

TITLE: Leadership Practices, Organizational Commitment, and Conditions of Work Effectiveness of Chief Nursing Officers in Ontario's Restructured Hospitals

RESEARCHER: Colleen A. McKay
School of Business
Capella University (Minneapolis, MN)
Unpublished Doctoral Dissertation: May 2002

OBJECTIVE: The purpose of this study was to describe the Chief Nursing Officer's (CNO) perceptions of leadership practices and organizational commitment, and the impact these have on the effectiveness of CNOs in the restructured hospitals in Ontario (Canada).

METHODOLOGY: The population of 226 CNOs in Ontario public hospitals were used, with 133 responding (59% response rate). CNOs completed the Leadership Practices Inventory, the Conditions of Work Effectiveness Questionnaire (CWEQ; Laschinger, 2000), the Organizational Commitment Questionnaire (Mowday et al., 1979), and provided demographic information. Ninety-five percent of the CNOs were female, more than 75 percent were 45 years of age or older, 83 percent reported their CNO roles as managerial, 44 percent hold a master's degree, 85 percent have 20 or more years of nursing experience, and 76 percent reported receiving directives from the HSRC (restructuring) more than two years ago.

KEY FINDINGS: Enabling, closely followed by Modeling, were the leadership practices most frequently reported. Encouraging was next most frequent, closely followed by Challenging, and Inspiring reported as being used least frequently.

All five leadership practices were positively correlated with the Access to Support and Empowerment subscales of the CWEQ. The Ability to Access Resources was positively correlated with Challenging, Inspiring, Modeling, and Encouraging leadership practices. Opportunity in the Workplace was correlated with the use of Inspiring and Modeling, and Job Activity was correlated with Inspiring. None of the leadership practices was correlated with Proportions (i.e., CNOs' opportunities to collaborate with physicians, being sought out by peers for guidance).

Comparing CNOs with "high" to those with "moderate" frequent use of the five leadership practices revealed a number of differences on the CWEQ: Inspiring and Modeling with Opportunity; Inspiring and Enabling with Job Activity; Inspiring, Enabling and Encouraging with Access to Resources; and Inspiring, Modeling, Enabling and Encouraging with Access to Resources and Empowerment.

“Nurse leaders who engaged in the five leadership practices perceived that they had increased access to support and felt more empowered. All leadership practices, except enabling others to act, increased perceived access to resources. Inspiring a shared vision and modeling the way increased CNOs’ perceived access to opportunities. Finally, inspiring a shared vision increased perceived job visibility, flexibility, and rewards....Overall, the strongest relationships are between the five leadership practices and perceived access to support and sense of empowerment. This most likely reflects the current hospital environment” (p. 172).

Organizational Commitment and Conditions of Work Environment were positively correlated. However, CNOs reported no significant correlations between their engagement in any of the five leadership practices and their belief in the organization’s goals, their willingness to exert extra effort on behalf of the organization, their desire to remain with the organization, and their total commitment to the organization. “This finding,” says the author, “is not totally unexpected. Chief Nursing Officers’ engagement in the five leadership practices focus on leading staff towards a shared vision. Therefore, the use of the leadership practices may influence staff organizational commitment as opposed to the CNOs. As well, the CNOs’ engagement in the five leadership practices helps to create an effective work environment....CNOs’ organizational commitment comes from the work environment as opposed to their leadership practices” (p. 213).

In terms of moderating variables, there is no association between age, tenure, type of CNO position, and time since the HSRC directives, and CNOs’ reported usage of the five leadership practices or their perceived organizational commitment. As CNO education increased so did their engagement in Challenging and Inspiring. As tenure in the current hospitals increased the CNOs’ engagement in Challenging and Inspiring decreased.