leaders should have courage to take risks, and take initiatives for solving problem. Nurse leaders must be equipped with advanced knowledge and skills to operate successfully within the academic management and political context (Antrobus & Kitson, 1999). Effective nurse leaders can take risk willingly and engage others to work together effectively in pursuit of a shared goals and excellent patient

care, designing a cost saving procedure, or challenging the ethics of a new policy (Barne as cited in Tappen et al., 2004).

Trust. According to Grady and Malloch (2003), developing trust between colleagues requires congruence of values, effective communication and empathy. The trust that has been built up between colleagues is reinforced when everyone consistently behaves in accordance with accepted patient care standards and uses resources wisely, shares information appropriately and discusses new ideas openly. This type of leader also instills a sense of hopefulness in all members of the organization, increasing the chance that together they will bring about a better and more meaningful health care future.

Honesty. Leaders must be honest; that makes people feel safe and trustworthy. Leaders have the natural tendency to make others become engaged, deepen perspective and be effective. Leaders must be honest, understanding, be grateful to management and the administration, and move towards shared success. Leaders should be present at all meetings, sincerely acknowledge and manage conflict smoothly (Johns, 2004).

Fostering collaboration. Leaders foster collaboration, build teams and actively involve others. Leaders create an atmosphere and trust of human dignity. They strengthen others, making each person feel capable and powerful (Shaw, 2002).

Challenging. Leaders search for opportunities and innovative ways to improve their organization. They have the commitment to serve others: staffs, members, co-workers, and professional associations (Shaw, 2002).

Influencing others. Leaders must work with others to influence their followers. Leaders can create and support a suitable work environment concerned with

explicating common values. Leadership influence is related to the empowering and value driven relationships which leaders create with others (Antrobus & Kitson, 1999).

Thinking critically. Critical thinking is the careful, deliberate use of reasoned analysis to reach a decision about what to believe or what to do. The fundamental nature of critical thinking is questioning and analyzing ideas, common practices, and policies before deciding to accept or reject them. Leaders should think critically and can take decision in any situation (Feldman as cited in Tappen, Weiss, & Whitehead, 2004).

Perseverance. Effective leaders do not give up easily; instead, they persist, continuing their efforts when others are convinced to give up greater effort. This persistence often pays off. These leaders can provide adequate resources and delegate authority to their subordinates, affecting the determinants of the creative work environment. This, in turn, affects creativity and innovation (Politis, 2004).

Creator and motivator. Successful leaders must create an employment atmosphere in which both organizational and individuals' needs can meet. Leaders motivate the followers. As a result, increases in productivity, quality of care, and satisfaction of both client and workers can be achieved that finally achieves organizational goals. They encourage mentoring, sponsorship, and coaching of subordinates. They can maintain a positive and enthusiastic image as a role model to subordinates in the clinical setting, community and society (Marquis & Huston, 2000).

Transformational Leadership

Transformational leadership can influence the organization's members to achieve shared goals. These leaders encourage others to perform beyond their potential by empowering followers with a sense of promise about a mission. Transformational leadership provides a broader perception that takes into account the complexity of organizational traditions (Tomey, 1993). It occurs when a leader engages with a follower in such a way that both parties are raised to higher levels of motivation and morality with common functions (Daft, 2005). Today's leaders are transforming their organization's values, beliefs, behaviors, and must lead people to where they need to be in order to meet the demands of the future (Cally, 2009).

Transformational leaders demonstrate and support their followers to question their own way of doing things, and take care of followers differently but equitably based on their needs. These leaders motivate individuals to change and promote followers' awareness and acceptance of the group vision and mission. Transformational leaders encourage subordinates to do more than what is originally expected, and accordingly, subordinates' confidence levels are elevated and their needs satisfied (Chen & Baron, 2007).

Transformational leadership is viewed as a relationship in which the leader and the follower motivate each other to higher levels, which results in a common value system shared by the leader and the followers. It is positively related to a subordinate's perception of the leaders' effectiveness and higher levels of inspiration (Muniapan, 2007). The literature suggests that followers of transformational leaders report higher satisfaction and inspiration. Transformational leaders are proactive; they seek to optimize individuals, groups, organizational development, innovation, and

higher levels of potential as well as higher levels of moral and ethical standards (Givens, 2008). Transformational leadership also affects an organization's culture, and assists followers and colleagues to alleviate the tension of disengagements. These include the difficulty in disengaging from the old situations and disenchantment with the new arrangements. It requires disorientation without the anchors of the past, and followers are helped to work through their denial and anger (Van Tonder as cited in Vinger & Cilliers, 2006).

Definition of transformational leadership

Transformational leadership is described as a process that motivates followers by appealing to higher principles and moral values. Transformational leadership is described as the ability to bring about significant change, lead to required adjustment in the organization's vision, strategy, and culture as well as promote innovation and products in technologies (Bass, Avolio, Jung, & Berson, 2003). Wolf, Boland, and Aukerman (as cited in Marquis & Huston, 2000) define transformational leadership as an interactive relationship; based on trust, that positively impacts both the leader and the follower. The functions of the leader and follower become focused, creating unity, wholeness and collectiveness. The high performing transformational leader demonstrates a strong commitment to the profession and the organization and is willing to tackle obstacles using group learning. These leaders are also able to create synergistic environments that enhance reform. Change occurs because the transformational leaders are future-focused and value creativity and innovation. The transformational leader also strongly supports morals, organizational culture and values, and feels responsible for these same values and behaviors in their staff. These

leaders are able to define and articulate a vision for their organizations and their leadership style can transform their followers towards higher levels of performance (Bass, Avolio, Jung, & Berson, 2003).

Dimensions of transformational leadership

According to Bass (1985), there are four dimensions of transformational leadership. These are: (1) idealized influence (charisma) (II); (2) individualized consideration (IC); (3) intellectual stimulation (IS); and (4) inspirational motivation (IM).

Idealized influence (charisma). Charisma derives from the Greek word 'charismata' meaning 'gift from the god'. Charismatic has been used to describe leaders who seemed to have a "charismatic gift" of exceptional power from that of ordinary men (Campbell, Ward, Sonnenfeld, & Agle, 2008). Charisma is the leader's ability to communicate a vision with which followers want to identify. Charismatic leaders inspire their followers' unquestioning loyalty and devotion without regards to the followers' self-interest. Charismatic leaders have the power to cope with organizational change in response to challenges in the environment. Followers see leaders as possessing special qualities that bring strong emotional reactions. Followers want to work with a charismatic leader. These leaders relate the work and mission of their group to strongly held values, ideals, and aspirations shared in common by their organizations' culture. The charismatic leader is described as showing behavior that results in followers' appreciation, respect, and trust of the vision and communicating confidence in followers' abilities (Bass, 1985).

Charismatic leadership is described by followers' trust in the correctness of the leader's belief, automatic acceptance of the leader, affection for the leaders, enthusiasm to obey the leader, and emotional involvement in the vision and mission of the organization. A person may be a leader because of charisma, but relatively little is recognized about this indefinable characteristic. Most scholars agree that it is an inspirational quality which some people possess that makes others feel better in their presence. Charismatic leaders act as strong role models for followers (Avolio, Bass, & Northouse as cited in Vinger & Cilliers, 2006). Under charismatic leadership, one may overcome obstacles not thought possible. Research studies support that these leaders are always the role models for others and devote themselves for humanism and followers' wellbeing (Bass, Avolio, Jung, & Berson, 2003).

Charismatic leaders involve risk sharing on the part of a leader, consideration of followers' needs or personal needs, and ethical and moral conduct. Idealized influence also refers to the leaders' charisma, charisma as a form of social authority that derives its legitimacy not from rules, positions, or traditions, but relatively from faith in the leader's excellent character. Charismatic leader is seen different from an ordinary person and treated as capable with supernatural, superhuman or at least exceptional power and qualities. Only charismatic leaders, with their sense of vision and empowering behavior could address the higher order needs of followers (Krishnan as cited in Muniapan, 2007).

Individualized considerations. An individualized consideration relates to efforts on the part of a leader to provide emotional and social support to the followers and to develop and empower through coaching, counseling and encouraging followers' performance. These leaders consider the individuals' need; view followers

as a person not as a group member (Boyett, 2006). The transformational leader delegates responsibilities and assumes a mentor role with followers. Individualized consideration enhances followers' self-esteem and confidence. Individualized consideration can identify followers' strength and weakness. They make available learning opportunities and can give special tasks for the promotion of self confidence and pay special attention for achievement and growth (Bass, 1985). Individualized consideration is the developmental orientation of the leader towards the followers. The transformational leader gives special attention to the followers who appear maltreated, take care of each follower individually, and help each follower to get what they want. These leaders have empathy or the capacity to sense naturally the thoughts and the feelings of others as discussed the research findings (Krishnan as cited in Muniapan, 2007).

Intellectual stimulation. Leaders who provide intellectual stimulation arouse attentiveness and activate problem-solving capabilities of the follower. Transformational leaders plan new ideas through the manipulation of language and symbols, such as slogans and ritual. Transformational leaders are innovative in thinking and proactive. Intellectual stimulation leaders who demonstrate this type of transformational leadership seek new ideas and creative solutions for problems from their followers and encourage novel approaches for performing work (Bass, 1985).

Literature emphasizes that intellectual stimulation wakes up the followers' awareness of the problems and how they may be solved, and stir the imagination and generates thoughts and insights. Intellectual stimulation provided by the leader forces the followers to rethink some of the ideas, which they never questioned before. Research study designated that these leaders give more attention to the intellectuality

of the followers and force them to be novel and ingenious (Krishnan as cited in Muniapan, 2007).

Inspirational motivations. The degree to which the leader articulates a vision is appealing and inspiring to the follower. Leaders with inspirational motivation challenge followers with high standards, communicate optimism about future goals, and provide meaning for the task at hand. Followers have a strong sense of purpose if they are motivated to act. It is also important that visionary aspect of leadership be supported by communication skills that allow leaders to articulate with precision and power in a compelling and persuasive way (Bass, 1985).

Inspirational motivation is reflected by behaviors that provide meaning and challenge to followers' work. It includes behaviors that articulate clear expectations and demonstrate commitment to overall organizational goals, and arouse a team spirit through enthusiasm and optimism. Inspirational leadership also involves envisioning a desired future status, making the followers to see that vision, and showing followers how to get that position. Envisioning is translating intentions into realities by communicating that vision to others to gain their support as the right vision attracts commitment, strengthens people, creates meaning and establishes a standard of excellence. Vision inspires followers to exceed the outcome and getting people to commit voluntarily and completely something desirable (Krishnan as cited in Muniapan, 2007). Research studies found that these leaders encourage, support, motivate, and stimulate the followers' awareness. (Krishnan as cited in Muniapan).

Characteristics of transformational leadership

Transformational leadership is directional approaches distinguished by a person or people who transform values, standards, goals, and ethics with needs of people in an organization. These leaders generate great commitment in their followers than do those who use other leadership techniques (Bass, & Avolio as cited in Kleinman, 2004). Transformational leaders are generally more proactive. These leaders often show characteristics of empathy, compassion, self-confidence, self-esteem, and positive nurturing. They influence attitudes and build commitment to accomplish organizational goals. Transformational leadership encompasses seven characteristics, which are as follows: (Krishnan as cited in Muniapan, 2007).

Be change agents. They struggle to bring the desired changes to improve their organization, society and country. They bring change also to the expectations, attitudes, behaviors and goals of their followers.

Be courageous people. Once they take a position, they are brave to take risks, ensure that vision and goals are achieved. They do not back out of the process of change once they have initiated it and they are fearless.

Believe in people. They have a very constructive approach towards all people. They believe in the natural ability and motivation of the people and their empowerment. Transformational leaders believe that there is an unlimited potential in every person.

Be value driven. They have a set of core values, which serve as their driving force and spreads through their actions.

Be life long learners. They view mistakes not as failures but as learning experiences. They have a marvelous appetite for continuous self-learning and development.

Be Able to manage conflict. Transformational leaders have the ability to deal with complexity, ambiguity and uncertainty. They have all the requirements of an increasingly complex world that demands multifaceted problem solving ability on the part of the leaders.

Be visionaries. They have broad and inspiring visions. The visions are translated into missions and goals. They pay personal attention to others in a way that engages them and generates trust and commitment.

The transformational leaders possess the ability to manage any diversity. These leaders are able to sharpen their skills and enhance the knowledge they have gained from experiences of success and failure by recognizing the importance of continually gathering information about changing and uncertain measures (Benins & Nanus as cited in Vinger & Cilliers, 2006).

Importance of transformational leadership in nursing

In global world, health care organizations need skilled nurse leaders to adjust to advanced technology, changing health care environments, and challenges from the adverse situations. The importance of transformational nurse leadership is explained as follows:

Importance to nursing profession. In the nursing profession, nurses need to be equipped for changing modern technology to meet the needs of clients, community, and country. Transformational leadership is important because of the growing interest

in the development and promotion of moral ethical leadership for the advance of knowledge, skills, and competencies of nurses as well as professional development (Rocchiccioli & Tilbury, 1998).

Importance to health care organizations. Transformational nurse leaders in modern health care organizations can face dynamic environments distinguished by rapid technological change and globalization. Organizations, especially scientifically driven ones, need to be more resourceful and innovative. Transformational leadership is important for organizational management and development. Transformational nurse leaders can manage any adverse situation (Turner, Barling, Epitropaki, Bucher, & Milner, 2002).

Importance to society. Transformational leadership is important to prevent illness, promote health, and provide care. As the provision of care moves from illness and acute care to one of wellness and community focused care, the nursing profession must become conscious of meeting the needs of the people (Tiemy et al., & Jung et al. as cited in Gumusluoglu & Ilsev, 2008). Health care organizations need to adjust to change with advanced technology and the need for skilled nurse leaders. Nursing leaders must give emphasis to the public safety, as improving patient safety is one of the most highly publicized and critical issues in today's health care organization (McFadden, Henagan, & Gowen, 2009).

Numerous studies have shown that transformational leadership is very important to an organization. Nursing needs transformational leadership at the right time in the right situation to cope–up the challenges and changes of health care organizations (Sutton, 2005).

Importance to administration. Transformational leadership is important in the field of nursing administration. As nursing administrators, educators and clinicians, they have a responsibility to keep abreast of the rapidly altering health care environment and make changes proactively. In order for nurses to create change, they must be aware of the key issues effecting the nursing profession (Mahoney, 2001). Transformational leaders encourage the employee to transcend their own interest in the working environment (Tomey, 1993). This involves communication that appeals to employees' ideals in a way that generates an emotional engagement, motivation through an inspirational vision, intellectual stimulation to encourage novel thinking and innovation and individualized consideration that accounts for unique needs and abilities. As a result, both leaders and followers have higher levels of motivation and performance (Weston, 2008). Up-dated knowledge, information and the practice of effective leadership are now more essential to nursing than ever before.

Importance to policy making. Nursing shortages, nursing salaries, productivity, quality of care, the need to act quickly, and information gather requires constant study if one is to remain current. These are a few of these challenges. A transformational leader is a representative of nurses, so leader can contribute to the health policy-making in related nursing issues. Effective leadership can enhance job satisfaction, promote nurses retention, and reduce turnover (Kleinman, 2004).

Measurement of transformational leadership.

Transformational leadership can be measured by using various instruments such as: the Multifactor Leadership Questionnaire (MLQ); the Leader Assessment

Inventory (LAI); the Leadership Practices Inventory (LPI); and the Transformational Leadership Questionnaire (TLQ).

The most well established tool for the measurement of transformational leadership is the Multifactor Leadership Questionnaire (MLQ). The MLQ is a well recognized instrument for dealing with the key measures of transformational leadership. The MLQ has been used in many research studies, such as doctoral dissertations and master's theses, and is also used for the evaluation of leaders in many organizations. The MLQ was first developed by Bass in 1990 from the leadership model that he proposed in 1985. Thereafter it was modified and used in many studies. Boyett (2006) used Bass's Multifactor Leadership Questionnaire. This tool consists of four dimensions of a leader's transformational leadership perceived by followers which included: idealized influence; inspirational motivation; individualized consideration; and intellectual stimulation. Muenjohn and Armstrong (2008) measured transformational leadership by using a Bass's Multifactor Leadership Questionnaire (MLQ). It consists of four dimensions of transformational leadership yielding 45 items using a five point Likert scale. The scale format ranged from "not at all" to "frequently if not always." The MLQ provides an excellent prediction of organizational performance. In addition, it provides a contrast between leaders and followers.

The Leader Assessment Inventory (LAI) is an instrument that measures the degree to which individuals possess characteristics such as knowledge, skills, attitudes, and values. This instrument is a self-rating form and an observer-rating form. Each item is a positive statement of a different attribute accompanied by a

6-point response scale. The Leader Assessment Inventory can be used for an assessment of leaders' performance (Moss, Leske, Jensrud, & Berkas, 1994).

The Leadership Practices Inventory (LPI) was developed by James Kouzes and Barry Posner in 1995 to approach leadership as a measurable, learnable, and teachable set of behaviors. This leadership assessment tool helps individuals and organizations measure their leadership competencies. The LPI consists of five components including: 1) being a role model; 2) inspire a shared vision; 3) challenge the process; 4) enable others to act; and 5) encourage the heart (Kouzes & Posner 1995).

Another measurement tool is the Transformational Leadership Questionnaire (TLQ) developed by Alimo-Metcalfe and Alban-Metcalfe (2001). They used the TLQ to investigate the characteristics of leaders by eliciting the constructs of male and female top seniors and middle level managers and professionals. Who worked in two large public sectors and local government sectors of National Health Services in the United Kingdom.

In this present study, the researcher used Bass's model of transformational leadership (Bass, 1985) to develop an instrument "The Transformational Leadership of Nurse Supervisors Questionnaire" to measure the transformational leadership of nurse supervisors in Bangladesh.

Transformational Leadership of Nurse Supervisors

Transformational nurse supervisors are ones who challenge the development, search for opportunities, inspire a shared vision, facilitate others to perform, model the way, and encourage the heart. Nurse supervisors are actively involved in planning,

implementing, decision-making, controlling, staffing, acting as the organization's representative to the outside world (Guo's as cited in Lin, Wu, Huang, Tseng, & Lawler, 2007).

Transformational nurse Supervisors attempt to allow others to act, strengthen their colleagues abilities and foster collaboration among them (Marquis & Huston, 2000). They motivate the nurses to enhance their progress and push them to advance toward reaching their goals and have clearly defined corporate visions. Nurse supervisors must have well developed personal ethics, which they consistently endorse, and the ability to inspire their followers toward the realization of organizational goals. In humanist and humanistic management, nurse supervisors should maintain the principle of equality and respect for others, give direction for treating persons as being unique while contributing to the larger community. Nurse supervisors' self-determination is necessary to the promotion of individuals' right of involvement in decisions that affect their well-being (Darr et al., Christensen, McElmurry & Yarly as cited in Tomey, 1993).

Roles and responsibilities of nurse supervisors in Bangladesh

Nurse supervisors play a crucial role in hospitals and other organization. They must effectively communicate with other functional areas and other health care organization. Nurse supervisors have responsibilities at different levels and in different categories of health care organization (Lin, Wu, Huang, Tseng, & Lawler, 2007).

According to the Ministry of Health, and Family Welfare Bangladesh (2007), the nurse supervisors' roles and responsibilities in a tertiary hospital are as follows:

1) Distribute the nursing personnel based on the demands of the hospital and its wards/units.

2) Maintain cooperation with all departments of the hospital to provide health services according to the patients' needs.

3) Take necessary steps/actions to maintain hospital management if needed, especially in the evening and night shifts.

4) Supervise, monitor, and evaluate the nursing activities of nurses and take necessary steps if needed.

5) Provide appropriate information to the person who is delegated to make the nurses' annual confidential report.

6) Ensure the administrative (hospital) round takes place with the Nursing Superintendent, Deputy Nursing Superintendent, Nurse Supervisors, nurse In-charge and other health care personnel in order to ensure the standard of nursing care.

7) Assign the patients and their needed nursing care among the working nurses in the ward/unit and implement that the care.

8) Assist the staff nurses to provide nursing care based on the 'nursing process.'

9) Take necessary actions to prevent cross-infection in the hospital.

10) Maintain communication with all departments of the Hospital in order to ensure quality of nursing care.

11) Assist and guide in planning and implementing the daily duties of various categories of nursing and health personnel.

12) Assist in maintaining up-dated stock ledger and other records.

13) Ensure the keeping of records and proper utilization of necessary information and reports.

14) Play an important role to maintain proper disposal of hospital wastages.

15) Perform responsibilities properly which are assign by the higher authority.

Nurse supervisors' transformational leadership

Transformational nurse supervisors are able to motivate the staff to do work effectively. They have extra-ordinary powers and abilities to challenge the staffs' work and search for opportunities for them. They encourage the staff to prepare for their future. Nurse supervisors empower organizational change in response to challenges in the environment. They are responsible for establishing links between the followers and the directors of the organization (Tomey, 1993). Transformational nurse supervisors have inner direction, self-confidence, self-determination, and are responsible to the team. Nurse supervisors encourage and support the staff to remove anxiety, demonstrate difficult tasks, and inspire them to try to work harder. Transformational nurse supervisors consider the staff as an individual and review their performances positively (Bass, 1985).

Transformational nurse supervisors engage in decision making. It is a sense of having both the ability and the opportunity to act effectively (Kramer & Schmalenber as cited in Tappen, Weiss, & Whitehead, 2004). Nurse supervisors can take many actions to empower nurses, remove barriers to their autonomy and their participation in decision-making, express confidence in their capability and value, reward initiatives and provide role models who demonstrate confidence. Transformational nurse supervisors have a responsibility to be aware of potential problems and identify

areas in which the hospital may be at risk. They can ensure workplace safety by avoiding harmful objects through communication with the corporate levels of the organization (Tappen, Weiss, & Whitehead, 2004). Transformational nurse supervisors' behaviors can help the employee's psychological wellbeing and, as a result, increase productivity and the quality of care (Gilbreath & Benson, 2004).

*Idealized influence (charisma) of nurse superviso*rs

Nurse supervisors in practicing idealized influence are enthusiastic, have a self-confident personality and self- esteem, and their actions influences the nurses to behave in certain ways (Robbins & Coulter, 2005).

Nurse supervisors with charisma possess the following values (Bass, 1985).

1) Nurse supervisors have self-initiative, self-confidence, and self-esteem.

2) Nurse supervisors act with confidentiality and manage critical situations tactfully.

3) Nurse supervisors' have extraordinary powers and capabilities, self-determination, inner direction, a sense of duty and moral responsibilities.

4) Nurse supervisors influence the staff to be novel, innovative and push them towards good prospects for career development.

5) Nurse supervisors with charisma encourage the staff to think critically and seek educational opportunities for career development (Rocchiccioli & Tilbury, 1998).

6) Nurse supervisors' function as a role model, supporter, and resource person to subordinates in setting priorities. Nurse supervisors must be knowledgeable about

the organization's structure. They provide the staff with an accurate organizational chart and assist with its interpretation (Marquis & Huston, 2000).

Individualized consideration of nurse supervisors

Nurse supervisors through individualized consideration consult with each of their nurses individually. Nurses are asked to discuss their concerns and expectation about their own job, superior jobs and their working relationships. These leaders give special attention to new nurses (Bass, 1985).

1) Nurse supervisors are appreciative of staffs' work in a positive way and express the weakness of staff in a constructive manner.

2) Nurse supervisors provide learning opportunities for the staff within the organizational context.

3) Nurse supervisors assign special projects or study to the staff, as it increases the staffs' self-confidence. They critiques the staffs' report with an encouraging approach as it helps to improve their writing and oral presentations.

4) Nurse supervisors try to exhibit the subordinates' skills and talent. They teach and coach the staffs as a mentor.

5) Nurse supervisors delegate responsibilities to the appropriate person if necessary, and consider staff as individuals not as group members.

6) Nurse supervisors listen attentively to opinions from the staff and give special attention those who are neglected and less competent.

Intellectual stimulation of nurse supervisors

Such a leader can focus on followers' intellectual abilities and try to find out talent and novel approaches within the organizational context (Bass, 1985).

1) Nurse supervisors with intellectual stimulation have problem solving capabilities.

2) Nurse supervisors take special initiatives when group or individuals or organizations face poorly-structured problem rather than well-structured ones.

3) Nurse supervisors should communicate with the responsible authority when disruption of the work is likely due to equipment break down, supply shortage, or absence of staff.

4) Nurse supervisors stimulate the staffs' intellectuality and they express new ideas, which stimulate staffs' intelligence to become innovative and creative.

Inspirational motivation of nurse supervisors (Marquis & Huston, 2000).

Supervisors give inspiration and motivation, encouragement, support and arousal to the nurses' self-confidence and self-awareness.

1) Nurse supervisors with inspirational motivation challenge the staffs' work with high standards.

2) Nurse supervisors take risks with staff and have personal responsibilities.

3) Nurse supervisors try to build teamwork within the organization and motivate the staff to do relevant work to be innovative.

4) Nurse supervisors communicate effectively from top level to bottom level of organizational management authority.

5) Nurse supervisors support the personnel in advisory positions. They inspire the work group towards team efforts and organize the work so that it is as cost effective as possible.

6) Nurse supervisors encourage and support the staff to develop career paths within the organization. They support staff to take responsibility for their own career planning.

Summary of Literature Review

Transformational leadership can influence others to achieve organizational goals. Transformational leadership consists of four dimensions: Idealized influence (charisma) (II); individualized consideration (IC); intellectual stimulation (IS); and inspirational motivation (IM). Nurse supervisors act as leaders, managers, organizers, and communicators to cope with the changes of health care organization. Nurses realize that leaders must become skillful and be willing to accept the responsibilities of leadership. Nursing leadership is responsible for the retention of nurses' turnover and, most importantly, the quality of patient care. Transformational leadership provides positive benefits to the organization such as higher financial performance, positive working attitudes, productivity, job satisfaction, organizational commitment, and citizenship. These leaders become conscious of their vision for change and enhance empowerment by displaying several qualities. Much of the literature focused on the role of nurse leaders within context of health care policy and also discussed the effectiveness of leadership on politics and policy. Nursing leadership can change and impact on policies and also focus on how leadership can influence nursing practice

and health policy. It is concerned with the nature and purpose of leadership style, characteristics and the developmental needs of those who rise to leadership position.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter describes the research design, population and setting, sample and sampling, instrumentation, ethical considerations, data collection, and data analysis of the study.

Research Design

This descriptive research aimed: (1) to identify the level of transformational leadership of nurse supervisors expected by nurses; (2) to identify the level of transformational leadership of nurse supervisors perceived by nurses; and (3) to compare the differences between nurses' expectation and perceptions about nurse supervisors' transformational leadership in Bangladesh.

Population and Setting

The target population of the study was all nurses at the Dhaka Medical College Hospital (DMCH), Bangladesh. This hospital is situated in the capital city. DMCH is the premier institute of its kind in Bangladesh. The hospital is the biggest hospital in the country which possesses an adequate number of specialists in each branch of medical science. The total number of beds is 1700. There are 28 departments and 72 wards/units including both in-patient and out-patient departments.

Nursing is one of the most important departments in this hospital. There is one Nursing Superintendent, one Deputy Nursing Superintendent, and thirty one nursing

supervisors. The total number of registered nurses in this hospital is 616. Each supervisor supervises approximately five to six wards, and 25 to 30 nurses in each shift (Personal communication with Nursing Superintendent, DMCH, 4th May 2009).

Sample and Sampling

The sample of this study was nurses working at the study setting. Nurses were required to meet the following inclusion criteria:

(1) Complete a minimum degree of diploma in nursing

(2) Have at least one year of clinical experience

The sample size of this study was estimated by using power analysis. The estimated sample size was calculated for an accepted minimum level of significance (α) of .05, and an expected power (1-β) of .80 as the accepted minimum level of power of the test. An estimated population effect size (γ) of .20 to .40 are used as the most common effect sizes in nursing studies (Polit & Beck, 2008). Because there were no similar existing studies in the literature, the researcher decided to use a small to medium effect size of .30. This yielded the number of 174 subjects needed in this study to ensure the requirements of the test. Initially 190 subjects were approached and completed the questionnaire. However, four cases acted as outliers in both the expectations (too high), and the perceptions (too low), the decision was made to delete these four cases, yielding the actual number of subjects used in the data analysis as 186.

The sample was selected by systematic random sampling from name lists of registered nurses who met the inclusion criteria. The researcher determined the

sampling frame based on the total number of population (616) divided by the total number of subjects (190).

Instrumentation

The instrument for data collection was divided into two parts: Part I: The Demographic Data Form; and Part II: The Transformational Leadership of Nurse Supervisors Questionnaire (TLNSQ).

Part I: The Demographic Data Form (DDF) developed by the researcher consisted of eight items. This form was used to collect personal information including age, gender, religion, highest level of education, marital status, duration of working experience, experience in attending clinical conference/workshop or seminars, and attending any administration-related conference or workshop.

Part II: The researcher developed the Transformational Leadership of Nurse Supervisor Questionnaire (TLNSQ) based on Bass's transformational leadership model (1985). The 40-item TLNSQ contained four dimensions of transformational leadership behaviors. These included: idealized influence (items 1-11); individualized consideration (items12-22); intellectual stimulation (items 23-31); and inspirational motivation (32-40). Nurses were asked to respond to each item in relation to: (1) their expectations of nurse supervisors' ideal behaviors; and (2) their perceptions of nurse supervisors' actual behaviors. The TLNSQ response format was a five-point Likert scale (0-4) (see Table 1).

Table 1

A Response Format of Transformational Leadership of Nurse Supervisors Questionnaire (TLNSQ)

Scoring		Meaning	
		Expectation	Perception
0 =	Not at all	Nurses do not expect nurse supervisors to perform indicated behavior at all	Nurses perceive that nurse supervisors do not perform actual indicated behavior
1 =	A little	Nurses have a little expectation on indicated behavior of nurse supervisors	Nurses perceive that nurse a little perform actual indicated behavior
2 =	Somewhat	Nurses have some expectation on indicated behavior of nurse supervisors	Nurses perceive that nurse supervisors perform some actual indicated behavior.
3 =	Much	Nurses have much expectation on indicated behavior of nurse supervisors	Nurses perceive that nurse supervisors much perform actual indicated behavior.
4 =	Very much	Nurses have very great expectation on indicated behavior of nurse supervisors	Nurses perceive that nurse supervisors perform actual indicated behavior very much.

The possible ranges of total mean score were divided into three levels.

0.00 – 1.33 = transformational leadership of nurse supervisors was at a low level.

1.34 – 2.66 = transformational leadership of nurse supervisors was at a moderate level.

2.67 – 4.00 = transformational leadership of nurse supervisors was at a high level.

Translation of the instrument

In this study, the TLNSQ was translated by using the back-translation technique (Sperber & Devellis, 1994). A Bangladeshi bilingual translator translated the original English version of the Transformational Leadership of Nurse Supervisor Questionnaire (TLNSQ) to a Bengali version. Then another bilingual translator translated the Bengali version of the questionnaire back to an English version. Finally, an English expert examined the two English versions for comparability of language and congruency of interpretability.

Modification of the instrument

A word, "perception," was initially translated to "A-NU-DHA-BAN." During the pilot study with 20 subjects, it was suggested by the pilot subjects that the word was difficult to understand and was not commonly used. It was then changed to "A-NU-BHU-TI" at the suggestion of the first translator.

Validity of the instrument

Three experts examined the content validity of the instrument. Each item was evaluated for the relevancy to its related construct variables regarding transformational leadership. The three experts were:

(1) The first expert was a nurse educator with expertise in nursing administration in Thailand.

(2) The second expert was a nursing director with master's degree in nursing administration in Thailand.

(3) The third expert was a nursing superintendent with a master's degree in Bangladesh.

Reliability of the instrument

The reliability of the instrument was analyzed for internal consistency by testing with 20 staff nurses who met the same inclusion criteria as the actual study subjects but were not included in the main study. Cronbach's alpha coefficient was used to test the internal consistency. An alpha of at least 0.70 was considered as satisfactory for a new scale (Polit & Beck, 2008). The Cronbach's alpha Coefficients of nurses' expectations and perceptions were .79 and .87 respectively.

Ethical Considerations

Permission was obtained for the study from the Institutional Review Board (IRB), Faculty of Nursing, Prince of Songkla University, the Director, and the Nursing Superintendent at the target setting before data collection. Subjects were informed of the purpose of the study and asked for their willingness to participate in

the study. Participation in this study was voluntary and subjects could withdraw from the study any time without negative consequences to them. Each subject was informed about the confidentiality and anonymity through a covering letter attached with the questionnaire (Appendix A).

Data Collection

The data collection procedures were divided in two phases:

Preparation phase

1) The researcher communicated with the Dean, Faculty of Nursing, Prince of Songkla University, Thailand, and asked for a letter of permission to collect data at Dhaka Medical College Hospital, Dhaka, Bangladesh.

2) The researcher contacted the Nursing Superintendent and hospital Director of the setting, informed them about the objectives of the study, the data collection procedures, and asked for permission to collect data from nurses in the hospital.

3) The researcher collected the names of the nurses from the Nursing Superintendent's office and selected a sample through systematic random sampling from the nurses who met the inclusion criteria.

4) The researcher visited the Hospital and introduced herself to the nurses in charge of each unit/ward. She explained to them about the purpose of the study, the benefits, and asked for permission to collect data from the subjects.

5) The researcher prepared a package of questionnaires for the subjects.

Implementation phase

1) The researcher met with nurses and introduced herself to them in each unit/ward and explained to them about the objectives, data collection procedure, and benefits of the study.

2) The researcher verbally informed all subjects about participating in this study.

3) The researcher distributed the questionnaires including the Demographic Data Form (DDF) and the Transformational Leadership of Nurse Supervisor Questionnaire (TLNSQ) to the subjects with the help of nurses in charge.

4) The researcher provided the subjects with one week to complete the questionnaire and then the subjects returned the filled questionnaires to the nurses charge.

5) The researcher collected the questionnaires from the nurses in charge and examined them to check if the questionnaires had been completed.

Data Analysis

The data were processed by using a computer program. The data analysis was as follows:

1. Demographic data were analyzed by using descriptive statistics, using frequency, percentage, mean, and standard deviation.

2. The levels of transformational leadership of the nurse supervisors expected and perceived by nurses were analyzed by using means and standard deviations.

3. The differences between the nurses' expectations and nurses' perceptions of nurse supervisors' transformational leadership were analyzed by using a paired t-test.

In this study, both variables met the assumptions of normal distribution of nurses' expectations and perceptions when checking their skewness and kurtosis. This was because in this study the sample was only one group but they were asked two variables, expectations of and perceptions about the transformational leadership, so there was no need to calculate the homogeneity of variance. Therefore, paired t test analysis was used to see the differences between nurses' expectations and perceptions about nurse supervisors' transformational leadership. However, both variables had four outliers which were found by using and checking a scatter plot diagram. Therefore, the previous 190 subjects became 186 subjects.

CHAPTER 4

RESULTS AND DISCUSSION

This descriptive study was conducted to identify the level of nurse supervisors' transformational leadership expected and perceived by nurses, and to compare the differences between the nurses' expectations of and perceptions about nurse supervisors' transformational leadership in a tertiary hospital in Bangladesh. The results of this study are presented as follows:

1. Demographic characteristics of the subjects

2. Nurse supervisors' transformational leadership expected by nurses

3. Nurse supervisors' transformational leadership perceived by nurses

4. Comparison between nurses' expectations of and perceptions about nurse supervisors' transformational leadership

Results

1. Demographic Characteristics of the Subjects

In this study most of the subjects were female (93.0%) with an average age of 37.53 years (SD = 3.77). The majority of the subjects was Muslim (78%) and married (96.2%). Approximately 74 percent of them had a Diploma in Nursing and Midwifery, and 61.8 percent of the subjects had 11-20 years of experience in the nursing service. After completion of their diploma, 73.7 percent of the subjects did not have any further clinical nursing training. Only 26.3 percent of subjects had different kinds of clinical nursing training. Among those who had further clinical training, 59.1 percent had training related to HIV, infection control, swine flu prevention, and orientation

training for nurses, 12.3 percent had training in pediatric nursing, 12.3 percent had training in coronary care nursing, 10.2 percent had training in emergency care nursing, and 6.1 percent had training in the intensive care unit. Only 32.7 percent of the subjects had attended conferences or seminars in nursing administration. Among these subjects, 80.3 percent had training in quality improvement, 9.9 percent had training in personnel management, 4.9 percent had training in leadership, and 4.9 percent had training in nursing administration.

Table 2

Frequency, Percentage, Mean and Standard Deviations of Staff Nurses' Demographic Characteristics (N=186)

Characteristics	Frequency	Percentage
1. Age (Mean = 37.53 years; SD = 3.77; Maximum age 45 Minimum age 30)		
30- 35 years	57	30.6
36- 45 year	129	69.4
2. Gender		
Male	13	7.0
Female	173	93.0
3. Religion		
Muslim	145	78.0
Hindu	35	18.8
Christian	6	3.2
4. Highest level of education		
Diploma in Nursing and midwifery	131	70.4
Bachelor of Nursing Science	53	28.5
Master of Nursing Science	2	1.1

Table 2 *(Continued)*

Characteristics	Frequency	Percentage
5. Marital status		
Single	5	2.7
Married	179	96.2
Divorced	2	1.1
6. Duration of working experience as a Nurse		
1-10 years	38	20.4
11-20 years	115	61.8
21- 25 years	33	17.8
7. Training or attending in topic related to clinical nursing		
No	137	73.7
Yes	49	26.3
(1) HIV, infection control, Swine flu prevention etc.	29	59.1
(2) Pediatric nursing	6	12.3
(3) Coronary care nursing	6	12.3
(4) Emergency care nursing	5	10.2
(5) Intensive care nursing	3	6.1
8. Experience in attending conference/workshop/ seminar in nursing administration		
No	125	67.3
Yes	61	32.7
(1) Quality Improvement	49	80.3
(2) Personnel management	6	9.9
(3) Leadership	3	4.9
(4) Nursing administration and management	3	4.9

Nurse Supervisors' Transformational Leadership Expected and Perceived by Nurses

The results of this study showed that the mean total score of nurses' expectations towards nurse supervisors' transformational leadership (M = 3.63, SD = 0.21) was at a high level. Considering each dimension, it was found that the mean score of every dimension was at a high level. The three highest mean scores were: (1) individualized consideration (M = 3.66, SD = 0.21); (2) inspirational motivation (M = 3.62, SD = 0.27); and (3) idealized influence (M = 3.62, SD = 0.24) (see Table 3).

The mean total score of nurses' perceptions toward nurse supervisors' transformational leadership (M = 1.47, SD = 0.29) was at a moderate level. Considering each dimension, it was found that mean score of every dimension was at a moderate level. The three highest mean scores were: (1) inspirational motivation (M = 1.65, SD = 0.41); (2) individualized consideration (M = 1.50, SD = 0.36); and (3) idealized influence (M = 1.46, SD = 0.33) (see Table 3).

The mean total score and mean scores of nurses' expectations of each dimension was statistically significantly higher than those of nurses' perceptions about nurse supervisors' transformational leadership (*p*< .00) (see Table 3).

Table 3

Comparison of Means, Standard Deviations, and Levels, of Nurses' Expectations and

Perceptions about Nurse Supervisors' Transformational Leadership (N=186)

Transformational Leadership	Expectation			Perception			t
of Nurse Supervisors	M	SD	Level	M	SD	Level	
1. Individualized consideration	3.66	0.21	High	1.50	0.36	Moderate	73.56**
2. Inspirational motivation	3.62	0.27	High	1.65	0.41	Moderate	55.05**
3. Idealized influence	3.62	0.24	High	1.46	0.33	Moderate	81.76**
4. Intellectual stimulation	3.57	0.26	High	1.42	0.33	Moderate	72.31**
Total	3.63	0.21	High	1.47	0.29	Moderate	84.46**

** *p* < .001

Nurses' Expectations and Perceptions about Nurse Supervisors' Individualized Consideration

Mean scores of all items of nurses' expectation toward individualized consideration of nurse supervisors were at a high level. The three highest mean scores were (1) 'provides opportunity for nurses to continue education' (M = 3.84, SD = 0.36), (2) 'creates a new learning environment for nurses' (M =3.77, SD = 0.42), and (3) 'assigns task based on nurses' capabilities' (M = 3.76, SD = 0.42), respectively (see Table 4).

For nurses' perceptions about individualized consideration of nurse supervisors, it was found that the mean scores of ten items were at a moderate level. Among those items, the three highest mean scores were: (1) 'expresses appreciation toward nurses' performance (M =1.70, SD = 0.63); (2) 'provides opportunity for nurses to continue education' (M = 1.62, SD = 0.63); and (3) 'assigns task based on

nurses' capabilities' (M = 1.62, SD = 0.65). The only item with a mean score at a low

level was 'act as a mentor/coach for each nurse based on her needs/capability'

(M = 1.26, SD = 0.61) (see Table 4).

In comparing the nurses' expectations and perceptions about nurse supervisors'

individualized consideration, it was found that all items of nurses' expectations were

statistically significantly higher than those of nurses' perceptions ($p<.05$) (see

Table 4).

Table 4

Nurses' Expectations and Perceptions about Nurse Supervisors' Individualized

Consideration (N= 186)

Individualized consideration	Expectation			Perception			t
	M	SD	Level	M	SD	Level	
1. Provides opportunity for nurses to continue education	3.84	0.36	High	1.62	0.63	Moderate	42.49*
2. Creates new learning environment for nurses	3.77	0.42	High	1.59	0.67	Moderate	40.59*
3. Assigns task based on nurses' capabilities	3.76	0.42	High	1.62	0.65	Moderate	41.36*
4. Expresses appreciation toward nurses' performance	3.72	0.48	High	1.70	0.63	Moderate	42.48*
5. Identifies nurses' weakness and strength	3.68	0.47	High	1.46	0.70	Moderate	38.58**
6. Takes care of nurses as an individual rather than a group member	3.65	0.48	High	1.45	0.64	Moderate	42.12*
7. Gives personal attention to the member who seems to be neglected	3.65	0.48	High	1.50	0.69	Moderate	38.52**

Table 4 *(Continued)*

Individualized consideration	Expectation			Perception			t
	M	SD	Level	M	SD	Level	
8. Understands nurses' thoughts and feelings	3.63	0.48	High	1.38	0.67	Moderate	44.26*
9. Helps each nurse to achieve her/his career goals as an individual	3.62	0.48	High	1.39	0.58	Moderate	43.85*
10. Motivates nurses to develop self confidence	3.62	0.50	High	1.47	0.55	Moderate	47.08*
11. Acts as a mentor/coach for each nurse based on her needs/capabilities	3.44	0.50	High	1.26	0.61	Low	39.39**

*$p<0.05$

**$p<0.01$

Nurses' Expectation and Perceptions about Nurse Supervisors' Inspirational Motivation

All items of nurses' expectation toward inspirational motivation of nurse supervisors were at a high level. The three highest mean scores were: (1) 'motivates nurses to work with sense of purpose' (M = 3.75, SD = 0.45); (2) 'challenges nurses to work with high standards' (M = 3.74, SD = 0.44); and (3) 'motivates team spirit among nurses' (M = 3.67, SD = 0.47), respectively (see Table 5).

For nurses' perceptions about inspirational motivation of nurse supervisors, it was found that the mean scores of eight items were at a moderate level. Among these items, the three highest mean scores were: (1) 'motivates nurses to work with sense of purpose' (M = 1.81, SD = 0.64); (2) 'challenges nurses to work with high standards' (M = 1.65, SD = 0.70); and (3) 'motivates team spirit among nurse' (M = 1.55, SD = 0.60). The mean score of another one item of nurses' perceptions about

inspirational motivation of nurse supervisors was at a low level. This was 'communicates vision clearly to nurses' (M= 1.24, SD = 0.50) (see Table 5).

In comparing the nurses' expectations and perceptions about nurse supervisors' inspirational motivation, it was found that all items of nurses' expectations were statistically significantly higher than those of nurses' perceptions (*p*<.05).

Table 5

Nurses' Expectations and Perceptions toward Nurse Supervisors' Inspirational Motivation (*N*= 186)

Inspirational motivation	Expectation			Perception			t
	M	SD	Level	M	SD	Level	
1. Motivates nurses to work with sense of purpose	3.75	0.45	High	1.81	0.64	Moderate	34.58**
2. Challenges nurses to work with high standards	3.74	0.44	High	1.65	0.70	Moderate	40.13*
3. Motivates team spirit among nurses	3.67	0.47	High	1.55	0.60	Moderate	44.20*
4. Encourages nurses to work as a team to achieve organization goals	3.65	0.51	High	1.50	0.73	Moderate	35.29**
5. Expresses confidence that nurses can work to achieve goals	3.60	0.49	High	1.46	0.61	Moderate	39.97**
6. Encourages nurses to commit to organizational goals	3.60	0.51	High	1.52	0.73	Moderate	35.23**
7. Assures nurses that organizational goals are possible to achieve	3.58	0.50	High	1.38	0.58	Moderate	41.70*

Table 5 *(Continued)*

Inspirational motivation	Expectation			Perception			t
	M	SD	Level	M	SD	Level	
8. Communicates vision clearly to the nurses	3.53	0.52	High	1.24	0.50	Low	49.95*
9. Tells nurses about expectations of organization about nurses performance	3.52	0.52	High	1.37	0.53	Moderate	39.97**

*$p < 0.05$,

** $p < 0.01$

Nurses' Expectation and Perception toward Nurse Supervisors' Idealized Influence

Mean scores of all items of nurses' expectations about idealized influence of nurse supervisors were at a high level. The three highest mean scores were: (1) 'acts as a role model for nurses' (M = 3.84, SD = 0.37); (2) 'shows positive response toward nurses' performance' (M = 3.77, SD = 0.42); and (3) 'shows power to deal with changes in organization and environment' (3.76, SD = 0.42), respectively (see Table 6).

For nurses' perceptions about idealized influenced of nurse supervisors, it was found that the mean scores of eight items were at a moderate level. Among those items, the three highest mean scores were: (1) 'acts as a role model for nurses' (M = 1.70, SD = 0.67); (2) 'shows positive response toward nurses' performance' (M = 1.66, SD = 0.70); and (3) 'shows power to deal with changes in organization and environment' (M = 1.60, SD = 0.62). Mean scores of the other three items of nurses' perception toward idealized influence of nurse supervisors were at a low level. They

included: (1) 'shows commitment to organizational goal' (M = 1.27, SD = 0.59); (2) 'takes risk for the benefit of organization' (M = 1.25, SD = 0.52); and (3) 'devotes self for organization' (M = 1.23, SD = 0.58), respectively (see Table 6).

In comparing the nurses' expectations and perceptions about nurse supervisors' idealized influence, it was found that all items of nurses' expectations were statistically significantly higher than those of nurses' perceptions (*p*<.05).

Table 6

Nurses' Expectations and Perceptions about Nurse Supervisors' Idealized Influence (N= 186)

Idealized influence	Expectation			Perception			t
	M	SD	Level	M	SD	Level	
1. Acts as a role model for nurses	3.84	0.37	High	1.70	0.67	Moderate	40.02**
2. Shows positive response towards nurses' performance	3.77	0.42	High	1.66	0.70	Moderate	39.46**
3. Shows power to deal with changes in organization and environment	3.76	0.42	High	1.60	0.62	Moderate	44.50*
4. Inspires the nurses to accomplish organizational goals	3.67	0.47	High	1.53	0.60	Moderate	42.71*
5. Shows competency to overcome difficult obstacles	3.67	0.47	High	1.51	0.60	Moderate	44.50*
6. Shows problem solving abilities	3.63	0.50	High	1.48	0.56	Moderate	43.14*

Table 6 *(Continued)*

Idealized influence	Expectation			Perception			t
	M	SD	Level	M	SD	Level	
7. Makes nurses feel confident to work with her	3.60	0.50	High	1.47	0.56	Moderate	40.91*
8. Motivates nurses to willingly follow her	3.53	0.52	High	1.42	0.57	Moderate	42.11*
9. Takes risk for the benefit of organization	3.53	0.50	High	1.25	0.52	Low	50.73*
10. Shows commitment to organizational goal	3.47	0.51	High	1.27	0.59	Low	43.04*
11. Devotes self for organization	3.42	0.50	High	1.23	0.58	Low	43.57*

$p< 0.05$,

$** p < 0.01$

Nurses' Expectations and Perceptions about Nurse Supervisors' Intellectual Stimulation

The mean scores of all items of nurses' expectations toward intellectual stimulation of nurse supervisors were at a high level. The three highest mean scores were: (1) 'assist nurses when they work in critical situation' (M = 3.78, SD = 0.41); (2) 'uses different perspectives/approaches to solve problems' (M = 3.71, SD = 0.45); and (3) 'uses new approaches in performing work' (M = 3.67, SD = 0.45), respectively (see Table 7).

For nurses' perceptions about intellectual stimulation of nurse supervisors, it was found that mean score of six items were at a moderate level. Among those items, the four highest mean scores were: (1) 'assist nurses when they work in critical

situation' (M = 1.70, SD = 0.70); (2) 'uses different perspectives/approaches to solve problems' (M= 1.60, SD = 0.56); (3) 'facilitates nurses to think about old problems in a new ways' (M = 1.40, SD = 0.62); and (4) 'encourage nurses to criticize their own job' (M = 1.40, SD = 0.58). The mean scores of the other three items of nurses' perception toward intellectual stimulation of nurse supervisors were at a low level. These included: (1) 'encourages nurses to re-think of their ideas' (M = 1.33, SD = 0.57); (2) 'throws problems to nurses to activate their thinking and problem solving abilities' (M = 1.30, SD = 0.57), and (3) 'seeks new ideas from nurses' (M = 1.25, SD = 0.51), (see Table 7).

In comparing the nurses' expectations and perceptions about nurse supervisors' intellectual stimulation, it was found that all items of nurses' expectations were statistically significantly higher than those of nurses' perceptions ($p<.05$).

Table 7

Nurses' Expectations and Perceptions toward Nurse Supervisors' Intellectual Stimulation (N= 186)

Intellectual stimulation	Expectation			Perception			t
	M	SD	Level	M	SD	Level	
1. Assist nurses when they work in critical situation	3.78	0.41	High	1.70	0.70	Moderate	37.83**
2. Uses different perspectives/ approaches to solve problems	3.71	0.45	High	1.60	0.56	Moderate	45.37*
3. Uses new approaches in performing work	3.67	0.45	High	1.35	0.56	Moderate	40.18*

Table 7*(Continued)*

Intellectual stimulation	Expectation			Perception			t
	M	SD	Level	M	SD	Level	
4. Motivates nurses to improve their job through innovative/creative ideas	3.53	0.52	High	1.35	0.56	Moderate	39.77**
5. Facilitates nurses to think about old problems in a new way	3.56	0.50	High	1.40	0.62	Moderate	42.51*
6. Throws problems to nurses to activate their thinking and problem solving abilities	3.51	0.52	High	1.30	0.57	Low	52.54*
7. Encourages nurses to re-think their ideas	3.50	0.50	High	1.33	0.57	Low	43.90*
8. Encourages nurses to criticize their own job	3.47	0.50	High	1.40	0.58	Moderate	40.81*
9. Seeks new ideas from nurses	3.46	0.50	High	1.25	0.51	Low	45.00*

*$p < 0.05$,

** $p < 0.01$

Discussion

This descriptive study was conducted in a tertiary hospital in Bangladesh to examine the nurses' expectations and perceptions about their supervisors' transformational leadership. Subjects in this study were 186 nurses recruited through systematic random sampling. In this study, most of the subjects were middle age female adults ($M = 37.53$, $SD = 3.77$) and had been working for more than 10 years (61.8%). With this regard they had adequately observed how their nursing supervisors

performed their actual behaviors that they perceived. The majority of them completed only basic nursing education, diploma in nursing and midwifery (70.4%), with no leadership training (67.3%). This educational level would make them more expect about their supervisors' ideal behaviors to lead them in performing maximum standards of nursing practice.

Nurses' Expectations and perceptions about Nurse Supervisors' Transformational Leadership

Nurses' Expectations: The mean total score (M = 3.63, SD = 0.21) and mean scores of every dimension of nurses' expectations toward nurse supervisors' transformational leadership was at a high level with the mean scores ranged from 3.66-3.57 (see Table 3). Nurses' expectations towards their supervisors' transformational leadership were high because of the following reasons:

Curriculum and nursing education. At the beginning of the nursing profession in Bangladesh, a diploma nursing curriculum followed the British model of 1947 (Harun & Banu as cited in Hadley et al., 2007). According to Chowdhury (2002), the diploma nursing curriculum and many textbooks were outdated, and nursing education faced serious problems in terms of the supply of teaching aids, qualified teachers, and equipment. The entry requirements of diploma nursing students were only secondary school certificate passes (Tenth grade). The study results found that most of the nurses had a diploma in nursing and midwifery (70.4%). This level of education is inadequate for nurses to provide the quality of nursing services in accord with their clients' need and changes in health care. White (1998) stated that the health care environment is changing in rapidly with technology and other innovations.

All sciences are changing day by day including nursing, which is always changing and new diseases, treatment and nursing care needs up-dating continuously. To provide advanced nursing care to the patients, nurses need higher education, advanced knowledge and competence. All nurses and nurse leaders must be knowledgeable and skilled to cope with these changes; they need creativity and innovation in changing health care management to improve their competencies. Thus nurses may realize that they need leaders who will be able to guide them properly, encourage them to update their knowledge, provide effective feedback, and lead them to provide quality of care to the patients. Nurses thus expected their supervisors' transformational leadership to be at a high level.

Low professional status of nurses. The professional status of nurses in Bangladesh is not up to the standard of other professions in the society. Professional status is very important for every profession and it influences the quality of working life of the employees. According to Uddin, Islam, and Ullah (2006), the quality of working life is a basic concern that covers individuals' feeling about every aspect of work. These include economic rewards and benefits, job security and safety, working conditions, and organizational and interpersonal relationships. Uddin et al. (2006) investigated the quality of nurses at government hospitals in Bangladesh. They found that in Bangladesh, there is a lack of good quality nurses for giving quality health care due to the lack of acknowledgement concerning the nursing profession's dignity. This is almost entirely absent in the society and to other profession. Nowadays nurses are aware of their competencies, knowledge, skill, and experience in relation to new technologies and innovations. Nurses expect their leaders to raise their status to higher levels.

Expectations of patients/people about quality of care. Today the expectations of patients and people concerning the quality of care are increasing day by day in society. People are more concerned about their health and the quality of nursing care. Nurse supervisors have a responsibility to support and prepare nurses to provide quality care in accord with patients' expectations. They could use appropriately powerful support systems through giving training to the nurses (Wilson, 1999). Therefore, the nurses in this study expected that their supervisors would support them to provide quality nursing care to meet the clients' needs.

Nurses' Perceptions: The mean total scores (M = 1.47, SD = 0.29) and mean scores of every dimension of nurses' perceptions toward nurse supervisors' transformational leadership were at a moderate level, with the mean score ranging from 1.42 - 1.65. The three highest mean scores of nurses' perceptions were at a moderate level: 'inspirational motivation' (M = 1.65, SD = 0.41); 'individualized consideration' (M = 1.50, SD = 0.36); and 'idealized influence' (M = 1.46, SD = 0.33) (see Table 3). Nurses' perceptions about their supervisors' transformational leadership was only moderate because of the following reasons:

Nurse supervisors' educational level. The educational level of nurse supervisors is very important for leading nurses in providing quality care to the patients. Nurse supervisors with higher and advanced education can guide, supervise and lead nurses to improve the nurses' knowledge for achieving better performance. In the context of Bangladesh, nurse supervisors are promoted according to their length of service and experience not their educational level and competency. Most of the nurse supervisors have a diploma in nursing. Nurse supervisors' should hold a bachelor degree or one-year diploma in nursing administration for appointment to a

supervisor's position. However, in the context of the country there is no diploma in administration training program for nurse supervisors. This is one of the major reasons for ineffective supervision as well as the lack of advanced administrative and management knowledge on the part of the supervisors (Jamal, 2006).

Nurse supervisors' competence. Nurse supervisors' advanced competency regarding patient care is also very important for nurses. Arvidsson and Fridlund (2005) mentioned that, nurse supervisors require the necessary competence in order to help nurses to reflect on their clinical practice and to interpret the needs of the patients based on nursing theory. Nurse supervisors' competence can enhance supervision, which helps the nurses to clarify their thoughts and share their experiences with other nurses. Lyth (2000) found that effective supervision is very important for nurses because it can bring potential benefits to patient care and the development of nurses both individually and professionally. Chowdhury (2002) mentioned that the Bangladesh Government has undertaken different projects and programs for nurse officers and supervisors with the assistance of a range of development agencies to develop education and services for the nurse leaders. However, in Bangladesh, nurse supervisors have limited opportunity for in-service training to improve their competency.

High workload of nurse supervisors. Nurses in Bangladesh perform their duties in the health sector and face various limitations and scarce resources (Chowdhury, 2002). There are approximately 20,000 registered nurses, and the total number of nurse supervisors all over the country is only 876 (Directorate of Nursing Services, & MOHFW, Bangladesh, 2009). In the study setting, there were 616 nurses, but only 31 nurse supervisors (Personal Communication with Nursing Superintendent,

May, 4, 2009). An inadequate number of nurse supervisors means they cannot lead nurses properly. Furthermore, nurse supervisors have many other responsibilities. In Bangladesh, nurse supervisors' functions include: managing nursing personnel according to the needs of unit; collaborating and communicating with other departments to ensure patient care; monitoring and evaluating nurses' performances; maintaining the reporting and recording systems; and communicating with Nursing Superintendents and Deputy Nursing Superintendents to ensuring administrative visits with other officers (MOHFW, 2007). These heavy workloads are the primary reasons for nurse supervisors spending most of their time completing routine jobs rather than motivating and empowering nurses.

Limited resources. Nurse supervisors play an important role in resource management in hospitals and other health care organizations. Lin, Wu, Huang, Tseng, and Lawler (2007) mentioned that nurse supervisor manage resources and nursing personnel, develop strategies, and plan nursing activities to cope with the hospitals' competitive environment. In addition, nurse supervisors face unexpected situations. However, they have no advanced training in nursing leadership and acquiring management skills and tools. This lack of education for nurse supervisors is a significant barrier to providing good supervision and monitoring of nursing activities. There are limited facilities for leadership and management development training programs of nurse supervisors in Bangladesh. Approximately one hundred and forty nurse supervisors have had the opportunity to obtain leadership and management development training (Dibra, 2006). In addition, in Bangladesh there are no specific policies and remuneration systems for specific tasks, or performance-based assessment of nurses' competencies. Therefore, nurse supervisors need higher

salaries, status, autonomy, and realistic recruitment in the country and abroad to promote their role and status more widely.

Nurses' Expectations and perceptions about Nurse Supervisors' Individualized Consideration (IC). Individualized consideration is very important in nursing supervision as nurses have different levels of education, experiences, beliefs, needs and personalities. Nurse supervisors have to understand the nurses individually, identify their individual needs and provide support accordingly. Boyett (2006) stated that these leaders must contact with people as individuals with exceptional needs, and must coach, advise and teach their followers. Nurse supervisors as leaders manage nursing personnel in every aspect of healthcare systems; encourage sharing ideas, and respecting them individually (Berggren & Severinsson, 2006).

Expectations. Nurses who participated in this study were highly expectant about their supervisors' 'individualized consideration' (M = 3.66, SD = 0.21) (see Table 3). The three highest mean scores among the items were: 'provide opportunity for nurses to continue education' (M = 3.84, SD = 0.36); 'create a new learning environment' (M = 3.77, SD = 0.42); and 'assign task based on nurses' capabilities' (M = 3.76, SD = 0.42) (see Table 3). In this study, nurses' expectations are high because; nurses have different goals, values, beliefs, culture, and experience. Each of them has different requirements, needs and demand. In addition, nurses were senior, they had more than ten years (61.8%) of working experience, they want to recognize themselves as professional nurses, and they need more autonomy and authority. They expect nurse supervisors to respect and consider them individually to satisfy their needs. In a global world, health care systems are always changing in dynamic ways, innovation and technologies rapidly change. Nurses need to up-date knowledge to

cope with the new technologies. Nurses expected supervisors to create learning environments and facilitate continuing their study for their professional development. Nurses in Bangladesh need higher education, because most nurses only had a diploma in nursing (70.4%), and they need to increase their education and competencies to the standards levels of nurses in other countries.

They also needed acceptance as members of an honorable profession, with the knowledge and skills to perform maximum standards of care. Kinicki and Kreitner (2006) stated there are different ways in which leaders can attempt to create learning environment within an organization. Nurse leaders have the commitment to develop and build relationships of trust with nurses by arranging training programs, and giving special rewards for specific performances. Nurses need additional special degrees and education and need to move to higher positions according to their qualifications and competencies (Robbins & Coulter, 2005). Supervisors can make available learning opportunities and give special tasks for individual development, take care of each individually, consider and consult with each of them about their responsibilities, their working relationship, concentrate carefully and pay special attention to them (Bass, 1985). Nurses have different knowledge, skills, experience, and competencies for different practices. Nurses expected strongly that their supervisors would assign those tasks in accord with their capabilities.

Perceptions. The mean total score of nurses perceptions regarding their supervisors individualized consideration was at a moderate level (M =1.50, SD = 0.36). The results of this study revealed that nurses perceived one item of 'individualized consideration' at a low level which was 'acts as a mentor/coach for each nurse based on her needs/capabilities' (M = 1.26, SD =0.61). According to

DeCampli, Kirby, and Baldwin, (2010), coaching is an effective way to develop a confidential relationship with patients, nurses, and other employees. Nurse supervisors are the key personnel between patients, nurse, medical staff, other clinical staff and hospital administrators. However in Bangladesh, a coaching system for the nurses has not yet been well established (Sheuli, 2010). Therefore, nurses may not be aware of different coaching approaches.

Nurses' Expectations and Perceptions toward Nurse Supervisors Inspirational Motivation (IM). Inspirational motivation is an essential quality of a good leader. Nurse supervisors need this quality to motivate the nurses to provide higher standards of nursing care to the patients. Boyett (2006) stated that, these leaders must develop and articulate a clear vision of the future and generate eagerness and optimism so that their goals can be achieved.

Expectations. In this study nurses' expectations about nurses supervisors' transformational leadership regarding 'inspirational motivation' was at a high level (M = 3.62, SD = 0.27), (see Table 3). The three items with the highest mean scores were: 'motivates nurses to work with sense of purpose' (M = 3.75, SD = 0.45); 'challenges nurses to work with high standards' (M = 3.74, SD = 0.44); and 'motivates team spirit among nurses' (M = 3.67, SD = 0.47) (see Table 5). Nurse supervisors act as a manger, leader, mentor, coach, and motivator. According to Hellriegel, Jackson, and Slocum (2005), in an organization managers' motivation can influence the organizational outcomes. In the clinical setting, nurse supervisors motivate and encourage nurses to work effectively with high standards according to the clients' needs. In addition, nurse supervisors should motivate nurses to work in teams. Team nursing is important in today's health care organizations, each team

member needs to be trained in skills and abilities to manage and lead the team towards holistic care (Rocchiccioli & Tilbury, 1998). Nurse leaders have empowerment and can easily motivate their subordinates toward the achievement of organizational goals. Nurses expect leaders to motivate them towards quality care, encourage them to be innovative and creative, and persuade and support them for their professional improvement (Robbins & Coulter, 2005). Furthermore, team spirit is very essential in providing patient care where there is a shortage of nursing personnel. In the study setting, about 616 nurses were working for more than 3000 patients (personal communication, Nursing Superintendent, May 4, 2009). In every unit/ward, nurses need to work in teams for better outcomes. In this perspective, nurse supervisors have a great role in motivating nurses to work in teams. Therefore, nurses expected that their supervisors would motivate them to work in teams.

Perceptions. The mean total score of nurses perceptions about inspirational motivation was at a moderate level (M = 1.65, SD = 0.41). The mean score of one item of nurses' perceptions toward 'inspirational motivation' of nurse supervisors was at a low level, 'communicate vision clearly to nurses' (M =1.24, SD = 0.50) (see Table 5). Communication is important to the patients, nurses, groups, and other staff in an organization. Nurse supervisors act as a communicator, collaborator, and coordinator. Effective communication influences the opportunity for group members to interact with each other (Robbins & Coulter, 2005). In Bangladesh, nurse supervisors have various functions: an administrative function, supervisory functions; and educational functions. Nurse supervisors maintain hospital rules and regulations, maintain communication between nurses and authority, and maintain recording and reporting systems of patients. The latter involves admission, death, discharge,

managing nurses' leave, and helping to deliver performance appraisal to the nursing superintendent. Supervisory functions include supervising and monitoring nurses' performance and giving feedback. Nurse supervisors communicate with all the nurses and between the authorities, nurses, patients, administration, and all section of the hospital (MOHFW, 2007). These functions consume most of nurse supervisors' time in their daily work. In addition, there is no specific training program for nurse supervisors in communication. Furthermore, with their high workload, nurse supervisors' communication with nurses is at a low level.

Nurses' Expectations and Perceptions about Nurse Supervisors Idealized Influence (II). Nurse supervisors have extraordinary qualities, confidence, and self-esteem, all of which influences the nurse to do work in any situation. Boyett (2006) stated this type of leader must have clear goals, competencies, and commitment to achieve the organizational goals. They are willing to make personal sacrifice to achieve their goals.

Expectations. Nurses' expectations about 'idealized influence' of nurse supervisors' transformational leadership was at a high level (M = 3.62, SD = 0.24) (see Table 3). The items with the three highest mean scores were: 'acts as a role model for nurses' (M = 3.84, SD = 0.37); 'shows positive responses toward nurses' performance' (M = 3.77, SD = 0.42); and 'shows power to deal with changes in organization and environment' (M = 3.76, SD = 0.42) (see Table 6).

In every health care setting, nurse supervisors have a great role to act as a role model for their nurses through demonstrating positive responses and encouraging nurses to provide care in a changing environment. Several studies found that nurse supervisors acted as role models for their supervisees for improving nurses'

performances. Berggren and Severinsson (2006) stated that the role of nurse supervisors is very important, because she or he is able to influence the atmosphere within clinical practice, as they are the role models for nurses.

Nowadays, health care organizations are changing as are technologies, the environment, and organizational structures. The nurse leader is a change agent; she or he must develop skills and knowledge to be used in everyday practice. A leader develops new strategy, plans, and guides, encourages and controls the changes through adaptation and facilitation (Rocchiccioli & Tilbury, 1998). Supervisors as leaders have a crucial role on changing global health care environment by moving to new dimension. In this perspective, the nurses' expectations were at a high level because they believed that their supervisors would be role models, give positive responses about their performances, inspire nurses to accomplish goals, and use their influence to deal with changes in the organizational atmosphere. They need leaders who are able to demonstrate plans to work, monitor, lead, and control their activities (Jooste, 2004). Therefore nurses' expectations about nurse supervisors' idealized influence was high in this study.

Perceptions. Nurses' perceptions about their supervisors' idealized influence was at a moderate level. The results of this study indicated that nurses perceived three items of 'idealized influence' with mean scores at a low level: 'shows commitment to the organizational goals' (M = 1.27, SD = 0.59); 'devotes self for organization' (M = 1.23, SD = 0.58); and 'takes risk for the benefit of organization' (M= 1.25, SD = 0.52). Nurses' perceptions about their supervisors were at a low level because nurse supervisors may not be a role model. They may not have much time to emphasize their organization goals clearly because of their high workload, and lack of a feedback

system to improve nursing practice. In general, nurse supervisors can support excellence in professional practice and restore the work environment to help nurses feel safe, respected and valued. However, Uddin, Islam, and Ullah (2006) stated that nursing practice in Bangladesh is not up to a satisfactory standard or level. There were insufficient quality nurses, positions were vacant due to the poor quality of nurse educators, there were insufficient supplies of equipments, and working environments were not safe.

Nurses' Expectations and perceptions about nurse supervisors' Intellectual Stimulation (IS). Nurses' expectations about their supervisors was at a level ($M = 3.57$, $SD = 0.26$) (see Table 3). According to the nurses' expectations, the three highest mean scores were: 'assist nurses when they work in critical situation' ($M = 3.78$, $SD = 0.41$); 'uses different perspectives/approaches to solve problems' ($M = 3.71$, $SD = 0.45$); and 'uses new approaches in performing work' ($M = 3.67$, $SD = 0.45$) (see Table 7).

Expectations. In this study nurses' expectations were high. Chowdhury (2002) acknowledged that in Bangladesh the nursing service and education needs immediate attention in order to make improvements. The development of nursing, including a National Nursing Policy, is needed that will guide the policy making level in moving forward to have a quality nursing service. Thus it is more appropriate to consider the necessity of a nursing policy. Transformational leadership of 'intellectual stimulation' was significantly high. Therefore, nurses need leaders who will assist them when they work in critical circumstances, giving more attention to intellectuality, and moving to problem solving attitudes (Jooste, 2004). This study's results indicated that nurses

expected leaders who could move them toward higher education, and influence them to be innovative and creative.

Perceptions. Nurses' total perceptions of 'intellectual stimulation' was at a moderate level (M =1.42, SD = 0.33) (see Table 3). It was found that the mean scores of six items of nurses' perceptions about intellectual stimulation by nurse supervisors were at a moderate level. The three lowest items were: 'encourages nurses to re- think of their ideas' (M = 1.33, SD = 0.57); 'throws problems to nurses to activate their thinking and problem solving abilities' (M = 1.30, SD = 0.57); and 'seeks new ideas from nurses' (M = 1.25, SD = 0.51) (see Table 7). Leaders face many problems in daily life such as: consumer problems; problems with rules and regulations; and employee's problems occur recurrently, all need to be solved. The effective leaders help their staff to identify problems and to work through the problem-solving process to find real solutions (Tappen, Weiss, & Whitehead, 2004). The nurse leader as a facilitator creates a work environment in which nurses can work to the best of their ability. They support and encourage nurses and give them opportunities to think creativity to resolve their problems (Robbins & Coulter, 2005). However, nurse supervisors were recruited only through their length of service or experience, and not on their competencies or training or education. In this study, the majority of the nurses' had clinical experience of more than ten years (61.8%), so they would be more conscious about their supervisors' leadership. Bass (1985) stated that, supervisors can try to find talent and innovators within their groups, articulate new ideas, stimulate the academic inspiration of nurses for solving problems, and motivate their intelligence to become innovative and creative.

Certain factors hindered supervisors' performance as leaders. These included: the nurse supervisors' workload; lack of proper training; poor salary; lack of promotion opportunities; lack of rewards for merit shown by individuals; and lack of overtime and facilities. This study setting had 616 nurses, 31 nursing supervisors, each supervisor supervises around 25–30 nurses in each shift, and there were 1700 beds and there approximately 3,500 patients (Personal communication, DMCH, May, 4, 2009). These factors show that it is quite impossible for supervisors to perform ideal leadership behavior. Thus, the nurses' perceptions reflected that they performed at the moderate level.

Comparison between Nurses' Expectations and perceptions about Nurse Supervisors' Transformational Leadership

The study results showed that, nurses' expectations were higher than the nurses' perceptions. The mean total score of nurses' expectations (M = 3.63, SD = 0.21) about nurse supervisors' transformational leadership was statistically significantly higher than the mean total score of nurses' perceptions (M = 1.47, SD = 0.29) ($p<$ .001). In addition, the mean scores of all dimensions of nurses' an expectation was significantly higher than those of nurses' perceptions ($p<$ .001) (see Table 3). This is because nurses expected ideal visionary leadership behavior from their supervisors. Nurse supervisors have higher authority, power, position, and experience than nurses. In the Bangladesh context, clients and society are more expectant and aware about quality care from the nurses. Nurses realized their individual needs in terms of professional development, autonomy, and power. Nurses expect nurse supervisors to work for higher quality levels of care to increase professional autonomy. The quality of nursing care is not up to the level of care in other countries.

The nurses' image in the society is very poor, and nurses need leaders who will be able to lead them towards better quality of care to improve the situation. However, supervisors cannot meet the nurses' expectations because supervisors have high workloads, low educational backgrounds, low salaries, limited professional autonomy and perform various functions. They cannot perform at the high level nurses expect (personal communication, Nursing Superintendent, May 4, 2009). In addition, nurses may perceive that the main problems of nursing practice still prevail. They therefore might expect better leadership from nurse supervisors.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This descriptive study was aimed at identifying the levels of nurse supervisors' transformational leadership as expected and perceived by nurses. It also examined the differences between nurses' expectations and perceptions about nurse supervisors' transformational leadership in a tertiary hospital in Bangladesh. One hundred and eighty six nurses in a tertiary hospital were recruited using systematic random sampling. The researcher developed the instrument based on Bass's model (1985). The instrument had two Parts: Part: I Demographic Data Form (DDF); and Part II: Transformational Leadership of Nurse Supervisor Questionnaire (TLNSQ). Data were collected by self-reported questionnaires. The data were then analyzed by descriptive and inferential statistics. Conclusions, recommendations and the limitations of this study follow.

Conclusions

The results of the study showed that the mean total score of nurses' expectations about nurse supervisors' transformational leadership was at a high level (M = 3.63, SD = 0.21). Every dimension of the nurses' expectations was also at a high level (see Table 2).

The total mean score of nurses' perceptions about nurse supervisors' transformational leadership was at a moderate level (M = 1.47, SD = 0.29). Every dimension of the nurses' perceptions about nurse supervisors' transformational leadership was also at a moderate level (see Table 3).

The mean total score and mean score of every dimension of nurses' expectations towards nurse supervisors' transformational leadership were statistically significantly higher than those of nurses' perceptions ($p<.0.1$) (see Table 3).

Limitations

This study was performed in only one tertiary hospital in Bangladesh. The generalizability of the findings, therefore, is limited to hospitals at a tertiary level.

Recommendations

Nursing administration

This study's findings revealed that nurses' expectations were at a high level and the perceptions were at a moderate level. In addition, nurses' expectations were significantly higher than nurses' perceptions about nurse supervisors' leadership. Therefore, nurse administrators should use these results to develop transformational leadership training programs for nurse supervisors. Nurse administrators can also use the instrument developed for this study to assess transformational leadership of nurse supervisors regularly. This study's results indicated that nurse supervisors communicate with nurses at a low level. In the Bangladesh perspective, nurse administrators could organize training program on communication for nurse supervisors.

Nursing research

This study could contribute to a better understanding of nurse supervisors' leadership in nursing administration, nursing education and clinical settings. These findings could offer baseline data for further study related to nurse supervisors'

transformational leadership. The instrument in this study could be used to develop a standard instrument to measure nurse supervisors' transformational leadership.

REFERENCES

Antrobus, S., & Kitson, A. (1999). Nursing leadership: Influencing and shaping health policy and nursing practice. *Journal of Advance Nursing, 29*, 746-753.

Arvidsson, B., & Fridlund, B. (2005). Factors influencing nurse supervisor. competence: A critical incident analysis study. *Journal of Nursing Management, 13*, 231-237.

Alimo-Metcalfe, B., & Alban-Metcalfe, J. (2001). The development of a new transformational leadership questionnaire. *Journal of Occupational & Organizational Psychology*, *74*, 1-27

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

Bass, B. (1973). *Stogdill's hand book of leadership*. New York: The Free Press.

Bass, B. M., Avolio, B. J., Jung, D. I., & Berson, Y. (2003). Predicting unique performance by assessing transformational and transactional leadership. *Journal of Applied Psychology*, *88*, 207-218.

Berggren, I., & Severinsson (2006). The significance of nurse supervisors' different ethical decision-making styles. *Journal of Nursing Management, 14,* 637-643.

Boyett, J. H. (2006). *The science of leadership: Transformational leadership, the highly effective leader.* Boyett & Association.

Cally, J. M. (2009). *Leadership at the point of care: The critical role of the nurse manager.* Oregon Center for Nursing. Northwest Health Foundation.

Campell, S. M., Ward, A. J., Sonnenfeld, J. A., & Agle, B. R. (2008). Relational

ties that bind: Leader-follower relationship dimensions and charismatic

attrition. *The Leadership Quarterly, 19*, 556-568.

Carroll, T. L. (2005). Leadership skills and attributes of women and nurse executives

challenges for the 21st century. *Nursing Administration Quarterly, 29,* 146-153.

Chen, H. C., & Baron, M. (2007). Psychometric properties of the Chinese leadership

practice inventory. *International Journal of Nursing Education

Scholarship*, *4*(1), 1-14.

Chowdhury, J. A. (2002). *Perspectives on nursing and nursing policy in Bangladesh.*

Ministry of Health and Family Welfare (MOHFP). Government of the

Peoples Republic of Bangladesh.

Daft, R. L. (2005). *The leadership experience* (3rd Ed.). Thomson: South Western.

DeCampli, P., Kirby, K. K., & Baldwin, C. (2010). Beyond the classroom to coaching

preparing new nurse managers. *Critical Care Nursing Quarterly, 33*, 133-138.

Dibra, I. (2006). Nursing leadership and management development program. *Nursing

Newsletter*, 6, (1), 21.

Directorate of Nursing Services, MOH & FW, Bangladesh (2009). Retrieved July 19,

2009, from http://www.mohtw.govt.bd/index.php.directorate

Epitropaki, O. (2001). *Transformational leadership.* Institute of Work Psychology,

University of Sheffield, England.

Gilbreath, B., & Benson, G. (2004). The contribution of supervisor behavior to

employee psychological well-being, *Work & Stress, 18*, 255-266.

Givens, R. J. (2008). Transformational leadership: The impact on organizational and

personal outcomes. *Emerging Leadership Journeys, 1*(1), 4-24.

Grady, T. P. O., & Malloch, K. (2003). *Quantum leadership: A text book of new leadership.* Boston: Jones and Bartlett.

Grimm, J. W. (2008). Effective leadership making the differences. *Journal of Emergency Nursing, 36,* 74-77.

Gumusluoglu, L. & Ilsev, A. (2008). Transformational leadership, creativity, and organizational innovation. *Journal of Business Research, 62*, 461-473.

Hadley, M. B., Blum, L. S., Mujaddid, S., Perveen, S., Nuremowla, S., Haque, M. E., et al. (2007). Why Bangladeshi nurses avoid 'nursing'; Social and structural factors on hospital wards in Bangladesh. *Social Science & Medicine, 64,* 1166-1177.

Hadley, M. B., & Roques, A. (2007). Nursing in Bangladesh: Rhetoric and reality. *Social Science & Medicine, 64*, 1153-1165.

Hannah, S. T., Avolio, B. J., Luthans, F., & Harms, P. D. (2008). Leadership efficacy: Review and future directions. *The Leadership Quarterly*, *19,* 669-692.

Hellriegel, D., Jackson, S. E., & Slocum, JW. Jr. (2005). *Management international student edition (10th Ed).* Thomson: South Western.

Jamal, R. (2006). Direct promotion system will bring stability in nursing services. *Nursing Newsletter*, *6*(1), 2.

Jooste, K. (2004). Leadership: A new perspective. *Journal of Nursing Management, 12*, 217-223.

Johns, C. (2004). Becoming a transformational leader through reflection. *Reflection on Nursing Leadership.* Retrieved May 24, 2010, from www.nursingsociety.org/Leadershipinstitue/Johns_RNL

Kinicki, A., & Kreitner, R. (2006). *Organizational behavior, key concepts, skills & best practices* (2nd ed.). Boston: McGraw-Hill.

Kleinman, C. (2004). The relationship between managerial leadership behaviors and staff nurse retention. *Hospital Topics: Research and Perspectives on Healthcare, 82,* (4), 2-10.

Kouzes, J. M., & Posner, B. J. (1995). *Instrument is marketed by Pfeiffer with the leadership challenge: How to keep getting extraordinary things done in organization* (2nd ed). San Francisco: Jossey Bass.

Lin, L. M., Wu, J. H., Huang, I. C., Tseng, K. H., & Lawler, J. J. (2007). Management development: A study of nurse managerial activities and skills, *Journal of Health Care Management, 53*, 156-166.

Lyth, G. M. (2000). Clinical supervision: A concept analysis. *Journal of Advanced Nursing, 31*, 722-729.

Mahoney, J. (2001). Leadership skills for the 21st century, *Journal of Nursing Management, 9,* 269-271.

Marquis, B., & Huston, C. (2000*). Leadership roles and management functions in Nursing: Theory and application* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins.

McFadden, K. L., Henagan, S.C., & Gowen, C. R. (2009). The patient safety chain: Transformational leadership's effect on patient safety culture, initiatives, and outcomes. *Journal of Operation Management*, *27*, 390-400.

MOHFW (2007). *Job description of officers and employees of directorate of nursing services.* Human Resources Management, Planning and Development Unit, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

Moss, S. A., & Ngu, S. (2006). The relationship between personality and leadership preferences. *Current Research in Social Psychology, 11*, 70-91.

Moss, J. Jr., Leske, W. G., Jensrud, Q., & Berkas, T. H. (1994). An evaluation of seventeen leadership development programs for vocational educators, *Journal of Industrial Teacher Education, 32,* 26-48.

Muniapan, B. (2007). Transformational leadership style demonstrated by Sri Rama in Valmiki Ramayana. *International Journal Indian Culture and Business Management, 1*, 104-115.

Muenjohn, N., & Armstrong, A. (2008). Evaluation the structural validity of the multifactor leadership questionnaires, capturing the leadership factors of transformational-transactional leadership*, Contemporary Management Research, 4*, 3-14.

Nielson, K., Randall, R., Yarker, J., & Brenner, S. O. (2008). The effects of transformational leadership on followers' perceived work characteristics and psychological well-being: A longitudinal study. *Work & Stress*, *22*, 16-32.

Nielson, K., Randall, R., Yarker, J., Brenner, S. O., & Borg, V. (2008). The importance of transformational leadership style for well-being of employees working with older people. *Journal of Advanced Nursing, 63*, 465-475.

Polit, D. F., & Beck, C. T. (2008*). Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). New York: Lippincott Williams & Wilkins.

Politis, J. D. (2004). Transformational and transactional leadership predictors of the stimulant determinants of the creativity in organizational work environments. *Journal of Knowledge Management*, *2*, 23-34.

Robbins, S. P., & Coulter, M. (2005). *Management* (8th ed.). Upper Saddle River: Pearson Prentice Hall.

Rocchiccioli, J. T., & Tilbury, M. S. (1998). *Clinical leadership in nursing*. Philadelphia: W.B. Saunders Company.

Shaw, S. (2002). *Leadership for change program*. International Council of Nurses. Geneva, Switzerland.

Sheuli, M. (2010). *Coaching of nurse supervisors: Expectation and perception of nurses in a medical college hospital, southern Bangladesh.* Unpublished master thesis. Prince of Songkla University, Thailand.

Sperber, A. D., & Devellis, R. E. (1994). Cross cultural translation. *Journal of Cross Cultural Psychology*, *25*, 501-525.

Sutton, L. (2005*). Application of transformational leadership in an academic library.* Retrieved September 8, 2009, from http://www.mlaforum.org/

Tappen, R. M., Weiss, S. A., & Whitehead. K. (2004*). Essentials of nursing leadership and management* (3rd.ed). Philadelphia: F.A.Davis Company**.**

Theofanidis, D. & Dikatpanidou, S. (2006). Leadership in nursing. *Icus Nursing Web Journal, 25,* 1-8.

Tomey, A. M. (1993*). Transformational leadership in nursing* (1st ed.) Philadelphia:

Mosby.

Turner, N., Barling, J., Epitropaki, O., Bucher, V., & Milner, C. (2002). Transformational

leadership and moral reasoning. *Journal of Applied Psychology, 87*, 304-311.

Uddin, M. T., Islam, M. T., & Ullah, M. O. (2006). A study of the quality of

government hospitals in Bangladesh. *Journal of Pakistan Academic

Science, 43*, 121-129.

Vinger, G., & Cilliers, F. (2006). Effective transformational leadership behaviors for

managing change. *Journal of Human Resource Management, 4*, 1-9.

Weston, M. J. (2008). Transformational leadership at a national perspective. *Nurse

Leader, 6, 41*-45.

White, M. K. (1998). Planned change. In J. T. Rocchiccioli & M. S. Tilbury (Eds.).

Clinical leadership in nursing (1st ed., p179-181). Philadelphia:

W. B. Saunders Company.

Wilson, J. (1999). Clinical supervision: Practicalities for the supervisor. *Accident and

Emergency Nursing, 7,* 58-64.

APPENDICES

APPENDIX A

AN INFORMED CONSENT FORM

Study Title: Transformational Leadership of Nurse Supervisors: Expectation and

Perception of Nurses in a Tertiary Hospital, Bangladesh.

My name is Bilkis Akter; I am a master degree student, Faculty of Nursing, Prince of Songkla University, Thailand. I am also a senior staff nurse (RN) at National Institute of Cardiovascular Diseases and Hospital, Shere Bangla Nagor Dhaka, Bangladesh. I am conducting a study "Transformational Leadership of Nurse Supervisors Expected and Perceived by Nurses in Bangladesh." This is to fulfill the requirements of the Master of Nursing Science Program at Prince of Songkla University, Hat Yai, Thailand.

The Institutional Review Board (IRB), Faculty of nursing, Prince of Songkla University, Thailand, has approved all the procedure of this study. The study procedures involve no force, no risks or harm to you and your organization. A code number is used so that your personal identity will not be disclosed.

The information gathered will be used to write a research report. The information will help to give holistic nursing care in the clinical settings due to enhance good management. It will also help to strengthen the nursing administrator and nursing curriculum. Your all information in connection with this study will remain confidential. The questionnaire will be destroyed after completion of the study. Your participation in this study is voluntary. You have the right to participate or not to participate. You also have to right withdraw at any time.

Lastly, returning the questionnaire indicates that you understand what is involved and your consent to participate in this study. You are free to ask any question about the study or being a subject.

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(Name of Researcher)   (Signature of Researcher)   Date

If you have any questions related to the questionnaires now or any time during the study, please feel free to ask or discuss with me. Please contact me at the following address

Contact:

Bilkis Akter   Bilkis Akter

Senior Staff Nurse, National Institute of   Master of Nursing Science,

Cardiovascular Diseases and Hospital   Faculty of Nursing,

(NICVD), Sher-e-Bangla Nagor Dhaka   Prince of Songkla University

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APPENDIX B

INSTRUMENT DEMOGRAPHIC AND TLNSQ   Date:

Title: Transformational Leadership of Nurse Supervisors: Expectation and Perception

of Nurses in a Tertiary Hospital, Bangladesh

Part I: Demographic Data Form.

Instruction: Please answer the following items by putting mark ∫ in ☐   or fill

your answer in the blank.

1. Age   ……………………. years

2. Gender   ☐ 1. Male   ☐ 2. Female

3. Religion   ☐ 1. Muslim

                                                    ☐ 2. Hindu

                                                    ☐ 3. Buddhist

                                                    ☐ 4. Christian

4. Highest level of education   ☐ 1. Diploma- in- Nursing

                                                    ☐ 2. Diploma-in-Midwifery

                                                    ☐ 3. Bachelor of Nursing Science

                                                    ☐ 4. Master of Nursing Science

                                                    ☐ 5. Others…………………...

5. Marital status   ☐ 1. Single

                                                    ☐ 2. Married

                                                    ☐ 3. Divorced

6. Duration of working experience as a nurse…………………………..years.

7. Training or attending in related to clinical nursing.

☐ 1. No

☐ 2. Yes   (you can select more than one)

.   (1) Critical care nursing

(2) Emergency care nursing

(3) Pediatric nursing

(4) Coronary care nursing

(5) Intensive care nursing

(6) Care of adult nursing

8. Experience in attending conference/workshop/seminar in nursing administration

☐ 1. No

☐ 2. Yes (you can select more than one)

(1) Leadership

(2) Nursing management/administration.

(3) Quality improvement

(4) Personnel management

PART II: Transformational Leadership of Nurse Supervisor Questionnaire (TLNSQ).

Instruction: Please answer the following items and circle around the items that reflect your expectation and perception toward your nursing supervisor. There are five (5) options provided Table 1

Scale Format of Transformational Leadership of Nurse Supervisors Questionnaire (TLNSQ)

Scoring		Meaning	
		Expectation	Perception
0 =	Not at all	Nurses do not expect nurse supervisors to perform indicated behavior at all	Nurses perceive that nurse supervisors do not perform actual indicated behavior
1 =	A little	Nurses have a little expectation on indicated behavior of nurse supervisors	Nurses perceive that nurse a little perform actual indicated behavior
2 =	Somewhat	Nurses have somewhat expectation on indicated behavior of nurse supervisors	Nurses perceive that nurse supervisors somewhat perform actual indicated behavior.
3 =	Much	Nurses have much expectation on indicated behavior of nurse supervisors	Nurses perceive that nurse supervisors perform actual indicated behavior much.
4 =	Very much	Nurses have very much expectation on indicated behavior of nurse supervisors/	Nurses perceive that nurse supervisors perform actual indicated behavior very much.

Example:

Transformational Leadership of Nurse Supervisor	Expectation					Perception				
1. Supervisor encourage staff to develop problem solving capabilities	0	1	2	(3)	4	0	(1)	2	3	4

From the above example, you circle 3 under expectation for question 1. It indicates that you have much expectation that nurse supervisor encourages staff to develop problem solving capabilities. You circle 1 under perception indicates that you perceive that nurse supervisor actually encourages staff to develop problem solving capabilities a little.

Transformational Leadership of Nurse Supervisors	Expectation					Perception				
Idealized Influence										
1. Shows problem solving abilities	0	1	2	3	4	0	1	2	3	4
2. Inspires the nurses to accomplish organizational goals	0	1	2	3	4	0	1	2	3	4
3. Motivates nurses to willingly follow her	0	1	2	3	4	0	1	2	3	4
4. Shows power to deal with changes in organization and environment	0	1	2	3	4	0	1	2	3	4
5. Acts as a role model for nurses	0	1	2	3	4	0	1	2	3	4
6. Takes risk for the benefit of organization	0	1	2	3	4	0	1	2	3	4

Transformational Leadership of Nurse Supervisors	Expectation					Perception				
Idealized Influence										
7. Makes nurses feel confident to work with her	0	1	2	3	4	0	1	2	3	4
8. Shows competency to overcome difficult obstacles	0	1	2	3	4	0	1	2	3	4
9. Shows positive response towards nurses' performance	0	1	2	3	4	0	1	2	3	4
10. Devotes self for organization	0	1	2	3	4	0	1	2	3	4
11. Shows commitment to organizational goal	0	1	2	3	4	0	1	2	3	4
Individualized Consideration										
12. Assigns tasks based on nurses' capabilities	0	1	2	3	4	0	1	2	3	4
13. Creates a new learning environment for nurses	0	1	2	3	4	0	1	2	3	4
14. Acts as a mentor/coach for each nurse based on her needs/capabilities	0	1	2	3	4	0	1	2	3	4
15. Provides opportunity for nurses to continue education	0	1	2	3	4	0	1	2	3	4
16. Takes care of nurses as an individual rather than a group member	0	1	2	3	4	0	1	2	3	4
17. Gives personal attention to the member who is seemed to be neglected	0	1	2	3	4	0	1	2	3	4
18. Identifies nurses' weakness and strengths	0	1	2	3	4	0	1	2	3	4
19. Understands nurses' thoughts and feelings	0	1	2	3	4	0	1	2	3	4

Transformational Leadership of Nurse Supervisors	Expectation					Perception				
Individualized Consideration										
20. Helps each nurse to achieve her/his career goal as an individual	0	1	2	3	4	0	1	2	3	4
21. Expresses appreciation towards nurses' performance	0	1	2	3	4	0	1	2	3	4
22. Motivates nurses to develop self confidence	0	1	2	3	4	0	1	2	3	4
Intellectual Stimulation										
23. Motivates nurses to improve their job through innovative/creative ideas	0	1	2	3	4	0	1	2	3	4
24. Uses new approaches in performing work	0	1	2	3	4	0	1	2	3	4
25. Seeks new ideas from nurses	0	1	2	3	4	0	1	2	3	4
26. Throws problems to nurses to activate their thinking and problem solving abilities	0	1	2	3	4	0	1	2	3	4
27. Assist nurses when they work in critical situation	0	1	2	3	4	0	1	2	3	4
28. Encourages nurses to criticize their own job	0	1	2	3	4	0	1	2	3	4
29. Encourages nurses to re- think of their ideas	0	1	2	3	4	0	1	2	3	4
30. Uses different perspectives/approaches to solve problems	0	1	2	3	4	0	1	2	3	4
31. Facilitates nurses to think about old problems in a new ways	0	1	2	3	4	0	1	2	3	4

Transformational Leadership of Nurse Supervisors	Expectation					Perception				
Inspirational Motivation										
32. Challenges nurses to work with high standard	0	1	2	3	4	0	1	2	3	4
33. Communicates vision clearly to nurses	0	1	2	3	4	0	1	2	3	4
34. Tells nurses about expectations of organization toward nurses' performance	0	1	2	3	4	0	1	2	3	4
35. Motivates team spirit among nurses	0	1	2	3	4	0	1	2	3	4
36. Assures nurses that organizational goals are possible to achieve	0	1	2	3	4	0	1	2	3	4
37. Expresses confidence that nurses can work to achieve goals	0	1	2	3	4	0	1	2	3	4
38. Motivates nurses to work with sense of purpose	0	1	2	3	4	0	1	2	3	4
39. Encourages nurses to commit to organizational goals	0	1	2	3	4	0	1	2	3	4
40. Encourage nurses to work as a team to achieve organization goals	0	1	2	3	4	0	1	2	3	4

APPENDIX C

LIST OF EXPERTS

Three experts examined the content validity of the instrument for Transformational Leadership of Nurse Supervisors Questionnaire, they are:

1. Associate. Prof. Dr. Wandee   Sutharangsee

   Associate professor, Nursing Administration, Faculty of Nursing, Prince of Songkla

   University, Thailand.

2. Ms. Maliporn Romgate M.Sc, RN,

   Nursing Director Sadaw Community Hospital, Thailand.

3. Ms. Aleya   Perveen, M. Sc, RN.

   Nursing Superintendent, Shere-e –Bangla Medical College Hospital, Bangladesh.

APPENDIX D

APPROVAL LETTER FOR DATA COLLECTION

PRINCE OF SONGKLA UNIVERSITY

P.O. BOX 9, KHOR HONG, HATYAI
SONGKHLA, THAILAND, 90112
FAX NO. 66-74-212901
TEL. NO. 66-74-286456,
66-74-286459

MOE 0521.1.05/370ࠀ

November 16, 2009

Director of Dhaka Medical College and Hospital (DMCH),
Dhaka, Bangladesh

Dear Sir,

This letter is to inform you that Mrs. Bilkis Akter, a master student of the Faculty of Nursing, Prince of Songkla University, Thailand, is taking a thesis in her last semester. As passed of the requirement of the course, she has to conduct a research study in Bangladesh. Her thesis entitled: "Transformational Leadership of Nurse Supervisors Expected and Perceived by Nurses in Bangladesh." Under the supervision of Assoc. Prof. Dr. Aranya Chaowalit. The thesis proposal has been approved on 20 October 2009. Therefore, she will try-out research instruments and collect data from nurses at the Dhaka Medical College and Hospital (DMCH), Dhaka, Bangladesh. During 1 month (December, 2009 – January, 2010)

I will be greatly appreciated if Mrs. Bilkis Akter is permitted to collect her data in your hospital, as it will provide valuable information for nursing administration to enhance nurses' competence in this particular area.

If you need any further information regarding her study, please do not hesitate to contact us at the above address or e-mail us at: aranya.c@psu.ac.th. as her advisor.

Sincerely Yours,

Assistant Professor Sang-arun Isaramalai, PhD., RN
Acting Dean,
Faculty of Nursing
Prince of Songkla University
Hat Yai, Songkhla 90110
THAILAND

Brigadier General Bazle Quader
Director
Dhaka Medical College Hospital

VITAE

Name   Mrs. Bilkis Akter

Student ID   5110420064

Educational Attainment

Degree	Name of Institution	Year of Graduation
Bachelor of Nursing Science	Dhaka University	1998
Bachelor of Arts	National University, Dhaka.	2002
Master of Nursing Science	Prince of Songkla University,	2010

Scholarship Awards during Enrolment

Directorate of Nursing Services (DNS), and Ministry of Health and Family Welfare, Bangladesh

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List of publication and Proceedings

Akter, B., Chaowalit, A., & Nasaee, T. (2010). *Transformational Leadership of Nurse Supervisors Expected and Perceived by Nurses in Bangladesh*. Paper presented at Second International Conference of Humanities and Social Science, Faculty of Liberal Arts, Hatyai, Thailand