

Theses and Dissertations

2015

The leadership process: an analysis of follower influence on leader behavior in hospital organizations

Shawn M. Warren

Follow this and additional works at: <https://digitalcommons.pepperdine.edu/etd>

Recommended Citation

Warren, Shawn M., "The leadership process: an analysis of follower influence on leader behavior in hospital organizations" (2015). *Theses and Dissertations*. 571.
<https://digitalcommons.pepperdine.edu/etd/571>

This Dissertation is brought to you for free and open access by Pepperdine Digital Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of Pepperdine Digital Commons. For more information, please contact bailey.berry@pepperdine.edu.

Pepperdine University
Graduate School of Education and Psychology

THE LEADERSHIP PROCESS: AN ANALYSIS OF FOLLOWER INFLUENCE ON LEADER
BEHAVIOR IN HOSPITAL ORGANIZATIONS

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Education in Organizational Leadership

by

Shawn M. Warren

December, 2015

June Schmieder-Ramirez, Ph.D. – Dissertation Chairperson

This dissertation, written by

Shawn M. Warren

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

Doctoral Committee:

June Schmieder-Ramirez, Ph.D., Chairperson

Gary L. Mangiofico, Ph.D.

Marlene A. Biseda, Ph.D.

© Copyright by Shawn M. Warren (2015)

All Rights Reserved

TABLE OF CONTENTS

DEDICATION.....	ix
ACKNOWLEDGEMENTS	x
VITA	xi
ABSTRACT	xv
Chapter 1: Introduction.....	1
Introduction and Background.....	1
The Modern Hospital and Leadership.....	3
Followers.....	6
Purpose of the Study	7
Research Questions and Hypotheses	7
Significance of the Study	8
Definition of Key Terms.....	9
Key Assumptions and Limitations.....	10
Summary and Organization of the Study.....	11
Chapter 2: Review of Literature	13
Introduction.....	13
History of Hospital Organizations.....	13
Patient satisfaction strategies.....	15
Antecedents and outcomes to patient satisfaction	16
Followership	19
Overview	19
Early theorists and the evolution of leadership and followership	20
Followership Constructs.....	22
Foundations of implicit leadership and followership theories	23
Implicit Leadership Theory	24
Implicit Followership Theory.....	25
Constructionist Approach.....	26
Reversing the Lens	28
The Relation of Leadership, Followership, and Organizational Outcomes	29
Multifactor Leadership Questionnaire and Full Range of Leadership	32
Multifactor Leadership Questionnaire.....	32
Transformational Leadership Factors.....	33
Idealized Influence	35
Idealized Behavior.....	37

Inspirational Motivation	37
Intellectual Stimulation	38
Individualized Consideration.....	40
Transactional Leadership Factors	41
Laissez-Faire Leadership Factors	43
Summary.....	45
Positive Organizational Behavior.....	46
Psychological Capital	51
Hope	54
Self-Efficacy.....	55
Resilience	56
Optimism	57
Literature Review Summary and Relation to Research Question	60
 Chapter 3: Research Methodology	 65
Introduction and Purpose	66
Restatement of Research Questions and Hypotheses	66
Research Design.....	67
Sample.....	68
Data Gathering Procedures	68
Research Instruments	69
Multifactor Leadership Questionnaire	69
Psychological Capital Questionnaire	70
Data Analysis Process.....	72
IRB Considerations.....	73
Summary.....	75
 Chapter 4: Research Findings.....	 76
Research Question One.....	76
Pearson's Product Moment Correlation	77
Descriptive Statistics	80
Research Question Two.....	82
Demographics.....	82
Analysis of Variance (ANOVA)	85
Hypotheses Testing	91
Summary.....	92
 Chapter 5: Summary of Findings, Discussion, and Conclusion.....	 93
Introduction.....	96
Summary of Findings.....	98
Discussion.....	99
Limitations	102
Implications.....	105
Recommendation for Future Research.....	109

Conclusion	111
REFERENCES	113
APPENDIX A: Multifactor Leadership Questionnaire Permission.....	134
APPENDIX B: Multifactor Leadership Questionnaire Rater Form	135
APPENDIX C: Psychological Capital Questionnaire Permission.....	136
APPENDIX D: Psychological Capital Questionnaire Self-Rater.....	137
APPENDIX E: Participant Demographic Questionnaire.....	138
APPENDIX F: IRB Approval.....	139

LIST OF TABLES

Table 1. Variable Correlation Analysis	72
Table 2. MLQ by PCQ Correlations Pearson's Product Moment	78
Table 3. Descriptive Statistics.....	81
Table 4. Demographics	83
Table 5. Ages and PCQ Total Score	86
Table 6. Transformational Ratings by Follower Demographics.....	88
Table 7. Transactional Ratings by Follower Demographics.....	89
Table 8. Laissez-Faire Ratings by Follower Demographics.....	90
Table 9. Leadership Outcomes Ratings by Follower Demographics	91

LIST OF FIGURES

Figure 1. PsyCap and patient satisfaction.....	19
Figure 2. Imbalance of leadership focus.....	20
Figure 3. Co-production of leadership.....	27
Figure 4. Followership outcomes	29
Figure 5. Leadership process/proximal & distal outcomes	31
Figure 6. PsyCap’s influence on leaders to be more transformational.....	41
Figure 7. Leadership process/transactional & laissez-faire.....	44
Figure 8. Full range of leadership model.....	46
Figure 9. States verses traits	48
Figure 10. Implications of model.	60
Figure 11. PCQ/Transformational scales relationship.....	79
Figure 12. PCQ/Transactional scales relationship.....	79
Figure 13. PCQ/Laissez-faire scales relationship.....	80
Figure 14. Transformational follower rating by age	84
Figure 15. Transactional follower rating by age.	85
Figure 16. Laissez-faire follower rating by age.....	85

DEDICATION

I want to dedicate this dissertation and all the years leading up to it to my darling wife Cami who has been unfailing in her love and unwavering in her support to me. This accomplishment is credited to her as much as it is to me. Also, to our wonderful children, Bronx, Belle, Eva, Yates, and Oaks, who I hope and pray they may also find joy and have an earnest desire to seek out learning and improve their talents so that they may optimize their ability to build up the Kingdom of God.

ACKNOWLEDGEMENTS

I acknowledge the support of my dedicated chair Dr. June Schmieder-Ramirez and the efforts and commitment of my committee consisting of Professors Gary Mangiofico and Marlene Biseda of the Graziadio School of Business and Management. Also, I acknowledge the support of my friends and colleagues in my doctorate cohort that I have establish a life-long friendship with. I would like to particularly acknowledge the support of my wonderful parents and family who have done so much for me in helping me along this journey. Lastly, I acknowledge that all this was possible because of a loving Father in Heaven and a Savior who has never failed me.

VITAE

Professional Overview

With over 15 years of leadership and management experience in the private and non-profit sectors combined, I have obtained practical knowledge in the workplace. With my workplace understanding coupled with a depth of formal education, I am poised to link the theoretical and applied as a scholar-practitioner. In addition to my work and education, I have been a professional educator for more than 10 years consisting of teaching for Brigham Young University's Continuing Education Department for the past seven years. My experience in teaching has not only been in the classroom, but I have also functioned in a consulting role for the past three years training and working with doctors and businesses in many states providing practice management training and business solutions. I love teaching, the discipline of organizational leadership, and thoroughly enjoy working with students and find great joy in seeing them rise to greater heights.

Expertise and Skill Summary

- | | |
|--|--|
| 1. Leadership theories | 10. Small business |
| 2. Followership theories | 11. Andragogy |
| 3. Organizational behavior | 12. Multimedia instruction and development |
| 4. Organizational development | 13. Teaching and learning theories |
| 5. Change management | 14. Classroom management |
| 6. Positive Organizational Behavior | 15. Curriculum development |
| 7. Positive Organizational Scholarship | 16. Learning management systems |
| 8. Sales and operations management | |
| 9. Leadership development | |

Education

Pepperdine University 2015 Doctor of Education: Organizational Leadership (ABD) Malibu, CA

Dissertation- "The Leadership Process: An Analysis of Follower Influence on Leader Behavior in Hospital Organizations"

Pepperdine University Master of Business Administration partial fulfillment of coursework

Northern Arizona University 2010 Master of Education: Human Relations Flagstaff, AZ

Brigham Young University 2006 Bachelor of Arts: English Provo, UT

Professional Experience

Doctor Alliance Group, 2012 – Present Provo, UT

Principal

Plan and oversee execution of all company operations. Manage the development of all client training programs for physicians, dentists, and associated ancillary healthcare service providers. Oversee nationwide physician sales and program operations inside client offices. Initiate and maintain business relationship with company's strategic healthcare service partners. Created and managed the production of the company's proprietary learning management system as a platform for client training courses. Manage digital marketing and research.

The Church of Jesus Christ of Latter-day Saints 2010 – 2012 Safford, AZ

Principal & Administrator

Lead and manage teachers, develop and implement vision for program as well as student recruitment and retention initiatives. Develop and strengthened alliances with associated school administrators, school district, and community. Manage budgets and allocation of funds. Coordinate and consulted with local ecclesiastical leaders on policies, students development, and program presence. Established learning cultures for both youth and adult education. Develop yearly curriculum content, methods, and instruct both at a secondary and higher education level. Consult with colleagues in employing technology, program strategy, and teaching methodologies. Develop and initiate training for student leadership council

Brigham Young University Continuing Education Department 2008 – Present Provo, UT

Guest Speaker

Develop lessons and instruct large audiences of youth and young adults across the United States on religious topics

*Local Edge Fitness 2010-2013 Safford, AZ**Owner & Advisor*

Started company. Oversee employee management and progression. Developed change and strategic initiatives for the company resulting in a 30% profit margin increase from 2011-2012 with an approximate 2% growth in market share during the same period. Manage finance, business strategy, accounting, marketing, organizational development, customer service, and company branding

*The Church of Jesus Christ of Latter-day Saints 2006-2010 Thatcher, AZ**Seminary Instructor*

Developed class curriculum and instruction for both secondary and higher education levels and established a high learning environment. Advised a student council and spearheaded project to develop proper culture and systems within the program contributing in an increase in enrollment over a two year period. Developed multiple trainings for colleagues in the Arizona region on topics of leadership, pedagogy, and learning value. Developed positive alliances with associated school administrators, school district, parents, and community leaders. Assisted principal with budgets, policies, student enrollment efforts, completion goals, and program direction

*The Church of Jesus Christ of Latter-day Saints 2005-2006 Springville, UT**Seminary Instructor*

Develop lessons and instruct large audiences of youth and young adults across the United States on religious topics.

The Church of Jesus Christ of Latter-day Saints 2006-2010 Thatcher, AZ

Seminary Instructor

Developed class curriculum and instruction for both secondary and higher education levels and established a high learning environment. Advised a student council and spearheaded project to develop proper culture and systems within the program contributing in an increase in enrollment over a two-year period. Developed multiple trainings for colleagues in the Arizona region on topics of leadership, pedagogy, and learning value. Developed positive alliances with associated school administrators, school district, parents, and community leaders. Assisted principal with budgets, policies, student enrollment efforts, completion goals, and program direction.

The Church of Jesus Christ of Latter-day Saints 2005-2006 Springville, UT

Seminary Instructor

Developed daily lessons and taught religion classes both on a junior high and high school level

Warren Dental Lab 2001-2006 Springville, UT

Owner & Operator

Started and managed all operations necessary for a dental lab such as fabricating crown and bridge, hiring and managing employees, developing and sustaining productive alliances with dentists, developing marketing strategies applicable to the dental industry, and consulting with dentist clients on patient care and products.

Tempus Dental Laboratories 1999-2001 Springville, UT

Operations Manager & Technician

Managed production of ten employees and ensured technical quality for crown and bridge fabrication from start to finish.

ABSTRACT

The healthcare environment, specifically hospitals, face a turbulent environment and external forces that present difficult challenges to leaders. Hospital leaders are required to do more with less and navigate to ensure a profitable bottom line and high ratings of patient satisfaction. However, viewing solutions, such as developing a new force of leaders, to navigate through such a hostile environment may not be the only answer. This study seeks not to understand the leader solely, but is focused on the leadership process and the effect followers create due to their behaviors and attributes that influence leaders.

The study draws from the scholarship of positive organizational behavior particularly that of its positive construct of Psychological Capital and followership theories. In order to understand the follower's influence on the leader, the study uses quantitative methods to analyze the Psychological Capital Questionnaire and the Multifactor Leadership Questionnaire instruments to identify a relationship between followers Psychological Capital and the followers' rating of leadership behavior inclusive of transformational and transactional leadership and laissez-faire.

The results of the study concluded that there is a positive relationship between Psychological Capital and the leadership dimensions scales from the Multifactor Leadership Questionnaire as both rated by the follower, but no statistical correlation significance. There was a significant correlation in regards to follower demographics and leaders behavior as rated by the follower.

Chapter 1: Introduction

Introduction and Background

The landscape of organizations has evolved over the last century, with shifts in leadership and management trends changing periodically. The concept of leadership has been researched and published in over 70,000 books and substantially more articles (Cameron, 2012). Often the literature on leadership focuses solely on the leader rather than the follower (Kellerman, 2007). Though focusing on the leader is valuable, the perspective of this study is that of the follower as well as the leader wherein the leadership process is analyzed. The leadership process is the force that occurs interdependently between both follower and leader, and the effect it causes in a given context or situation. The leadership process, not the traits or characteristics of any one individual, is of importance to the study.

The outcome of the leadership process in any context is either a favorable or unfavorable response. One particular unfavorable outcome of a poor leadership processes is an organization's inability to achieve its strategic goal. Research has shown that strategy execution is often the foremost objective for many organizations and that the reality of achieving the strategic goals is often not realized. A global survey performed by The Monitor Group in 2006 reported that the number one priority for senior executives was strategy execution and second priority was "excellence in execution" (Kaplan & Norton, 2008, p. 3). Kaplan and Norton (2008) further report that over the past twenty years "60-80 percent of companies fall far short of the targets expressed in their strategic plans" (p. 3). Such experts in the field of corporate strategy suggest that organizations are effective at strategy planning, but fail to execute such plans. The key to success is not strategy planning but execution (Bossidy & Charan, 2009; Hrebiniak, 2005; Kaplan & Norton, 2008). Seminal works like *Strategy Maps* (2004) and *The Balance Scorecard*

(1996) by Kaplan and Norton provide strategic frameworks to plan and execute strategy with tools such as development, planning, aligning units and employees, monitoring and adaptation. These key points of executing strategy have been proven essential (Kaplan & Norton, 1996; Kaplan & Norton, 2004; Kaplan & Norton, 2008; Morgan, Levitt, & Malek, 2007). One of the key points to realize strategic execution is the leadership process that positively influences the human dimension of strategy or what Bossidy and Charan (2009) deem as the “people process” (p. 9).

Many avenues of research have expanded and brought to light the people processes that focus on the best of human condition and develop positive aspects within an organization. The human dimension process has proven to affect the bottom line of organizations. The tangible positive outcome has caught the attention of organizational leaders and industry experts. The disciplines such as appreciative inquiry and its related motivational theory, along with social capital and its counterpart human capital and intellectual capital, have proven to improve performance. These disciplines have provided peripheral empirical support for other disciplines such as positive psychology and its associated fields of positive organizational scholarship and positive organizational behavior. From the discipline of positive organizational behavior has sprung, in recent years, research in positive psychological capital (PsyCap) that consists of the positive capacities of hope, self-efficacy, resilience, and optimism. This stream of research of the human dimension is investigated in this study as the desired human resource capacity to be found within the focused organization of the study. Furthermore, this may serve as the “right” type of human resource alignment and as may be influenced by certain leadership behavior proving vital in an organization’s strategic execution initiatives (Huselid, Becker, & Beatty, 2005). Though the leadership process has proven to impact organizations in all industries and organizations, the

industry focused on in this study is healthcare, particularly hospital organizations.

The Modern Hospital and Leadership

Hospital executives and leaders today face complex challenges that require competencies to navigate an environment where leaders are expected to exceed expectations with less resources (Stelf, 2008). Hospitals are in flux, and leading and managing hospital organizations continues to increase in complexity. The current healthcare climate requires leaders to elevate employee performance beyond both expectation and actual results (Bass & Avolio, 1994). The hospital climate has been bombarded with rigid regulations, skyrocketing costs and decreasing profit margins. With the magnitude of rapid change that healthcare leaders are facing, there has never been a “greater need for rapid and effective organizational change” (Longenecker & Longenecker, 2014, p. 147). In an effort to manage the change and turbulent environment facing hospitals, there are many barriers that are hindering success. Some of those barriers include hospital governance, as and failing leadership (Longenecker & Longenecker, 2014). Effective leadership “is essential and mandated if our healthcare system is to survive” (pp. 11-12), but it requires in this changing industry the “new type of leadership” that uses human resources effectively (Spinelli, 2006).

Moreover, there is a fundamental conflict with healthcare’s current view of leadership. Spinelli (2006) alludes to the conflict in his analysis of applying transformational leadership to healthcare indicating that leadership practices need to be better if healthcare organizations are going to survive. The notion of healthcare’s leadership view seems to be leader-centric, arguing that leaders impact followers alone instead of exploring the leadership process that includes the follower. For example, leadership according to the Healthcare Leadership Alliance and American College of Healthcare Executives (ACHE) is defined as "the ability to inspire

individual and organizational excellence, create a shared vision and successfully manage change to attain the organization's strategic ends and successful performance" (Cliff, 2012, p. 381).

ACHE's definition of leadership does have implications to transformational leadership, as will be explored in this study along with the other primary leadership dimensions of transactional and laissez-faire leadership (Burns, 1978), but is fundamentally leader-centric. Scholars have suggested that all styles of leadership has pros and cons and understanding each style and its appropriate use helps a leader achieve his/her goals for the organization (Malos, 2012).

Considering the value of these leadership behaviors may prove a critical portion of the leadership process. In fact, viewing these leadership dimensions within the leadership process may prove to be beneficial in understanding leader-follower behavior and the outcome it may have on the hospital organization.

Another issue in the context of hospital organizations is that the institutions are under scrutiny for both quality of care and patient satisfaction (Thayaparan & Mahdi, 2013). Experts argue that patient satisfaction is considered one of the most important measurements and is a critical indicator of success (Alrubaiee & Alkaa'ida, 2011). In fact, many researchers report that patients with a positive perception of care "account for 17-27 percent of variation in a hospital's financial measures such as earnings, net revenue and asset returns [and that] negative word of mouth can cost hospitals \$6,000-\$400,000 in lost revenues over one patient's lifetime" (Alrubaiee & Alkaa'ida, 2011, p. 104). Another study of 1,386 hospitals investigated the relationship between patient satisfaction and the organization's financial strength (DerGurahian, 2009). The study results indicated high patient satisfaction in 350 hospitals that employed 1.19 nurses for every patient bed with an operating margin of 0.64% (DerGurahian, 2009). On the other hand, 350 hospitals with low patient satisfaction employed 0.91 nurses for every bed with a

negative operating margin of 0.27% (DerGurahian, 2009).

With patient satisfaction as a vital factor in healthcare, there are multiple areas that positively influence patient satisfaction. One antecedent that contributes to patient satisfaction is positive emotions (Ladhari & Rigaux-Bricmont, 2013). Positive emotions have been investigated in a vast number of contexts and settings within the realm of the social sciences. For example, social capital, as defined by Nahapiet and Ghoshal (1998) as a “sum of the actual and potential resources embedded within, available through and derived from the network of relationships” (p. 243) was found to indicate that an individual’s social capital was associated with his/her satisfaction with his/her healthcare experience (Kritsotakis, Koutis, Alegakis, Koukouli, & Philalithis, 2012). Other research from Cooperider and Sekerka on appreciative inquiry embraces possessing a relational and positive approach to achieve goals and overcome challenges which have produced positive emotions and outcomes (Cameron, Dutton & Quinn, 2003). There is evidence that positivity may enhance many human faculties that directly or indirectly impact patient satisfaction, work performance, happiness, commitment, and strategy execution. Organizations where leaders practice leadership that produces positive emotions, or where followers possess psychological capital that may influence the behavior of leaders may produce an effect that enables organizations to navigate industry storms and gain advantage above counterparts that possess lower levels of psychological capital (Luthans, Youssef & Avolio, 2007).

Hospital employees or followers that possess psychological capital emit positivity toward patients that may actually stem from multiple aspects too extensive to review for this study. However, better understanding the leadership process that may better enhance positive practices within a hospital organization may prove valuable. With the many issues facing hospital

organizations, both leaders and followers bear an equal responsibility to contribute to the success of the organization and possess qualities that positively impact it. The ability for both parties, leader and follower, to tap into the strength of positive human resources may create a competitive edge. Therefore, it would require a better understanding of the leadership process that would produce positive outcomes in a hospital context.

Followers

Certainly part of the leadership process is the follower perspective. When it comes to health care studies, the focus on the follower processes is sparse at best. Much of the focus in business and healthcare today is fixated on leader perspective. Though leaders provide tremendous value, it is within the leadership process and the outcomes from its dynamic that move an organization forward. Also, analyzing the follower in the leadership process would be important, being that 80% of the work in an organization is actually performed by followers as opposed to only 20% of the work performed by leaders. This study shifts the perspective lens and analyzes the current dynamics of a hospital organization from the perspective of the follower at a given moment of time. However, it would be logical to surmise that the snapshot of data taken from this study is a culmination of the leader follower interaction over a period of time. This is not to discount the leadership process because this research study seeks to understand the outcome of an existing leadership process, but it is from the follower's perspective that it is reported. The more a leader understands the follower's perspective the better a leader can lead. .

For example, transformational leadership, one of the leadership dimensions evaluated in this research, as suggested by James Burns, is a theory that is based on a leader's ability to infuse within the follower higher levels of performance by appealing to the follower's values, emotions, attitudes and beliefs (Gooty, Gavin, Johnson, Frazier, & Snow, 2009). One outcome objective of

this study is to understand the follower perspective and what leadership practices, or perceived leadership practices, are effectively *appealing* to the follower to cause or associate with psychological capital. The literature suggests transformational leadership will better appeal to the follower, however, to provide a more thorough analysis, both transactional and laissez-faire leadership dimensions will also be considered in the leadership process for comparison. However, shifting from a conventional view of how leaders' styles, traits, and behaviors impact followers, this study seeks to understand how the follower impacts the leader within the leadership process. In other words, it is not how transformational, transactional or laissez-faire leadership behavior affects the follower as to increase positive emotions and behavior such as psychological capital, but how follower behavior affects and influences leadership behavior, or a followers perception of their leader's behavior.

Purpose of the Study

Therefore, the purpose of this research study is to investigate the influence of follower's behavior, which may or may not possess psychological capital, on the leader's behavior, or the follower's perceived view of the leader being transformational, transactional or laissez-faire. A correlation analysis will be employed and will be achieved comparing the results of Multifactor Leadership Questionnaire as reported by the follower and Psychological Capital Questionnaire also reported by the follower, sampling departmental staff in Dallas-Fort Worth, Texas hospitals.

Research Questions and Hypotheses

Thus, to achieve the purpose of the study, it will be necessary to answer the following research questions and address the hypotheses:

1. Are the followers' ratings of leader behavior, transformational, transactional, or laissez-faire, influenced when the followers possess psychological capital?

2. Do the demographics of followers, possessing psychological capital, show a difference in their rating of leader behavior as transformational, transactional, or laissez-faire?

Hypothesis 1a: Followers possessing psychological capital have a positive relationship in rating leaders who are more transformational.

Hypothesis 1b: Followers possessing psychological capital have a negative relationship in rating leaders who are more transactional.

Hypothesis 1c: Followers possessing psychological capital have a negative relationship in rating leaders who are more laissez-faire.

Significance of the Study

In effectively answering the research questions, this study may add to the body of research in healthcare leadership and positive organizational behavior, particularly that of PsyCap. The significance of this research study may serve as preliminary findings that identify a nexus of leadership and follower behavior and psychological capital. Therefore, identifying a positive relation between a follower possessing psychological capital and certain leadership behavior in a hospital setting may lead to practices that contribute to “undoing” some of the destructive impact of negativity” (p. 781), such as patient dissatisfaction in healthcare delivery, and result in “an upward spiral of progress and flourishing beyond what can be explained by any single psychological resource or event” (Youssef & Luthans, 2007). Also, better understanding the dynamics of the leadership process in regards to PsyCap as a backdrop, may be applied with positive potential outcomes. One outcome may enable hospital leaders and personnel to lead and navigate the complexities of modern healthcare and to possess human resource attributes such as PsyCap that engender a competitive edge. Another outcome may enhance many of the human

capacities of hospital personnel that create a type of *flourishing* as embraced in positive sciences in terms of performance and behavior that directly impacts patients' satisfaction, thereby achieving a hospital's strategy (Cameron, 2004). With increased patient satisfaction, the outcome may improve patient health and decrease hospital costs, thus increasing the organization's dynamics and processes between hospital personnel and patients.

Definitions of Key Terms

The following key terms will be important to consider for this study:

Transformational leadership theory asserts that the transformational leader influences the followers to greater heights of awareness and seeks to optimize the performance of individuals, groups and organizations as well as inspire followers to higher levels of moral and ethical standards (Avolio & Bass, 2004).

Transactional leadership consists of a type of reward and punishment of exchange for high performance and completed tasks. Has been referred to as a type of managerial leadership.

Laissez-faire leadership is in fact the absence of leadership or management.

Positive Organizational Behavior (POB) is drawn from the field of positive psychology and is defined as “the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today's workplace” (Luthans, 2002a, p. 59).

Psychological capital (PsyCap) is a core construct of POB and consists of a composite of positive psychological constructs including hope, self-efficacy, resilience, and optimism.

Hope is defined as “positive motivational state that is based on an interactively derived sense of successful (1) agency (goal directed energy) and (2) pathways (planning to meet goals)” (Cameron & Spreitzer, 2012, p.287).

Self-Efficacy is “one’s belief about his or her ability to mobilize the motivation, cognitive resources, and courses of action necessary to execute a specific action within a given context” (Cameron & Spreitzer, 2012, p.66).

Resilience is “the developable capacity to rebound or bounce back from adversity, conflict, and failure, or even positive events, progress, and increased responsibility” (Luthans, 2002b, p. 702).

Optimism is a generalized positive expectancy and an optimistic explanatory (attributional) style (Cameron & Spreitzer, 2012).

Multifactor Leadership Questionnaire (MLQ) is 45-point instrument that measures transformational, transactional, and laissez-faire leadership behaviors.

Psychological Capital Questionnaire (PCQ) is a 24-point instrument that measures PsyCap collective of hope, self-efficacy, resilience, and optimism.

Key Assumptions and Limitations

With an effort to investigate the leadership process and the follower’s impact on the leader, it is necessary to address the assumptions and limitations of the study.

Assumptions. The assumptions for the study include:

1. The MLQ and PCQ can be compared and analyzed to evaluate the presence or absence of follower behavior influence or perception towards leader behavior.
2. The data generated by PCQ will provide sufficient positive correlations with leadership behavior as to assume worthwhile pursuits in a hospital organization to improve PsyCap and/or certain leadership behavior and processes.
3. In observing the leadership process of a hospital organization, it is assumed that those leaders have sufficient interaction with frontline managers and personnel throughout

the hospital organization as to create a positive effect, such as an influence upon PsyCap levels and vice versa.

4. Tactical processes which include properly distributing the surveys to participants, and that the participants will appropriately understand and answer the questions

Limitations. The limitations of the study include:

1. For the scope of this study, the direct relational impact hospital leaders and followers have on each other is not determined nor identified.
2. The levels of leader-follower interaction are not clearly determined.
3. The direct relational impact personnel has on patients, as related to PsyCap, to influence patients' attitudes and experience is not clearly determined or identified.
4. Additional factors may contribute to the level of personnel PsyCap outside of leadership process, include but are not limited to, coworker relationships, personal life experiences, predetermined personal development goals, and recruitment filters that tend to onboard talent already possessing PsyCap attributes.
5. Analyzing hospital leadership and personnel in Dallas-Fort Worth hospitals has inherent differences in terms of demographics, culture, economy, population size and healthcare access from the other regions of the United States and on a global scale.

Summary and Organization of the Study

While considering the context of modern hospital organization, better understanding the leadership process may prove as a tool for further application to achieve strategic goals.

Furthermore, positive psychological capacities such as PsyCap have demonstrated improvements in organizational performance. The investigation therefore requires the identification of the leadership antecedent or leadership process that influences PsyCap from a follower perspective

and/or follower PsyCap capacities that may influence leadership behavior and may also produce high organizational performance. A discovery of positive correlation may provide a stepping-stone for existing researchers and practitioners to expand the research and ensure application.

This chapter has covered a general background in healthcare and leadership along with an abbreviation of the theoretical constructs, instruments observed, research purpose, and research questions. In chapter two, a detailed review of the literature will be addressed. The literature topics of importance to this study include hospital organizations and their challenges, followership theories, leadership theories assessed in the MLQ (transformational, transactional, and laissez-faire), positive organizational behavior and its core construct PsyCap. Finally, chapter three consists of a review of the research methodology and IRB considerations.

Chapter 2: Literature Review

Introduction

The modern challenges of hospitals present difficult decisions for leaders and management. Positive behaviors and psychological capacities have valid impacts on organization and individual performance and have implications upon patient satisfaction. Understanding a leadership process may provide insight to achieving higher performance. Three theoretical frameworks will be addressed. The first is the followership theories, particularly that of Lord, Foti, and De Vader (1984) and Uhl-Bien, Riggio, Lowe, and Carsten (2014). The second theoretical framework is the full range leadership dimension model as developed by leadership theorist and expert James Burns (1978). The third theoretical framework is positive PsyCap as developed by organizational behavior theorists Fred Luthans, Carolyn Youssef, and Bruce Avolio (2007). The first section of this chapter will review the history of the hospital organization and its challenges. The second section will review the followership theories throughout its emergence and development. The third section will then review the leader dimensions using as a frame the factors measured by the Multifactor Leadership Questionnaire and its associated leadership dimensions: transformational, transactional, and laissez-faire. The fourth section will address the theory of positive organizational behavior and its complimentary theories of positive psychology and positive organizational scholarship. The fifth section will review PsyCap and its accompanying constructs of hope, self-efficacy, resilience, and optimism. The sixth section will provide a comprehensive summary along with research questions.

History of Hospital Organizations

Healthcare in the United States is a vital aspect of the way of life and its economy. In fact, 16% of the United States gross national product is consumed by healthcare (Griffin, 2012).

The advancements in healthcare and medicine are remarkable and have contributed to the society as a whole in a myriad of ways. Nonetheless, with advancements in not only medicine, but in technology and the increasing complexity of modern organizations and business, have brought many challenges. Hospital organizations in earlier years were relatively stable; however, due to the rapidity of increasing change, the current hospital organization is now unstable (Sanderson, Rice, & Fox, 2008). One of the main reasons for a shift in stability is the way hospitals are paid. Before 1983, private insurances and Medicare paid hospitals according to what was submitted at a set cost for services rendered. Hospitals benefitted from the volume of patients cared for rather than the quality of care. In time, private payors and government subsidized plans renegotiated contracts and continually cut reimbursements.

With hospital reimbursement cuts occurring overtime, the price of healthcare delivery has also increased. The external and internal pressures causing an increase in healthcare cost, according to a report by the Federal Trade Commission and the Department of Justice in 2004, is explained as follows:

These pressures included increasing costs from the public's demand for the latest technology, the aging of the population, shortages of nursing staff and other hospital personnel (which have forced hospitals to increase salaries), increased regulatory requirements, payor demands for information, patient safety initiatives, meeting homeland security requirements, the rising cost of liability premiums and prescription drugs, and the obligation of providing care to the uninsured. Hospital representatives also emphasized the impact of managed care and the cuts imposed by the Balanced Budget Act of 1997 on reimbursement.

Such pressures have caused the decline of operating hospitals. From 1970 to 2008, the number of operating hospitals registered with American Hospital Association (AHA) has decreased from 7,123 to 5,815 (Griffin, 2012). Yet the average length of stay has improved, but the average cost per stay has increased by over 300% (Griffin, 2012). Though the downsizing, shutdown, and mergers of hospitals have shown to be beneficial in many respects, the issues of financial strains continue to loom over hospital management. With Medicare and Medicaid expenses exceeding hospital revenue within a turbulent economy, more people are without jobs, therefore without health insurance, thus narrowing the ability of hospital leaders to fill the hospital financial deficiencies with private payors (Griffin, 2012).

Patient satisfaction strategies. Possible solutions to such problems have been discussed at length. Strategies have been formulated and continue to be at the top of each hospital leaders' agenda. One strategy is that of patient-centered care (PCC). PCC has become paramount in regards to hospital strategies. In essence PCC, according to the Institute of Medicine, is defined as "providing care that is respectful of and representative to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions" (Kupfer & Bond, 2012, p. 139). PCC consists of multiple dimensions consisting of emotional, physical and intellectual support and comfort (Kupfer & Bond, 2012). One pillar of PCC is patient satisfaction (Zgierska, Miller, & Rabago, 2012). The concept of patient satisfaction has "roots in consumer marketing" (p. 139), that measures meeting or failing consumer anticipated expectations from a company or service provider, such as hospitals (Kupfer & Bond, 2012).

Similar to consumers in other industries, healthcare consumer metrics, such as patient satisfaction, are supported by empirical data. Patient satisfaction in research has been defined as "the physician has provided comfort, emotional support, education, and considered the patient's

perspective in the synthesis of the clinical decision-making process” (Kupfer & Bond, 2012, p. 139). This definition can be extended beyond doctor-patient interaction and to personnel-patient interaction such the definition includes doctors, nurses, technicians, aids, and others. The general patient expectation outcome, or level of satisfaction, is low in the United States. For example, a study from the American College of Healthcare Executives (ACHE) identified 472 hospital CEOs that ranked patient satisfaction among their top issues (“Top Issues Confronting Hospitals: 2012,” 2012). Another study from the PricewaterhouseCoopers (PwC) Health Research Institute reported that with new health care law reform, one of the main issues that hospitals faced in 2013 was consumer or patient satisfaction that affected reimbursement (2012). The PwC report further found that with patient satisfaction attached to hospital financials, hospital management is forced to consistently focus on initiatives where patient satisfaction is better aligned with strategic business goals (2012).

Antecedents and outcomes to patient satisfaction. With patient satisfaction as a vital metric in healthcare (Alrubaiee & Alkaa'ida, 2011), positivity has shown to relate with higher levels of patient satisfaction. For example, the positive human resources of PsyCap, as will be reviewed in greater detail later. However, the collective resources of hope, self-efficacy, resilience, and optimism of PsyCap have shown to produce behaviors that are desirable and performance results (Peterson, Luthans, Avolio, Walubmwa, & Zhang, 2011; Walumbwa, Luthans, Avey, & Oke, 2009;). For example, performance outcomes reflected in organizations and other industries have included company budget participation (Venkatesh & Blaskovich, 2012); academic performance (Luthans, Luthans, & Jensen, 2012); and employee attitudes that affect organizational commitment, psychological wellbeing, job satisfaction (Avey, Reichard, Luthans, & Mhatre, 2011), and organizational citizenship (Walumbwa et al., 2009). Furthermore,

PsyCap has shown to contribute to job performance specifically and generally, but also positively affects employee satisfaction (Jensen & Luthans, 2006; Larson & Luthans, 2006; Luthans, Avolio, Avey, & Norman, 2007b; Luthans, Norman, Avolio, & Avey, 2008).

Moreover, research has shown that the collective PsyCap resources as an antecedent for employee satisfaction, also suggests that personnel possessing adequate levels of PsyCap can impact patient satisfaction. For example, studies have shown that patient satisfaction was directly correlated with employee satisfaction. (Janicijevic, Seke, Djokovic, & Filipovic, 2013). Other studies have shown that patient satisfaction is directly correlated with patients' trust in healthcare providers. This is further clarified by understanding the implication of PsyCap's relationship to wellbeing as indicated by Avey and colleagues (2011). An individual's wellbeing has shown to affect perceptions and emotional and social functioning both on and off the job (Kelloway, Turner, Barling, & Loughlin, 2012). Moreover, wellbeing has a correlation with competence (Leon & Nunez, 2013); greater the competence of hospital personnel, the greater trust patients have in the personnel, thereby increasing patient satisfaction.

Furthermore, additional evidence suggests the resources of PsyCap, individually or collectively, positively influence hospital personnel. For example, hope engenders work happiness and organizational commitment (Luthans et al., 2007), which can, in turn, influence patient satisfaction. Because self-efficacy encompasses the idea of confidence to achieve a given task, it enables personnel to diffuse emotions such as "hopelessness, helplessness, and pessimism, leading to a downward spiral of self-doubt" (p. 48) and has application in the complex environment of modern healthcare (Luthans et al., 2007). A further example of PsyCap's positive relationship with patient satisfaction is the positive construct of resilience. This construct has been described by Masten and Reed as "measureable characteristics"

associated with the construct such as positive temperament, a positive outlook on life, emotional stability, and sense of humor (Luthans et al., 2007). Finally, Peterson and Chang posit that optimism is “both motivated and motivating” (Luthans et al., 2007). Thus, the optimistic construct as stated in this study further suggests optimism’s influence on patients’ experiences.

With patient satisfaction as a constant factor in consideration of healthcare delivery, positive psychological capacities as found in PsyCap suggest positive outcomes in relationship to patient satisfaction (see Figure 1). The relationship between PsyCap and patient satisfaction is deducted from extant research, but has room for further expansion. Nonetheless, the correlation of empirical data of the positive such as found in PsyCap and patient satisfaction is strong. PsyCap has been studied from various levels in an organization. Along the line of followership theories, which will be addressed next, the follower possessing PsyCap as one level in an organization may affect leadership efficacy. Nonetheless, a positive leadership process considering all its dynamics may strengthen other aspects of the institution, such as market share, positive financial returns, and overall quality of care. Though leaders have a vital role in affecting behavior and culture in an organization, the bridging piece often between leader and customer or leader and patient is the follower. Followers possess capacities that directly impact patients due to some dynamic occurring between the leader and follower. Both PsyCap and the follower reside in a realm that congruently works together as the mediating resource or role that affects patients’ experience (Luthans et al, 2008). Therefore, understanding the realm by which followership is exercised is important to understand.

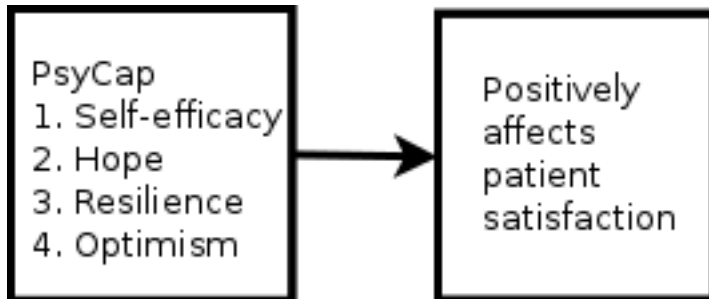


Figure 1. PsyCap and patient satisfaction

Followership

Overview. The theories surrounding followership have been overshadowed by the dominant research found in the leader’s perspective. Many researchers have surmised that followership in the leadership process has been significantly dismissed (Oc & Bashur, 2013), is a burgeoning recent theory but minimally reviewed in past leadership research (Uhl-Bien et al., 2014), that leaders matter and followers don’t (Kellerman, 2007), or has not been given enough attention (Tee, Paulsen, & Ashkanasy, 2013). Much of the research on followership has also pronounced a lack of necessary focus and research on followership. The literature often explains followers in the context of the leader’s development and “mistakenly assume that followers are amorphous, all one and the same.” (Kellerman, 2007, p. 84) This is evident in the literature with an imbalanced focus on leadership. Organizations in practice have also neglected to give adequate attention in performance and employee development programs focused on the follower. Such evidence is reported over the last decade indicating that 85% of US companies provide leadership trainings contrast with follower trainings (Essays, UK November, 2013). Moreover, the cost annually for these companies aggregate to millions of dollars, which resources are allocated to support the leaders making up 20% thus shorting the followers that make up the remainder 80% (Essays, UK November, 2013).

The imbalance of leadership focus (see Figure 2) to followership focused studies eliminates understanding the leader-follower dynamic. Scholars have argued that only viewing leadership from a leader perspective diminishes to ability to recognize the social nature of leadership (Tee et al., 2013) and others conclude that it separates leaders from followers, who are considered as a general body without individualization (Collinson, 2006).

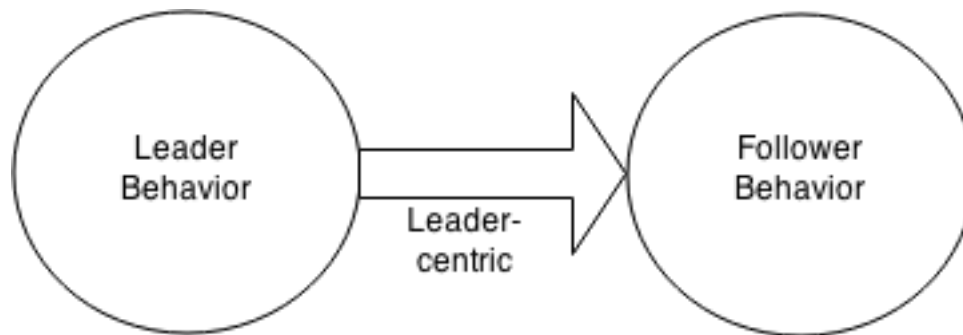


Figure 2. Imbalance of leadership focus

Early theorists and the evolution of leadership and followership. The notion of followership was addressed by scholars more than 40 years ago indicating that leaders are not resistant by the influence of followers (Oc & Bashshur, 2013). Nonetheless, the trend of the traditional leadership literature address followers as “passive recipients of leader characteristics” (p. 920) that, though important, do not play an active role in the leadership process or are considered as “non-actors” (Oc & Bashshur, 2013).

The notion of followership took a shift as evident in the implicit leadership theory of Lord and colleagues (1984) which argued that leadership “actually exists in the minds of followers,” which will be addressed later in reviewing implicit leadership (Oc & Bashshur, 2013). Robert Kelley in his 1988 *Harvard Business Review* article entitled “In Praise of

Followers” further contributed to the traditional leadership shift. Kelley’s work was popular in the press and new arguing that followers played an active role in the organizational success and were not passive recipients (Baker, 2007). A similar notion on followers was further seen in 1995 in a book titled *The Courageous Follower: Standing Up To and For Our Leaders* by Ira Chaleff. Both Kelley’s and Chaleff’s works became a springboard for further works and discussion that embraced the concept that leadership is not a secluded concept with only looking past the notion of the role of a follower (Baker, 2007).

Though the discussions on the follower shifted the paradigm to be more follower-centric in an organization, there were still traces of a leader top down focus. For example, scholars have suggested that building relationships of collaboration and reciprocating impact can in turn develop followers (Brumm & Drury, 2013). Others also argued that good leadership equated to good followers, similar to Gardner and colleagues positing that leaders demonstrating authentic behavior and positive organizational commitment cause leaders to be imitated by followers (Brumm & Drury, 2013). Others research considered leadership behavior and its impact on follower voice (Detert & Burris, 2007). During the evolution of the leader follower dynamic, theories were refined and the research warranted scholars to create typologies more focused on the follower. Three notable typologies are Kelley’s engagement action and thinking dependence typology (Brumm & Drury, 2013), Kellerman’s engagement typology (2007), and Shamir’s follower motivation typology (Collinson, 2006).

Kelley’s typology of engagement action and thinking dependence focused on the following: (a) alienated followers, who are passive independent thinkers, (b) passive followers, who are passive dependent thinkers, (c) conformist followers who are active dependent thinkers, (d) exemplary followers who are active independent thinkers, and (e) pragmatist followers who

are in the middle of each continuum (Brumm & Drury, 2013).

Kellerman's (2007) typology, on the other hand, only focused on engagement and divides followers into five engagement categories: isolates, bystanders, participants, activists, and diehards. The Isolates are aloof and detached from leaders and colleagues, giving or desiring no input (Kellerman, 2007). Bystanders stand to the side and "observe but do not participate" (Kellerman, 2007, p. 88). Participants are engaged "in some way" (Kellerman, 2007, p. 88). Activists act upon strong feelings regarding the organization and leaders (Kellerman, 2007). And last, diehards are ones who "are prepared to go down for their cause" (p. 90) or sink with the ship (Kellerman, 2007).

The third typology exhibits a higher level of follower motivation and can be "viewed as examples of conformist selves" (Collinson, 2006, p. 183). The first is position-based in that "followers respect leaders' formal position in a social institution" (Collinson, 2006, p. 183). The second is calculated-based who "believe that following will help them achieve their goals" (Collinson, 2006, p. 183). The third is safety-based, in that "followers hope that leaders will satisfy their needs for security" (Collinson, 2006, p. 183). The fourth is meaning-based, suggesting that "followers fear chaos and look to leaders to provide order and meaning" (Collinson, 2006, p. 183). Finally, identity-based means "followers seek to enhance their own self-esteem by identifying with leaders they perceive as powerful and attractive" (Collinson, 2006, p. 183).

Followership constructs. In addition to the typologies and follower characteristics, there are four constructs of importance to this study. The first is implicit leadership theory. The second is implicit followership theory. The last two constructs are from the research of Professor Mary Uhl-Bien et al. (2014) identified as "Reversing the Lens" (p. 97) and the "Constructionist

Approach” (p. 89).

Foundations of implicit leadership and followership theories. Both implicit leadership theory (ILT) and implicit followership theory (IFT) derive from the theory of cognitive categorization (Epitropaki & Martin, 2004). It was suggested by Lord and his colleagues (1984) that cognitive categorization has application in leadership and the perceptions followers have of leaders. Lord and colleagues specifically argue that, “leadership perceptions form a number of hierarchically organized cognitive categories or schemas, each of which is represented by a set of prototypes” (Epitropaki & Martin, 2004, p. 293). Prototypes are an “abstract conception of the most representative member or most widely shared features of a given cognitive category” (as Epitropaki & Martin, 2004, p. 293). The notion of leadership prototypes is further explained:

Leadership prototypes are formed through exposure to social events, interpersonal interactions, and prior experiences with leaders. Subsequently, people are categorized as leaders on the basis of the perceived match between their behavior or character and the prototypic attributes of a preexisting leader category (Epitropaki & Martin, 2004, p. 293).

Further theoretical underpinnings for ILT and IFT as explained by Lord and Maher include four cognitive information-processing models that include: (a) Rational model, “assumes that individuals have access to all relevant information and unlimited capacity in processing this information,” (b) Expert model, “differentiates between experts who rely on elaborate, well-organized knowledge structures on the basis of their extensive experience in a particular context, and novices who need to engage in more demanding and complex cognitive processes,” (c) “Cybernetic model is dynamic and assumes simultaneous processing of past information, current behavior and future planning,” and (d) Limited capacity model explains that “perceivers are able to effectively respond to limited information situations by using pre-existing schemas and

limiting information processing resources to a satisfactory, rather than an optimal level” (Epitropaki, Sy, Martin, Tram-Quon, & Topakas 2013, p. 860).

Implicit leadership theory. The theoretical foundations above explain ILT and is defined according to Lord and colleagues as “cognitive structures or prototypes specifying the traits and abilities that characterize leaders” (Epitropaki et al., 2013, p. 859). ILT creates a shift from leaders acting and followers reacting to the leader, but rather characterizes leadership from the minds of the followers (Oc & Bashshur 2013). Moreover the shift is focused on “how followers' implicit beliefs and assumptions regarding the characteristics of leader effectiveness (e.g. Lord et al., 1984) translate into prototypes for an ideal leader in a given situation or context” (Oc & Bashshur 2013, p. 920). Lord and colleagues further explain “leaders who match the prototype are expected to be assessed more favorably by their followers” (Oc & Bashshur 2013, p. 920). Epitropaki and Martin (2004), in highlighting the prototype notion, explained that the role of ILT in an organization was pursued by Lord and Maher and additionally Bass and Avolio. Moreover, Lord and Maher embraced ILT in regards to leader-member exchange, while Bass and Avolio worked in the transformational leadership context and “found prototypic ILTs traits to be [not only favorable to followers but] more highly correlated with scores reflecting transformational leadership than were scores portraying transactional leadership.” (Epitropaki & Martin, 2004, p. 294). This notion has been further supported by other scholars asserting that a leader is only as effective, whether transformational or transactional, by how much a follower accepts the leader in his/her role, as followers possessing capacities that accept a leader as transformational, transactional and even laissez-faire (Lim, Othman, Zain, & Pengiran, 2012). That acceptance is further denoted in relating, reciprocating and considering whether the leader is effective or not (Lim et al., 2012).

The development of these cognitive processes is activated by both previous experiences with leaders and social interactions thus engendering a personal view, perception, or assumption of an ideal business leader and the associated traits that make up that leader (Epitropaki & Martin, 2004). Such an assumption is fundamental to the process that ILT is based on follower experience and expectation of leader behavior and status. The followers' cognitive structures and schemas further provide understanding, and responding to leader behavior thus becomes a sense creation activity in leader-follower dynamic (Keller, 2003). The sense creation process according to Jelinek and colleagues is not developed in a moment or even in the short duration, but is an evolution (Epitropaki & Martin, 2004). Others earlier argued the notion of the sense making process as a type of perceptual process in that performance and traits of leader are not perceived based on performance or are not perceived objectively as has been evident in the fields of social cognition, organization of memory and impression formation (Epitropaki & Martin, 2004).

Implicit followership theory. The second implicit theory of IFT is an emerging field of study and is built upon the principles of ILT defined as “cognitive structures and schemas about the traits and behaviors that characterize followers” (Epitropaki et al., 2013, p. 859). Sy (2010) explains that leaders have “personal assumptions about the traits and behaviors that characterize followers” (p. 73). This is echoed in Epitropaki and colleagues (2013) explanation of ILT in that the “schemas are developed on the basis of socialization processes and prior experiences with leaders and followers” (p. 859). IFT, in contrast to ILT, is “focused on its impact on work related outcomes” (Epitropaki et al., 2013, p. 868). However, both ILT and IFT share similarities in each role in organizational settings. Those roles include, (a) “leadership variables and specifically, Leader–Member Exchanges (LMX) and transformational leadership, (b) job attitudes (such as job satisfaction and commitment), and (c) job performance. (Epitropaki et al., 2013, p. 868).

The research on IFT and positive perceptions have shown a strong relation between positive behaviors and leadership behaviors. For example, studies have found that there is “significant relationship between leaders' positive IFTs and transformational leadership” (Epitropaki et al., 2013, p. 869). These results suggested, “that leaders who have more positive views of their own followers exhibit more transformational leadership” (Epitropaki et al, 2013, p. 869). Therefore, the results in summary “indicate that IFTs are determinants of leadership style, and positive IFTs activate action tendencies that are germane to transformational leadership” (Epitropaki et al, 2013, p. 869). IFT similar to ILT embraces the “prototype matching process” (p. 411) and evolves through change that occurs across an organization individually and collectively (McCauley, Randolph-Seng, & Gardner, 2014). This matching process can begin development in early childhood between child and caregiver where an “internal working model (i.e., a schema/script) for interactions in future relationships” (p. 595), such as a leader perception of what a follower ought to do and be is first introduced (Hinojosa, McCauley, Randolph-Seng, & Gardner, 2014).

Constructionist approach. The literature on followership theories in addition to the ,implicit theories contributes to the overall understanding of the leadership process. One particular research companion to the implicit followership theories is Uhl-Bien and colleagues’ (2014) constructionist approach and reversing the lens frameworks.

The constructionist approach redefines leadership and considers it an evolution and process rather than a single action from a single person. The constructionist notion involves what Uhl-Bien colleagues define as

The leadership process, since it illustrates a connectionist system involving leaders (or leading) and followers (or following) interacting together in context to co-construct

leadership and followership as well as their outcomes. In this sense, it highlights leadership as a dynamic process that occurs in the interactions of individuals engaged in leading and following (Uhl-Bien et al., 2014, p. 97).

The leadership process further posited by Uhl-Biel and colleagues (2014), “is interested in understanding how leaders and followers interact in context together to co-create leadership and its outcomes” (p. 99) (see Figure 3). The co-production of leadership characterized as the leadership process is at the heart of the constructionist framework.

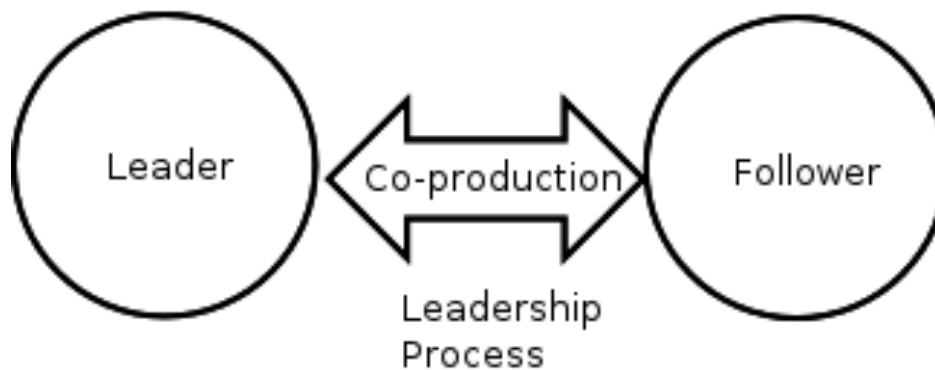


Figure 3. Co-create leadership and its outcomes

The constructionist framework is focused on leader-follower, or people generally, in “relational interactions...that produce leadership and outcomes;” therefore, followers “co-construct leadership, followership, and outcomes” (Uhl-Bien et al., 2014, p. 84). For example, considering charismatic leadership is about the interaction and relationship between leader and follower and not leader-centric, embracing that the leader solely influences the follower (Erhart & Klein, 2001).

Scholars over many years have suggested that leadership or the leadership process is an interaction between the leader and follower and is a relational dynamic (Uhl-Bien et al., 2014).

Even a poststructuralist view embraces the notion that “people’s lives are inextricably interwoven with the social world around them” (Collinson, 2006, p. 181). In the field of sociology, scholars have observed that the relationship between follower and leader is complex and in order for an optimal relationship leaders must meet follower needs (Baker, 2007). Moreover, much of the growing research varies along the spectrum in peoples’ view of the follower’s role, such as conventional obedient subordinate to cooperating and working together (Cartsen & Uhl-Bien, 2013). A 2009 study Cartsen & Uhl-Bien identified followers views towards the leadership process (2013). The results were that those who favored a co-production of leadership were “more likely to voice ideas and concerns, influence leaders to gain support and resources, and are less likely to see their role as ineffectual or insignificant” (Cartsen & Uhl-Bien, 2013, p. 50).

Reversing the lens. The second framework, reversing the lens, as outlined by Uhl-Bien and colleagues (2014) suggest that the framework “centers on investigating ways that followers construe and enact their follower role, and the outcomes associated with follower role behavior” (p. 97). The framework highlights “how followers affect followership outcomes at” all levels of the organization (Uhl-Bien et al., 2014, p. 97) (see figure 4). The framework contrasts the notion that leadership affects the outcome, but that the follower behavior and characteristics may become the antecedents to organizational outcomes at all level of analysis (Uhl-Bien et al., 2014). In particular, considering the factors that contribute to followership outcomes, one notion evident of the framework is that “leadership and organizational contexts influence one's constructions (e.g., leader style, authoritarian climate)” (Uhl-Bien et al., 2014, p. 98). In sum, “followers' characteristics and behaviors may affect proximal outcomes of follower and leader behaviors, and more distal outcomes like leadership processes and organizational effectiveness”

(p. 97) such as levels of PsyCap among the follower (Uhl-Bien et al., 2014) (see figure 5). Uhl-Bien and colleagues (2014) note, “reversing the lens causes us to think about leaders as recipients of follower behaviors and support (or lack of support), and examine issues of reverse causality raised in the literature” (Uhl-Bien et al., 2014, p. 99).

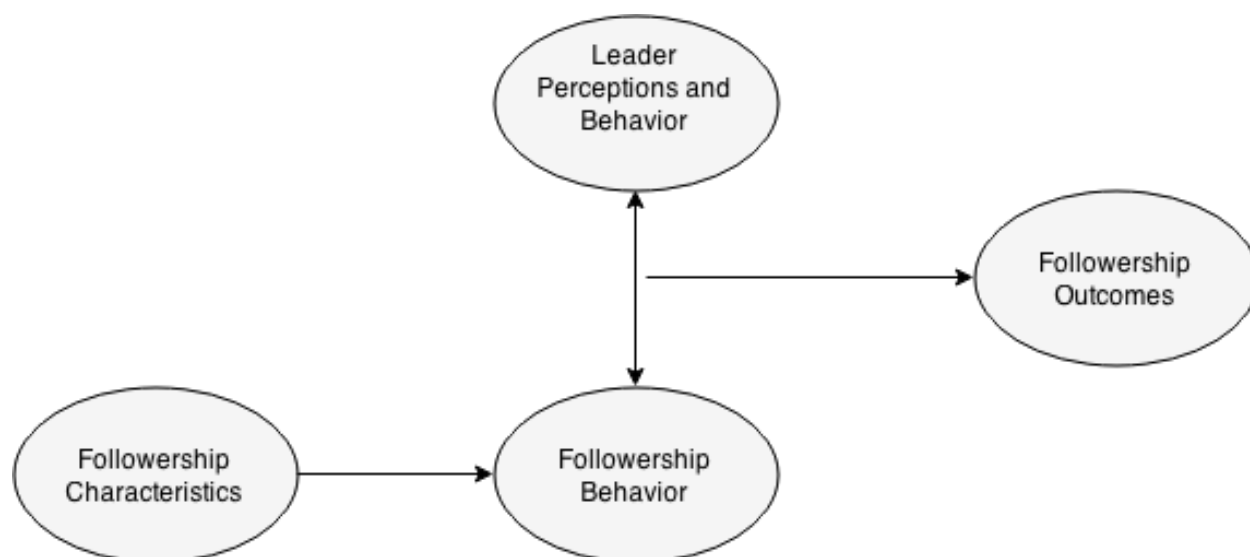


Figure 4. Followers affect followership outcomes (Uhl-Bien et al., 2014, p. 98)

The relation of leadership, followership and organizational outcomes. The followership theories as presented challenge the conventional notion of leadership that leaders solely affect the outcome of organizations and followers’ behaviors. Rather, followership theories bring to light a more balanced approach to leadership, its process and outcome. The balance comes from reciprocity between leader and follower, as opposed to focusing on the leader perception only, which eliminates understanding the whole process (Oc & Bashshur, 2013). As van Vugt (2006) argues, leadership and followership are “complementary strategies” (p. 364). Considering the leadership process, this does not exclude the affect leaders have on followers. For example, the

Authentic Leadership Theory has shown that Authentic leadership behavior “promotes both positive psychological capacities and a positive ethical climate, to foster greater self-awareness, an internalized moral perspective, balanced processing of information, and relational transparency on the part of leaders working with followers, fostering positive self-development” (Hinojosa et al., 2014, p. 597). Such results have been evident in the study of other transformational leadership theories.

However, the impact followers have on leaders should be considered equally. Research in social influence and Social Impact Theory has supported the notion that followers have a real impact on their leaders (Oc & Bashshur, 2013). In the same right, van Vugt (2006) proposes that “there might be indirect benefits for followers that derive from their association with good leaders” (p. 357) such as higher levels of follower PsyCap. But the question that may arise from such a statement is, are the indirect benefits because of the leader behavior, or is it the established relationship moderated by social influence that benefits the follower, such as found in the leadership process? Such is the crux of the study considering the outcome of leadership behavior or perceived behavior in correlation with levels of follower PsyCap. The proximal and distal outcomes as a result of follower behavior are evident from the positive outcome of patient satisfaction due to behaviors such as PsyCap. As for this study, the focus is the potential proximal and distal outcomes of perceived leadership behavior such as PsyCap.

Therefore, considering the literature of the three critical frameworks, the implicit theories, the constructionist approach, and reversing the lens framework, all work in concert in reconsidering the notion of leadership. The leader and follower each possessing prototypes in interacting with each other produces distal and proximal outcomes such as PsyCap and patient satisfaction and all its implications (see Figure 5). Meanwhile, the dynamic of the two co-

produce the leadership process and each affect the other. However, the perspective of this study is from the lens of the follower and their possession of PsyCap or not, and whether those positive behaviors have an impact on the behavior of the leader.

Furthermore, the followership typologies present various strands of discipline and contexts in relation to the leadership process. The aforementioned typologies represent “critical follower characteristics that distinguish among types of followers” but do not explain, as Oc and Bashshur (2013) state, “the theoretical rationales for how these different types of followers influence their leader and the leadership process” (p. 921). Oc and Bashshur (2013) further claim that, “this may be one reason why empirical tests of these effects of these typologies remain scant” (p. 921). However, understanding the level of PsyCap among hospital personnel or followers may provide insight as to the nature of the dynamic between the leaders and followers and its affect on the leader behavior in the co-production of leadership. Assessing a class of followers according to PsyCap measurements may or may not show the presence of certain dimensions of leadership behavior among hospital leaders. Therefore, it is imperative now to consider in detail those potential leadership behavior outcomes and the positive behavior that may impact the behavior.

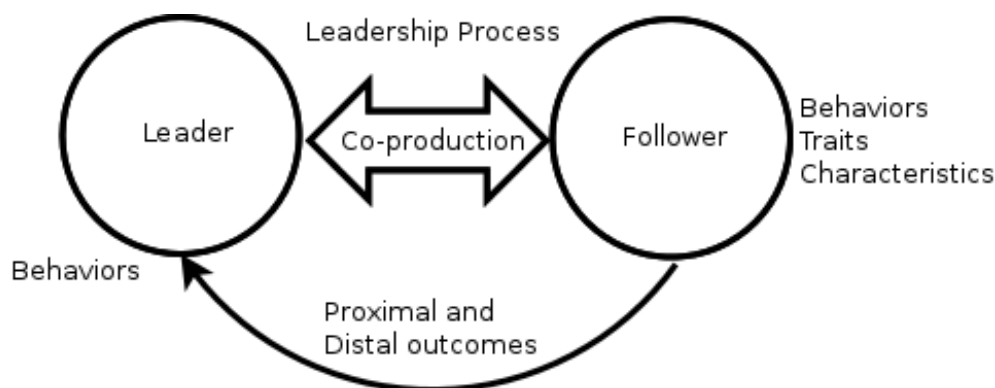


Figure 5. Leadership process/proximal & distal outcomes

Multifactor Leadership Questionnaire and Full Range of Leadership

Multifactor Leadership Questionnaire. The Multifactor Leadership Questionnaire (MLQ) measures the full range of leadership behaviors including transformational, transactional, or the absence of leadership such as laissez-faire. Each leadership type consists of factors measuring the associated leadership dimensions. The first is transformational leadership that measures what Avolio and Bass (2004) designate as the “5 I’s”. The first factor is idealized influence and it is split into (a) idealized attributes and (b) idealized behavior, the next is (c) inspirational motivation, (d) intellectual stimulation, and (e) individualized consideration (Avolio & Bass, 2004). The second leadership dimension is transactional leadership and its associated factors are: (a) contingent reward, (b) management by exception (active), and (c) management by exception (passive) (Avolio & Bass, 1999). The third construct measured is laissez-faire leadership, which consists of no distinct factors (Bass, 1985).

The MLQ was first developed by Bass (1985) to investigate the complimentary styles of transformational and transactional leadership (Lowe, Kroeck, & Sivasubramaniam, 1996). The MLQ “was conceptually developed and empirically validated to reflect the complementary dimensions of transformational and transactional leadership with sub-scales to further differentiate leader behavior” (Lowe et al., 1996, p. 388). The MLQ was initially developed based upon the existing literature and creating a 142 item pool as open-ended surveys administered to 70 executives asking for a description of the attributes of both transformational and transactional leaders (Lowe et al., 1996). The MLQ has undergone various revisions since then. Avolio and colleagues (1995) report that the revisions came about to refine the factors and address concerns

with the MLQ psychometric properties (Antonakis, Avolio, & Sivasubramaniam, 2003). The current version used is the MLQ (Form 5X), which will be used for this study.

Through multiple revisions, the MLQ has been a focus of study for a vast amount of studies (Lowe et al., 1996). The studies have analyzed such sectors as banks, private and public businesses, academic institutions, healthcare, military, and churches, to name a few (Antonakis et al., 2003). Because of its repetitive use, much has been learned about transformational and transactional leadership and there is a history of repeated success and providing useful results that have proved to be both reliable and valid (Schriesheim, Wu, & Scandura, 2009).

The remainder of this section addresses the leadership behaviors as measured by the MLQ. This section will be framed according to the three leadership dimensions, transformational, transactional, and laissez-faire, along with the associated factors measured in the MLQ. Each leadership behavior reviewed will provide a brief overview of the theory and a review of each associated factor.

Transformational leadership factors. The research on leadership for the past half century has focused on comparing leadership behaviors such as “autocratic versus democratic leadership, directive versus participative decision making, task versus relationship focus, and initiation versus consideration behavior” (Avolio & Bass, 2004, p. 3). During the same time, technology has moved at rapid speed and business competition has increased exponentially. Due to the ever changing environment in business, Avolio and Bass (2004) explain that there has been a high interest in “transforming organizations” (p. 18) to meet demands and require “strong forces of leadership” (p. 18) that can be “found among transformational leaders” (p. 18) describe some of these “strong forces of leadership” as follows: (a) are able to move followers to achieve their full potential; (b) get people to think different because of the leader’s vision and (c) rise up

in precarious times and lead people to greater heights. These strong forces “influence a perceptual change in others, reversing what is perceived as figure and what is perceived as ground” (Avolio & Bass, 2004, p. 19).

Since its development more than 30 years ago, transformational leadership has dominated leadership literature. Transformational leadership consists of six key behavioral dimensions including: (a) articulating a vision, (b) fostering the acceptance of group goals, (c) modeling behaviors consistent with the articulated vision, (d) providing individualized support and consideration, (e) setting high performance expectations, and (f) providing intellectual stimulation (Gooty, Gavin, Johnson, Frazier, Snow, 2013; Podsakoff, MacKenzie, & Bommer, 1996; Podsakoff, MacKenzie, Moorman, & Fetter, 1990). The phrase of “transformational leadership was originally coined by Downton (1973), however, its emergence began with the classic work of political sociologist James Burns (1978) titled *Leadership*” (Northouse, 1997, p. 131). Another key proponent of transformational leadership is Bernard Bass, a distinguished professor of organizational behavior; Bass continued the work of Burns and expanded the theory. The collective research of both Burns and Bass has provided a foundation for further research (McCarthy, 1997). One of the essential elements of transformational leadership, as identified in research by Jung and Avolio (2000) is the leader's ability to develop within the followers the values that the leader espouses and demonstrates. Furthermore, the leader is able to “link their follower's identities to the collective identity of their group or organization” (Jung & Avolio, 2000, p. 951). This linking process increases followers' confidence and identification with the group and enables followers to perform at optimal levels (Jung & Avolio, 2000). Furthermore, such a process can be identified among the factors addressed and especially has implications for

influencing positive psychological capacities (as found in PsyCap) among followers, as will be addressed later in the chapter.

Idealized influence. The first factor reviewed is *idealized influence* as measured in the MLQ. Idealized influence is defined by Hinkin and Tracey (1999) as follows:

Transformational leaders behave in ways that result in their being a role model for their followers. The leaders are admired, respected, and trusted. Followers identify with the leaders and want to emulate them. Among the things the leader does to earn this credit is considering the needs of others over his or her own personal needs. The leader shares risk with followers and is consistent rather than arbitrary. He or she can be counted on to do the right thing, demonstrating high standards of ethical and moral conduct. He or she avoids using power for personal gain and only when needed (p. 109).

The factor of idealized influence was originally termed as charisma in the full range of the leadership behavior continuum (Barbuto, 2005). The theory of charisma was originally scrutinized as being potentially incompatible with the theory of transformational leadership (Barbuto, 2005). However, other experts argue that charisma is a sub-dimension of transformational leadership and converges with the theory (Levine et al., 2010). However, charisma is certainly not restricted to the idealized factor, but has been considered as "the most important component in the larger concept of transformational leadership" (Hinds, 2005, p. 35). Though charisma will only be addressed in association with the idealized influence component, it is considered a fundamental feature integrated throughout all the other factors addressed below especially the inspirational motivation factor.

Charisma is defined as "the fundamental factor in the transformational process and is described as the leader's ability to generate great symbolic power" (Barbuto, 2005, p. 28). A

more well known definition of charisma is posited “as a special personality characteristic that gives a person superhuman or exceptional powers and is reserved for a few, is of divine origin, and results in the person being treated as a leader” (Northouse, 1997, p. 132). From the follower perspective, transformational leadership has been regarded as charisma (Harrison, 2011). Studies on charisma have shown strong correlation with engendering effort, commitment, and trust into followers (Barbuto, 2005). Furthermore, an intrinsic aim of charisma, as associated with idealized influence, is the relationship between not only the leader and follower, but also the relationship as a collective whole in an organization or group (Howell & Shamir, 2005).

The idealized influence factor in regards to charisma presents a dichotomy in evaluating what Bass and Steidlmeier (1999) designate as an authentic transformational or a pseudo-transformational leadership style. The difference between the two resides in their value that they are perceived as or idealized (Bass & Steidlmeier, 1999). The authentic transformational leader possesses high morals and values, while the pseudo-transformational leader embraces unethical processes and motives (Bass & Steidlmeier, 1999). We see examples in history of both authentic transformational and pseudo-transformational leadership in Jesus Christ and Adolf Hitler respectively. Such idealized behavior, as demonstrated in both charismatic figures, motivates followers for good or ill.

To further clarify the component of the idealized influence factor, it is vital to consider both the idealized attributes and behaviors. The idealized attribute measured in the MLQ is the first factor of the “5 I’s” and is explained in practical terms according to Avolio and Bass (2004) as the following four points:

1. Instill pride in others for being associated with me.
2. Go beyond self-interest for the good of the group.

3. Act in ways that build others' respect for me.
4. Display a sense of power and confidence.

Idealized behavior. The *idealized behavior* measured in the MLQ and the second factor of the “5 I’s” is also explained in practical terms according to Bass and Avolio (2004) as the following four points:

1. Talk about my most important values and beliefs
2. Specify the importance of having a strong sense of purpose
3. Consider the moral and ethical consequences of decisions
4. Emphasize the importance of having a collective sense of mission

Both the attributes and behaviors make up the idealized influence factor component of transformational leadership as measured in the MLQ.

Inspirational motivation. The third factor of the “5 I’s” measured in the MLQ that contributes to understanding the theory of transformational leadership is *inspirational motivation*. This factor according Hinkin and Tracey (1999), is defined as follows:

Transformational leaders behave in ways that motivate and inspire those around them by providing meaning and challenge to their followers' work. Team spirit is aroused. Enthusiasm and optimism are displayed. The leader gets followers involved in envisioning attractive future states. The leader creates clearly communicated expectations that followers want to meet and also demonstrates commitment to goals and shared vision (p.109).

Bass and Avolio (2004) further describe the leader behavior that exhibits inspirational motivation in practical terms with following four points:

1. Talk optimistically about the future

2. Talk enthusiastically about what needs to be accomplished
3. Articulate a compelling vision of the future
4. Express confidence that goals will be achieved

The inspiration motivation factor appeals to both the authentic transformational and pseudo-transformational leadership behaviors in that they bring out the best or worst in people respectively (Bass & Steidlmeier, 1999). The link to the inspirational motivation factor is posited as empowerment (Bass & Steidlmeier, 1999). The leader is able to “empower followers,” “nurture them in change,” “raise the consciousness in the individuals,” and to get followers to “transcend their own self-interests for the sake of others” (Northouse, 1997, p. 142). The leader influences followers to achieve increased heights of motivation and morality (McCarthy, 1997) and appeals to the follower by providing a clear “vision for the future” (Northouse, 1997, p. 144). Further evidence has shown that a leader who inspires vision “gives followers a sense of identity with the organization and also a sense of self-efficacy” (Northouse, 1997, p. 143).

Furthermore, the empowering interplay between follower and leader equalizes the burden on the leader and the follower (Northouse, 1997). Northouse (1997) further explains that the factor of empowerment places the follower central to the processes at hand. In general, what encapsulates inspirational motivation is a leader’s ability to increase organizational members’ commitment, capacity, and engagement in meeting goals (Moolenaar, 2010). The very foundational principle of empowering others invigorates followers to go beyond expectations resulting in extra effort and greater productivity (Moolenaar et al, 2010).

Intellectual stimulation. The fourth factor of the “5 I’s” as measured in the MLQ is *intellectual stimulation*. This factor is defined according to Hinkin and Tracey (1999) as follows:

Transformational leaders stimulate their followers' efforts to be innovative and

creative by questioning assumptions, reframing problems, and approaching old situations in new ways. Creativity is encouraged. There is no public criticism of individual members' mistakes. New ideas and creative problem solutions are solicited from followers, who are included in the process of addressing problems and finding solutions. Followers are encouraged to try new approaches, and their ideas are not criticized because they differ from the leaders' ideas (p. 109).

Bass and Avolio (2004) again describe in practical terms the behavior of the leader that demonstrates intellectual stimulation with following four points:

1. Re-examine critical assumptions to question whether they are appropriate,
2. Seek differing perspectives when solving problems,
3. Get others to look at problems from many different angles,
4. Suggest new ways of looking at how to complete assignments.

The intellectual stimulation factor is associated with leaders that stimulate extra effort among their followers by challenging the status quo (Bolkan & Goodboy, 2009). The very essence of intellectual stimulation gets followers to rethink and analyze their existing processes and reconsider the actions taken to achieve goals and tasks (Avolio & Bass, 1999). Furthermore, Bass (1985), in defining intellectual stimulation, suggests that creativity is stimulated not by the interpersonal competencies, but by technical expertise and intellectual power (Bolkan & Goodboy, 2010). Intellectual stimulation complements the efforts of organizational learning “by appealing to follower needs for achievement and growth in ways that the follower finds attractive” (Harrison, 2011, p. 92). Scholars further suggest that a leader that adheres to the notion of learning for both self and followers is significant to organizational learning, thus enabling followers to be willing to learn the necessary behaviors and skills to perform at optimal

levels (Harrison, 2011).

Individualized consideration. The fifth factor of the “5 I’s” in measuring transformational leadership in the MLQ is *individualized consideration*. Hinkin and Tracey (1999) define this factor as follows:

Transformational leaders pay special attention to each individual's needs for achievement and growth by acting as coach or mentor. Followers and colleagues are developed to successively higher levels of potential. The individually considerate leader listens effectively. The leader delegates tasks as a means of developing followers. Delegated tasks are monitored to see if the followers need additional direction or support and to assess progress; ideally, followers do not feel they are being checked (p. 109).

Avolio and Bass (2004) once again describes the practicality of a factor specifically with individualized consideration in addressing the following four points:

1. Spend time teaching and coaching,
2. Treat others as individuals rather than just as a member of the group,
3. Consider each individual as having different needs, abilities and aspirations from others,
4. Help others to develop their strengths.

The individualized consideration factor is associated with leaders who treat followers differently according to their individual needs and capabilities. Individualized consideration is related to both attention and mentorship for the individual follower (Bolkan & Goodboy, 2009). The factor is characterized as a leader that fully “involves assessing followers’ motives, satisfying their needs, and treating them as full human beings” (Northouse, 1997, p. 130). As a coach and mentor, the transforming leader not only sees the potential of the follower, but eagerly seeks to help the follower achieve that potential (Harrison, 2011).

In considering the followership theories as a backdrop to transformational leadership, the question arise of is a leader transformational because of innate abilities and developed characteristics? Or does the leadership process as contributed by the follower with positive psychological capacities such as PsyCap influence the leader to be more transformational? In light of the followership theories as reviewed, it is posited that the follower possessing PsyCap may influence the leader to be more transformational (see Figure 6).

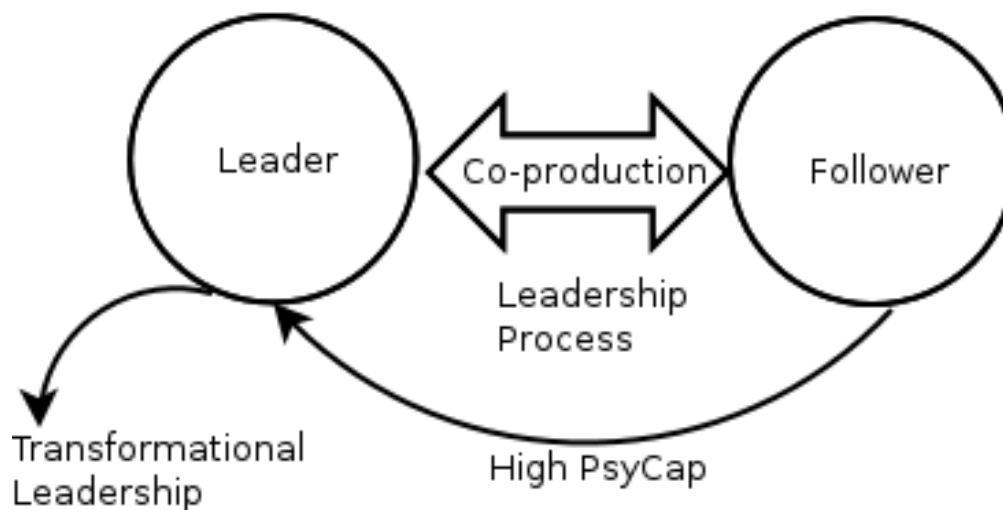


Figure 6. PsyCap's influence on leaders to be more transformational

Transactional leadership factors. The second dimension of leadership as measured in the MLQ is transactional leadership. As a leadership category on the full range of the leadership behavior continuum, transactional leadership is a contract between leader and follower (Jung & Avolio, 2000). Transactional leadership has been identified as the opposite of transformational leadership on the leadership continuum (Washington, 2007). However, Northouse (1997) suggests the notion of transactional leadership as the predecessor of transformational leadership in that many leadership theories and concepts are based upon the transactional model. The

leadership theory of transactional leadership “refers to the bulk of leadership models, which focuses on the exchanges that occur between leaders and their followers” (p. 131), such as promises for constituent votes, pay raises for reaching goals, and grades for completed work (Northouse, 1997). The reality of transactional leadership, according to Burns (1978), is that the theory is ephemeral because the exchanges may be trivial or difficult to repeat; therefore, “new types and levels of gratification” (p. 258) are required between both parties. Bass equates this type exchange as a “servo-control mechanism” (McCarthy, 1997, p. 121). The three factors of transactional leadership are:

- Contingent reward,
- Management by exception (active),
- Management by exception (passive).

Contingent reward is characterized as follows: the “leader provides rewards if followers perform in accordance with contracts or expend the necessary effort” (Hater & Bass, 1988, p. 696). Avolio and Bass (2004) explain this factor also in practical terms with the following four points:

1. Provide others with assistance in exchange for their efforts,
2. Discuss in specific terms who is responsible for achieving performance targets,
3. Make clear what one can expect to receive when performance goals are achieved,
4. Express satisfaction when others meet expectations.

The second and third factors are categorized under the *management by exception* component and are rooted in the contingent reinforcement theories, proposed by Bass (1990), where awards and punishments are given according to a given task (Barbuto, 2005). The management by exception factor is deciphered as active and passive. The active management by

exception factor occurs when “the leader monitors task execution, and actively corrects deviations from agreed upon standards” (Hinds, 2005, p. 35). Once again, Avolio and Bass (2004) explain in terms of practicality with regards to active management by exception as the following four points:

1. Focus attention on irregularities, mistakes, exceptions, and deviations from standards,
2. Concentrate my full attention on dealing with mistakes, complaints and failures,
3. Keep track of all mistakes,
4. Direct my attention toward failures to meet standards.

The passive management by exception factor, on the other hand, is characterized by leaders who are not involved unless there is a failure or deviation in the workflow (Avolio & Bass, 1999; Barbuto, 2005). Avolio and Bass (2004) explain in practical terms the passive management by exception as the following four points:

1. Fail to interfere until problems become serious,
2. Wait for things to go wrong before taking action,
3. Show a firm belief in "if it ain't broke, don't fix it,"
4. Demonstrate that problems must become chronic before I take action.

Transactional leadership and its associated factors of contingent rewards, passive, and active management by exception as described, have negative correlations with positive performance and opposite both in action and outcome from transformational leadership on the full leadership spectrum. In sum, the literature suggests that in light of the followership theory, in the leadership process, a leader who is transactional may have been influenced by a follower who possesses lower levels of PsyCap (see figure 7).

Laissez-faire leadership factors. The third leadership dimension measured in the MLQ

is laissez-faire leadership. As a broad category in the full range of leadership, laissez-faire leadership is in essence the absence of leadership and lacks any distinct sub-factors (Hinds, 2005). Though laissez-faire leadership is the least researched leadership style of the leadership constructs measured in the MLQ (Hinkin & Schriesheim, 2008), the literature has shown that this leadership style represents passive leaders who intentionally or unintentionally disengage with their followers (Deluga, 1990). Furthermore, the subordinates or followers' expectations are not met due to this type absent leadership (Skogstad, Einarsen, Torsheim, Aasland, & Hetland, 2007). Generally, laissez-faire leaders are not involved and removed in all aspects of decision-making and abdicate their responsibility (Goodnight, 2004). The leadership style enables workers full autonomy to determine courses of action regarding their work responsibilities. All organizational policies, strategies, and processes are determined and executed by the worker (Goodnight, 2004). Studies have shown that laissez-faire leadership has considerable negative correlation with leadership effectiveness, but that the “absence of leadership is nearly as important as the presence of other forms of leadership” (Hinkin & Schriesheim, 2008, p. 1234). Therefore, such leadership may also, in light of followership theories, be present in followers with low levels of PsyCap.

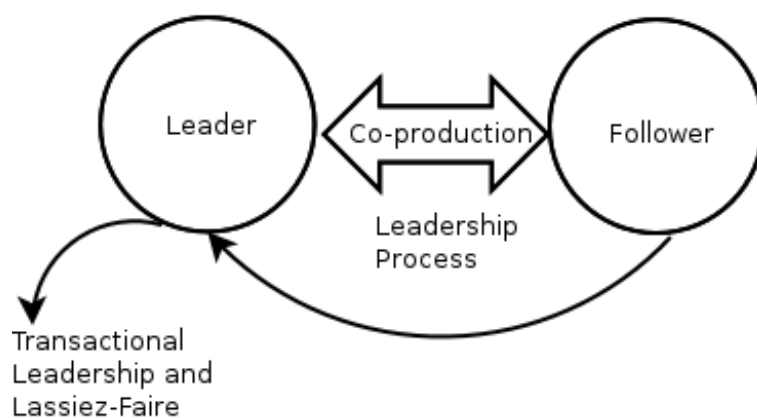


Figure 7. Leadership process/transactional & laissez-faire

Summary. The MLQ measures leadership behaviors based on the full range leadership continuum including transformational, transactional, and laissez-faire leadership (see Figure 8 for summary of full range of leadership model by Avolio and Bass). Each leadership behavior consists of factors measured in the MLQ. Transformational leadership has five factors; transactional leadership has three factors; and laissez-faire leadership, or the absence of leadership, has no factors. Scholars “suggest that transformational leadership can be taught to individuals at all levels within an organization and that it can positively affect a firm’s performance” (p. 147) or in the case of this study, a hospital’s personnel performance (Northouse, 1997). The leader-follower exchange approach as found in transactional leadership is characterized as the opposite of transformational leadership on the full range leadership continuum. Furthermore, the last leadership style measured in the MLQ is laissez-faire leadership, which is characterized as the absence of leadership. According to the literature, it would suggest that followers possessing positive capacities of PsyCap in the leadership process would favor leaders to be more transformational and not transactional or laissez-faire. Therefore, to better understand follower influence, it is important now to review the field of positive organizational behavior and its PsyCap construct.

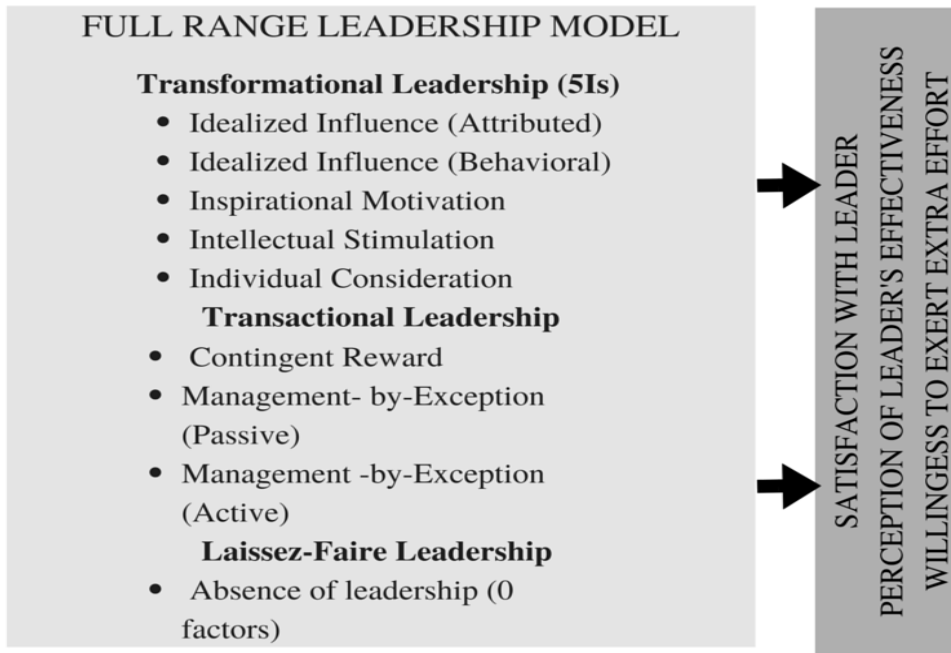


Figure 8. Full range of leadership model (Avolio & Bass, 2004)

Positive Organizational Behavior

The theory of positive organizational behavior (POB) has foundations in the positive psychology movement. Martin Seligman perpetuated the theory of positive psychology while president of the American Psychological Association. The focus of psychology post World War II was on the deficiencies exhibited in human nature. The conventional course of action was to discover the pathology and apply solutions. Such an approach deemed to emphasize the shortcomings, illnesses, and sins, and minimized potential such as “virtues,” “achievable aspirations,” or “full psychological height” (Cameron & Spreitzer, 2012, p. 3). There has been shift from curing pathological deficiencies to discovering strengths. Leveraging these strengths was identified as a resource in the psychological processes in lieu of the weaknesses. Moreover, positive psychology has gained considerable momentum in moving beyond clinical applications and into workplace settings (Luthans & Avolio, 2009). Several identifiable domains and

approaches to positivity in the workplace are characterized in the theories of positive organizational scholarship (POS), POB, and its positive core construct, PsyCap (Luthans & Youssef, 2007).

The theories and research oriented towards the positive such as those found in POB, are intended not to replace positive theories, but complement them (Luthans and Youssef, 2007). POB is defined by Luthans as: “the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement in today's workplace” (2002, p. 59). Because POB is measurable and focuses on substantiated research, it is differentiated from the popular books consisting of self-help and management trends that are unsubstantiated in its data, research, and scholarship (Cameron & Spreitzer, 2012). POB is focused on the positive in organizations and the impact of the positivity in organizations. Cameron & Spreitzer (2012) justifies the inclusion of POB into such theories as POS by underscoring that there are “underrepresented positive perspective, approach, and constructs in the organizational literature” (p. 17) and suggests a five-point framework:

1. The need for more positivity
2. The need for evidence-based positivity
3. The need for uniqueness
4. The need for a developmental approach
5. The need for a performance orientation

The collective applicability of the five-point framework can be found in the positive resources of PsyCap: hope, self-efficacy, resilience, and optimism (Cameron & Spreitzer, 2012; Luthans, Avey, Avolio, Norman, & Combs, 2006). PsyCap will be addressed in greater length in the next

section. As part of the positive construct of POB, the PsyCap resources tend to generate higher performance in the workplace (Luthans, 2007; Walumba, Luthans, Avey, & Oke, 2009). These psychological capacities meet the criteria definition in the POB framework: (a) the capacity must be theory and research based and validly measurable, and (b) the capacity must also be state-like (i.e., open to change and development) and have a demonstrated performance impact (Youssef & Luthans, 2007). Though this emphasis on the positive is not necessarily new, Youssef and Luthans (2007) have suggested that it is “relatively unique to the workplace,” (p. 775) particularly as it is inclusive of the POB framework of the positive psychological resources of PsyCap. Youssef and Luthans (2007) further suggest that the POB discipline is to “give a renewed emphasis to the importance of a positive approach” (p. 775) in organizations so that the competitive edge resides in an organization’s human resources and to accentuate the opportunity for individuals to flourish.

POB compliments many of the positive disciplines such as positive psychology, POS, positive affectivity (PA), prosocial and organizational citizenship behaviors, positive reinforcement, and job satisfaction, to name a few. In comparing the literature, there is a common thread tying positive psychology, POB, and POS together. However, there are divergences that provide greater depth in understanding the POB theory. The first divergence includes positive psychological attributes being trait-like or state-like, second divergence is the level of analysis, macro or micro. Before addressing each divergence, it is important to note that trait and state points reside on a spectrum continuum (see Figure 8).

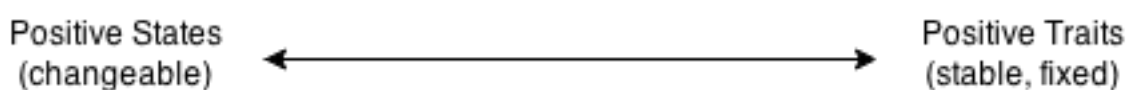


Figure 9. States versus traits

The term trait-like, residing on the far right end of the spectrum continuum as show in Figure 9, would be classified as positive traits that are “very stable, fixed, very difficult to change, and commonly referred to as being ‘hard wired’ (e.g., intelligence, talents, and positive heritable characteristics)” (Luthans & Youssef, 2007, p. 326). The term state-like, residing on the far left side of the spectrum continuum as shown in figure 8, would suggest that the positive states are changeable or less fixed than self-evaluation or personality traits (Luthans & Youssef, 2007). Luthans, Avolio, Avey, & Norman, (2007b) proposes further clarification as to what each trait and state mean:

(a) Positive States, [“being state-like”]—momentary and very changeable; represents our feelings. Examples could include pleasure, positive moods, and happiness (p. 544).

(b) “State-Like”—relatively malleable and open to development; the constructs could include not only efficacy, hope, resilience, and optimism, but also a case has been made for positive constructs such as wisdom, well-being, gratitude, forgiveness, and courage all having “state-like” properties as well (p. 544).

(c) “Trait-Like”—relatively stable and difficult to change; represents personality factors and strengths. Examples could include the Big Five personality dimensions, core self-evaluations, and character strengths and virtues (CSVs) (p. 544)

(d) Positive Traits—very stable, fixed, and very difficult to change. Examples could include intelligence, talents, and positive heritable characteristics (Luthans et al., 2007b; Luthans, Youssef, & Avolio, 2007a).

With a working definition for both state-like and trait-like characteristics, it is necessary to evaluate the divergence of the positive theories. The first divergence is the distinguishing

factor of POB from positive constructs such as POS and positive psychology. The theory of POB is conclusively focused on psychological resource capacities that are state-like, which in turn means the POB capacity has the ability to be malleable and is capable for change and development within individuals (Youssef & Luthans, 2007). Because the state-like psychological attributes are open for development and change instead of attributes that are rigid or trait-like, suggests that leadership behavior or even leadership process can affect the psychological resources of hope, self-efficacy, resilience, and optimism.

The second divergence is the level of analysis, micro versus macro. POS, for example, focuses on the organization as a whole or on the macro level, while POB concentrates on the individual or the micro level (Cameron & Spreitzer, 2012; French & Holden, 2012; Luthans et al., 2007). French & Holden (2012) suggest that “POS seeks to understand how to cultivate excellence in organizations by unlocking individual potential” (pp. 210-211) and use such strengths leading to performance. On the other hand, POB (micro) with its positive capacities of hope, self-efficacy, resilience, and optimism, lends towards a “state-like quality” (Luthans et al., 2007, p. 546). Such positive states have a relationship with and impact on behaviors and outcomes in organizations (Youssef & Luthans, 2007).

In summary, the POB theory embraces the positivity as perpetuated in the positive psychology movement. The theory of POB further compliments theories such as POS and possesses constructs and models that can facilitate the prediction, explanation, and development of positive attitudes, behaviors, and performance outcomes primarily at the individual or the micro level (Cameron & Spreitzer, 2012). An essential state-like positive construct of POB, and critical to the purpose of this research study, is its positive resources of hope, self-efficacy, resilience, and optimism as measured by the Psychological Capital Questionnaire (PCQ). Both

the instrument (PCQ) development and an overview of each construct will be addressed below.

Psychological Capital

The PCQ instrument has roots at the Gallup Leadership Institute at the University of Nebraska. The developers of the instrument were Luthans, Youssef, and Avolio (2007a) and introduced in the book entitled, *Psychological Capital: Developing the Human Competitive Edge*. The PCQ instrument is used to measure the empirically analyzed POB positive construct of hope, self-efficacy, resilience, and optimism. The constructs of PsyCap as measured in the PCQ make up a foundation of positive attributes conducive to POB.

In considering the POB criteria, it must contain“(a) The capacity must be theory and research based and validly measurable, and (b) the capacity must also be ‘state-like’ (i.e., open to change and development) and have a demonstrated performance impact” (Youssef & Luthans, 2007, p. 775). As a point of departure, “PsyCap expands and applies the POB theory and research” (Cameron & Spreitzer, 2012, p. 18). Considerable evidence shows that PsyCap influences positive performance outcomes and functions as a mediating role “between situational complexity” and “solutions” (Toor & Ofori, 2010, pp. 346). The research of Luthans, Norman, Avolio, and Avey (2008) concurs with Toor and Ofori’s conclusions stating that PsyCap “may play as an important mediating link between supportive organizational climate and employee performance” (p. 234). Organizational climate and employee performance has further implications to patient satisfaction as will be addressed in the next section. Furthermore, research has shown PsyCap to have positive association with transformational leadership and a negative correlation with laissez-fair leadership (Toor & Ofori, 2010).

The beginnings of PsyCap were defined according to the CHOSE framework designated as: (a) confidence/self-efficacy, (b) hope, (c) optimism, and (d) emotional intelligence (Luthans,

2002). As the discipline evolved, a recently revised version identified in the work of Luthans and colleagues (2007a) entitled *Psychological Capital: Developing the Human Competitive Edge* defines PsyCap as

An individual's positive psychological state of development and is characterized by: (a) having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (b) making a positive attribution (optimism) about succeeding now and in the future; (c) persevering toward goals and, when necessary; redirecting paths to goals (hope) in order to succeed; and (d) when beset by problems and adversity, sustaining and bouncing back and even beyond (resiliency) to attain success (p. 3).

These psychological capacities “[go] beyond human (‘what you know’) and social (‘who you know’) capital, and [are] more directly concerned with ‘who you are’ and more importantly ‘who you are becoming’” (Luthans et al., 2006, p. 388). Furthermore, to become the best “self,” PsyCap is not limited to the psychological capacities, but “goes beyond just the categories of these capacities” (Luthans et al., 2007a, p.19). Thus, it is suggested that when analyzing PsyCap, it needs to be looked at as a type of Systems Thinking (Senge, 1990) in that “the whole (PsyCap) may be greater than the sum of its parts (self-efficacy, optimism, hope, and resiliency)” and that “each capacity adds unique variance and becomes additive to PsyCap overall” (Luthans et al., 2007a, p. 19). PsyCap is proposed not to be another construct of best practices “for organizational behavior researchers and human resource practitioners to use,” but is a “more comprehensive, higher order conceptual framework for understanding and capitalizing on human assets in today’s organizations” (Luthans et al., 2007a, p. 21).

PsyCap is intended to coalesce the best of the social sciences, including psychology, human capital development, organizational behavior, and skills that perpetuates the best of self

and impact organizational performance. With the impact of PsyCap proposed to be greater than an isolated influence of human or social capital, PsyCap is greater in combination and is more robust in its effect (Luthans et al., 2007a; Luthans, Avolio, Walumbwa, & Li, 2005). That whole comprises of the four resources of hope, self-efficacy, resilience, and optimism and has been suggested to be synergistic in nature (Luthans et al., 2007a).

Though the positive resources of PsyCap collectively, as a higher order construct, create a type of synergy and have greater levels of impact, the PsyCap theoretical framework contains a contrast that is significant. Initially, each positive construct may appear to be interchangeable and relatively similar (Luthans et al., 2008). However, the positive psychology literature and the newly emerging POB give evidence otherwise or more specifically, both the divergence and convergence of the positive constructs. In paraphrasing Luthans and colleagues (2008), they address the following two points:

1. Just as each construct has shown to stand on its own, there is a convergence, as addressed previously with PsyCap collectively being synergistic. Furthermore, the reason for the convergence is that each construct “shares an underlying component or psychological resource” that enables individuals to consistently perform at higher levels compared to individuals that possesses just one of the resources.
2. On the other hand, each positive resource or construct of PsyCap has been empirically analyzed and found to have discriminant validity for each resource. In other words, each construct has shown to be both “conceptually and psychometrically distinct.”

To further explain each of the resources distinctly, the definitions and theoretical underpinnings for each PsyCap resource will be addressed below.

Hope. Hope is the willpower to navigate a course to achieve ones goals (Luthans et al., 2007b). The individual navigation of the course is ongoing and forward pressing despite the stumbling blocks. No matter if the path is blocked, the hope filled individual will seek alternative paths to successfully achieve the goals (Luthans et al., 2007b). The application of this human resource capacity can be related to the organization, leader, manager, and employee (Luthans et al., 2007b). The theoretical foundations of this psychological capacity can be found in the work of Snyder and Forsyth, (1991) entitled *Handbook of Social and Clinical Psychology*. As explained by Snyder and Forsyth (1991), “hope is conceptualized as state-like” and “being ‘a positive motivational state that is based on an interactively derived sense of successful: (a) agency (goal-directed energy) and (b) pathways (planning to meet goals)’” (Luthans et al., 2005, p. 254). Further research by Snyder and colleagues have suggested hope to be “a form of positive expectation for goal attainment that includes agency, pathway thinking, and affective resources” (Cameron & Spreitzer, 2012, p. 289).

As literature has developed, research has positively affirmed the impact hope has on both academics and athletics, but there have been few “attempts to link hope to performance in the workplace” (Luthans et al., 2005, p. 254). However, over recent years Luthans and colleagues (2005) researched Chinese workers to discover that hope had a positive impact on work performance (Luthans et al., 2005). Other studies analyzed managers of a major fast-food franchise company and showed evidence of increased business unit financial performance as well as employee retention and work satisfaction (Peterson & Luthans, 2003). Another significant study by Youssef & Luthans (2007) demonstrated that hope was associated with employee performance, satisfaction, happiness, and commitment.

Self-Efficacy. Self-efficacy has proven and expansively accepted as a theoretical construct of the four psychological capacities (Luthans et al, 2006). Such solid empirical evidence was due to the foundational work of Albert Bandura (1997). Bandura explained that “social cognitive theory, efficacy, or confidence applied to the workplace can be defined as: ‘one’s belief about his or her ability to mobilize the motivation, cognitive resources, and courses of action necessary to execute a specific action within a given context” (Cameron & Spreitzer, 2012, p. 18). Luthans and colleagues (2007a) further clarify that the two definitions merge to explain the capacity of self-efficacy: (a) self-efficacy is considered confidence about ones abilities and (b) theorist such as Bandura (1997) view confidence as a lower designation of self-efficacy which is more theoretical and research based. As an example, this could be compared to the concepts of love and charity, charity possessing deeper meaning and being action oriented. Luthans and associates (2007a) explain that the self-efficacious person are “distinguished by five important characteristics” (p. 38):

1. They set high goals for themselves and self-select into difficult tasks,
2. They welcome and thrive on challenge,
3. They are highly self-motivated,
4. They invest the necessary effort to accomplish their goals,
5. When faced with obstacles, they persevere (p. 38).

Furthermore, the confidence exhibited in a self-efficacious person directly impacts his/her functioning (Luthans & Church, 2002). Luthans and Church (2002) specifically explains functioning behaviors,

1. Positive choices (e.g., decisions will be made based on the person's positive efficacy toward the options in, say, work assignments or welcoming the challenge of a new task).

2. Motivational effort (e.g., people will try harder and give more effort on tasks where they have positive efficacy).
3. Perseverance (e.g., those with positive efficacy will bounce back and be resilient when meeting problems or even failure, while those with low efficacy will tend to give up when obstacles appear).
4. Positive thought patterns (e.g., efficacy judgments influence self-talks; those with positive efficacy might say to themselves, "I know I can figure out how to solve this problem," while those with low efficacy might say to themselves, "I knew I couldn't do this. I don't have this kind of ability").
5. Resistance to stress (e.g., those with low efficacy tend to experience stress and burnout because they expect failure, while those with positive efficacy enter into potential stressful situations with confidence and assurance and thus are able to resist stressful reactions) (p. 60).

Resilience. Resilience, as defined by Luthans (2002) is a developable “capacity to rebound, to ‘bounce back’ from adversity, conflict, and failure or even positive events, progress, and increased responsibility” (p. 702). Fredrickson (2004) proposed it to be an “enduring personal resource” (p.1372) and that positive emotion, over the duration of time, actually increases the psychological capacity of resilience. The concept of resilience has emerged recently in POB literature. POB “has adopted a cross-disciplinary perspective, drawing from the established theory building and empirical findings in clinical and developmental psychology” (Youssef & Luthans, 2007, p. 778). As a theoretical underpinning for the PSYCAP construct, Luthans and colleagues have relied on the research of Snyder, Lopez, Masten, and Reed in evaluating the positive in POB.

The research of Masten and Reed, as found in the *Handbook of Positive Psychology* by Snyder and Lopez (2002), for example, concentrates on the resilience factor as applied to the study of children, analyzing the level of resilience in reaction to challenging and difficult experiences. Over the last decade the concept of resilience has been applied more broadly by researchers such as Luthans and colleagues in an organizational setting and associated with workplace performance (Toor & Ofori, 2010). Resilience is further analyzed within the context of positive psychology and strategies that foster resilience, these include (a) risk focused strategies: preventing/reducing risk and stressors, (b) asset-focused strategies: improving number or quality of resources or social capital, and (c) processed focused strategies: mobilizing the power of human adaptional systems (Snyder & Lopez, 2002).

Extensive research on the impact of resilience as applied to the workplace or organizational environment has proven that “resilience is measurable...and has been shown to be applicable and related to performance in the workplace” (Youssef & Luthans, 2007, p.779). Other research has reported that the analysis on resilience has been subject to multiple and reliable instruments. Converging the data from the research studies suggests that “resilient people have optimistic, zestful, and energetic approaches to life, are curious and open to new experiences, and are characterized by high positive emotionality,” (p. 1372) and exhibit many other attributes such as coping ability, humor, creativity, ability to relax, and optimistic thinking (Fredrickson, 2004). Such attributes have contributed to “more positive emotions, such as amusement, interest, contentment [and] hope, respectively” and have cultivated positive emotions in others (i.e. caregivers early in life and companions later on)” (Fredrickson, 2004, p. 1372). This creates a supportive social context that also facilitates coping (Fredrickson, 2004).

Optimism. Optimism is “one of the most talked about but least understood psychological

strengths” (Luthans et al., 2007, p. 87). Optimism is a core capacity as part of the core construct of POB. Seligman explained that optimism is an “explanatory style that attributes positive events to personal, permanent, and pervasive causes and interprets negative events in terms of external, temporary, and situation-specific factors” (Luthans et al., 2007, p. 91). Additionally, Youssef and Luthans (2007) contest that optimism must be viewed through the lens of the negative in order to fully appreciate its meaning and psychological capacity. As part of the core construct of POB, optimism, according to Youssef and Luthans (2007), is described as

The distinctiveness of optimism can be mainly found in its conceptual explanation of positive and negative events. Although hope primarily focuses on internal, self-directed agency and pathways, optimism adopts a broader perspective. The attribution mechanisms of optimism, especially for negative events and failures, are not limited to the self but also include external causes such as other people or situational factors. Thus, realistic, flexible optimism can help protect even a very hopeful individual from striving for unrealistic goals. It can mitigate a self-inflicted sense of guilt and personal responsibility when the constant emergence and escalation of blockages and problems threatens to render a goal unachievable (p.779).

The construct of optimism can be further explained as an individual who will claim circumstance as their own and view positive events in their control, expect those positive events to reoccur and allow him or herself to view the positive aspects of life in terms of the past, present and future (Luthans et al., 2007; Cameron & Spreitzer, 2012). Such an optimistic view can be applied across an organization, leaders, managers, and employees. When such behavior occurs it creates an effect and produces what Peterson (2000) has said of optimism to be both “motivated and motivating” (p. 45); therefore, there occurs a cascade effect of reciprocity.

The theoretical foundations can be reviewed in the *Handbook of Positive Psychology* by Snyder and Lopez (2002). Carver and Scheier in their theoretical explanation of optimism craft it in the context of both pessimism and optimism associated with “expectations” (Snyder & Lopez, 2002). Carver and Scheier further describe that from both viewpoints of pessimism and optimism expectations are integrated similarly to that of hope as a goal oriented motivation (Snyder & Lopez, 2002). Carver and Scheier further posit that expanding the capacity of an individual’s “expectancy value” creates motivation to view things either positively or negatively (Snyder & Lopez, 2002). Such expectancy varies in range and abstractness as well as in formation and assessment, and circumstance and goal achievement (Snyder & Lopez, 2002). Expectancy can further affect an individual’s well-being and well-being functions as an antecedent to optimism (Snyder & Lopez, 2002). The notion of well-being encompasses self-esteem, locus of control, desire for control, and baseline mood, which are all strong determinants possessing the PsyCap resource of optimism (Snyder & Lopez, 2002). Such attributes have been broadened in the work of Rath and Harter (2010) entitled *Wellbeing: The Five Essential Elements*. Rath and Harter suggest that wellbeing is achieved when each aspect of life is properly balanced: career, social, financial, physical, and community (2010). Optimism has been measured and explored to show positive outcomes on both a micro and macro scale, has a correlation to leadership, and positively affects the other three PsyCap resources.

The collective resources of PsyCap as a core construct of POB, are open to development, and have shown evidence that individuals possessing such positive capacities perform at higher levels. PsyCap functions as a mediating set of resources applicable to leadership behavior, but has implications to influencing patient satisfaction in hospital settings. Those implications will be addressed below (See figure 9).

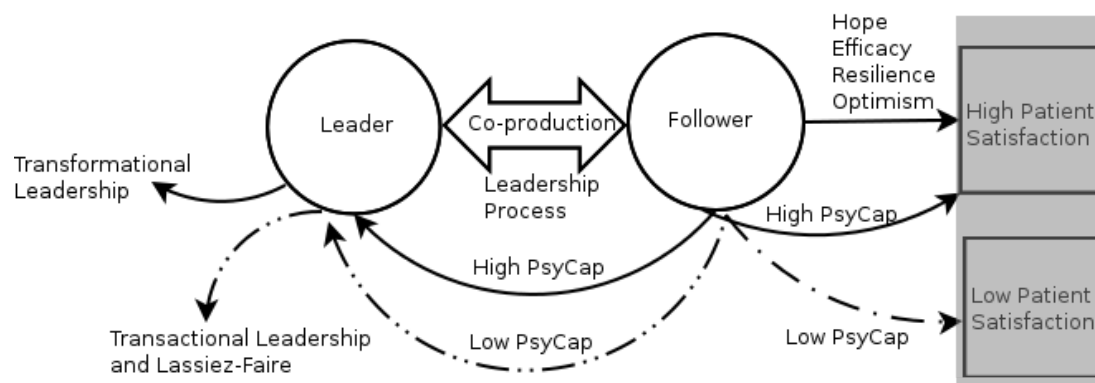


Figure 10. Implications of model (Gray highlight not in the scope of this study)

Literature Review Summary and Relation to Research Questions

The following points have been reviewed in this chapter: (a) background and context of the current hospital organizations; (b) the challenges of the hospital organization including such issues as rapid change, increasing costs, declining profit margins, and leadership behavior not meeting the demands of the modern hospital dilemma; (c) the focus on leadership behavior alone may not provide the solutions to execute hospital strategic goals, such as improving patient satisfaction enough to improve overall success; (d) in healthcare as is evident in other industries, the notion of followership in comparison with leadership is considered of vital importance. The combination of followership and leadership co-produces the leadership process, which in turn creates outcomes that positively affect the organization. This in effect reverses the outlook on follower's influence on the leader behavior.

The leader behavior for this study is measured using the MLQ (Form 5X) instrument, which measures the full range of leadership styles encompassing transformational, transactional, and laissez-faire. The MLQ factors have been refined and the instrument's psychometric properties have been challenged, reconsidered, and enhanced. The MLQ is the most widely used instrument to measure transformational leadership, and has been revised over the years since its

inception.

Transformational leadership enables followers to reach higher levels of performance and share in the values of the leader. Extensive studies have shown that transformational leadership improves individual and organizational effectiveness and performance across multiple industries, cultures, and organizations. Transformational leadership consists of five core factors that characterize its nature and application. The first two factors of transformational leadership, idealized attributes and behaviors as sub-factors of idealized influence, defined as a leaders who exemplify qualities and behaviors that followers can admire, respect, trust, and emulate. As a role model and one who possesses charisma, the leader seeks the follower's need before his or her own needs and shares in the risks. The third factor of transformational leadership is inspirational motivation and is defined as the leader's ability to empower and lift followers to higher levels of a shared vision. The fourth factor of transformational leadership is intellectual stimulation and is defined as arousing followers to rethink and challenge the status quo. The leader is further able work with followers to stimulate creativity and discover new solutions to old problems. The fifth factor of transformational leadership is individualized consideration and is defined as the leaders attention to the needs of the followers. The leader acts as a coach and mentor and is anxious to assist followers in achieving their potential.

The second dimension of leadership reviewed is transactional leadership. This type of leadership is described as a type of leader-follower exchange of rewards and punishments. This theory is characterized by three factors. The first factor, contingent reward is defined as a leader that issues rewards and punishment from a predetermined measure of performance between leader and follower. The second factor, active management by exception, is defined as a leader involved in the workflow processes and corrects follower when deviations from the set processes

occur. The third factor, passive management by exception, is defined as a leader who only makes corrections to the set processes when a significant deviation occurs.

The third and last dimension of leadership as measured by the MLQ is laissez-faire leadership. Laissez-faire leadership is the absence of leadership. The literature has shown this leadership type to have negative correlation with individual and organizational performance. Also, this leadership dimension has no factors to consider.

This chapter has also addressed the theory of POB. POB has foundations in positive psychology. Positive psychology was developed as reaction on the focus to fix pathology and cure diseases from the psychology field. Another theory from the positive psychology movement is positive organizational scholarship (POS). This theory seeks to discover what is right with an organization as opposed to what is wrong. The main difference among positive psychology, POB, POS is level of analysis. POB resides within the micro level while POS resides in the macro level. Furthermore, another divergence of the positive theories is that positive psychology and POS adhere to the trait theory as opposed to POB, which adheres to a state theory. The meaning of trait and state is that trait are fixed characteristics and prone not to change. Conversely, state characteristics have the ability to be developed, as in the case of PsyCap. This theory of POB being malleable has strong correlation to leadership in that leadership behavior, such as transformational leadership, has an effect to improve performance of followers because leadership behavior can improve behavior that is state like and open to development. This leadership connection may have predictive value as to what MLQ leadership dimensions correlate with PsyCap.

The positive core construct of POB is PsyCap. PsyCap is the application component of POB. The PsyCap construct consists of positive capacities that have shown to produce high

levels of employee satisfaction, increased performance, organizational citizenship, and a myriad of other individual positive outcomes. The PsyCap construct consists of hope, self-efficacy, resilience, and optimism. The first positive resource hope is a positive sense of being goal focused and determining ways to achieve those goals regardless of the obstacles. The second positive resource is self-efficacy, which is often equated with confidence with given task or even identified goals. The third positive resource is resilience, which is an individual's ability to bounce back from challenges and events that can tax the individual mentally, physically or emotionally. The last positive resource is optimism, which is described as an individual's ability to expect positive outcomes and is further able to explain why.

The positive resources of PsyCap have implications for patient satisfaction. The PsyCap construct has shown to produce a variety of distal and proximal positive outcomes, Such as job satisfaction and employee satisfaction. These two outcomes have shown in the research to impact patient satisfaction. The implications of PsyCap on patient satisfaction are only preliminary findings as identified in the literature and synthesized by the researcher. Though patient satisfaction is not measured in this study utilizing a research instrument, the impact of PsyCap on patient satisfaction has probable evidence in the literature to explore further. Hospital organizations would do well to extend an effort to develop these positive state-like psychological resources that are open to development and can be influenced by positive leadership behaviors. On the other hand, the followership theories open to development would suggest that followers with PsyCap may influence leader behavior.

Relation to research questions. The literature review addressed in this chapter establishes a position in relation to the study's research questions. The research questions proposed states

1. Does a follower possessing psychological capital influence their rating of leader behavior as transformational, transactional, or laissez-faire?
2. Do the demographics of followers possessing psychological capital show a difference in their rating of leader behavior as transformational, transactional, or laissez-faire?

The literature suggests that among the MLQ primary leadership dimensions, the transformational leadership scores, along with the “5 I’s” constructs, as rated by the department/division personnel in regards to the department/division administrator, appear to be most conducive to relating to hope, self-efficacy, resilience, and optimism as measured in the PCQ. The other primary leadership dimensions, transactional, and laissez-faire, appear not to be conducive to PsyCap. In considering the follower’s state of positive psychological capacities, an analysis of follower rating of leader behavior may provide insight as to how much a follower with PsyCap influences the leader or what the follower perceives leadership behavior to be. Viewing from a follower perspective, their rating may provide insights into the leadership process in hospital organizations. The next chapter will review the methodology and design to determine the results of the research questions.

Chapter 3: Research Methodology

Introduction and Purpose

The literature has shown substantial evidence as to the value of both transformational leadership and psychological capital independently to individuals and organizations. Healthcare is complex and ever changing; thus it is vital that the right type of leadership process is practiced so as to positively influence hospital performance and possibly achieve success in a difficult and turbulent industry. The purpose of this research study was to investigate the influence of followers' behavior, which did or did not possess psychological capital, on leaders or followers' perception towards leaders as transformational, transactional, or laissez-faire. The correlation analysis was achieved by comparing the results of Multifactor Leadership Questionnaire and the Psychological Capital Questionnaire, as reported by the follower, sampling multiple departments in a single hospital in the Dallas-Fort Worth, Texas, area. In order to have effectively explored the relationship of follower and leader in the leadership process, this chapter covers the methodology by which that was achieved including design, sample and analysis unit, selection process for data source, data gathering instruments, validity of data gathering instruments, reliability of data gathering instruments, data gathering procedures, description of the proposed data analysis process, and considerations for IRB.

Restatement of Research Questions and Hypotheses

1. Are the followers' ratings of leader behavior, transformational, transactional, or laissez-faire, influenced when the followers possess psychological capital?
2. Do the demographics of followers, possessing psychological capital, show a difference in their rating of leader behavior as transformational, transactional, or laissez-faire?

Hypothesis 1a: Followers possessing psychological capital have a positive relationship in rating leaders who are more transformational.

Hypothesis 1b: Followers possessing psychological capital have a negative relationship in rating leaders who are more transactional.

Hypothesis 1c: Followers possessing psychological capital have a negative relationship in rating leaders who are more laissez-faire.

Research Design

This research study employed quantitative methods using a correlation analysis to determine behavior relation and follower perception and an analysis variance to determine any differences regarding followers' demographics on leader ratings in the hospital. A previous study by Toor and Ofori (2010) analyzed the relationship between leadership and psychological capital with leadership being assessed from the self-ratings of the leaders. It is suggested that future studies "collect data from the subordinates and colleagues of the leaders" and then cross check the correlation with psychological capital and leadership (Toor & Ofori, 2010, p. 350). Such was the method as suggested by Toor and Ofori for this study as previously reviewed in the literature. Moreover, it is critical to note that leadership behavior is only identified based on the rating of the follower and the design of the study is unable to determine if leadership behavior, as identified through follower rating, was actually occurring. The reason for this was because the MLQ was not being used as a 360° evaluation with the leader contributing to the overall score of the full range of leadership scores from the MLQ. However, based on followership theories, especially that of implicit leadership, the follower's view of leader's behavior is based on prototypes and previous experiences.

Sample

The sample was gathered from individuals in various departments who worked at the participating hospital located in the Dallas Fort Worth, Texas, area. The goal was to obtain responses from at least 15 units. A unit is described as one leader being rated and at least five followers completing the MLQ, PCQ, and demographic surveys. This would equate to an approximate sample of 75 respondents. The respondents of the study, or followers, included clinicians, nurse managers, nursing supervisor, and nursing director from various departments. The departments included Women's Services, Orthopedic Trauma, Operating Room, Nursing Operations, Neuro Science Step-Down, Neuro Science ICU, Neonatal Intensive Care, North Administration, Medical Telemetry, Medical Surgery Oncology, Labor and Delivery, Emergency Room, Critical Care, Cath Lab, Cardiology, Cardiac Step-Down, and ICU Step-Down. The sample of respondents was not to provide an inference to a general population, but rather determine a relationship within the leadership process from a focused sample of a participating hospital organization.

Data Gathering Procedures

A paper survey instrument was administered in coordination with the Director of Clinical Innovation (DCI) who was the liaison between the researcher and the participating hospital. After being approved by the Chief Nursing Officer and the DCI to move forward with the study, the researcher coordinated with the DCI to administer the surveys on behalf of the researcher. After multiple phone meetings and explanation of the study, the DCI visited with multiple departments and sought volunteered participation from as many as possible to complete the survey packet. The survey packet included, (a) an IRB consent form, (b) a copy of the 45-item MLQ 5X, (c) copy of self-rater 24-item PCQ, and (d) a copy of the demographic questionnaire. The DCI kept the data organized according to departments and categorized the level of the

participant and the level of the leader that the follower was rating. Upon completing of the study, the DCI packaged up the packets and returned them to the researcher to run the statistical analysis.

Research Instruments

In order to understand the follower's influence on or perception of the leader, a review of the instruments used will be addressed below.

Multifactor Leadership Questionnaire. The researcher purchased the license package to administer approximately 100 surveys from Mind Garden, Inc. (Appendix A). The MLQ 5X short form version used in this study was designed to administer either to the leader (leader form) or follower (rater form), or both. As the design of the study is from the follower's perspective, the rater form was used only, excluding the leader self-rating form to ensure anonymity of participants. The participants were asked to focus their answers on a specific leader as to the frequency of behavior that fits that leader. In the case of this study, the participant's director supervisor within the department was the leader of focus. The MLQ 5X short uses a Likert-scale to answer the questions. The scale requires the answer of (0) not at all; (1) once in a while; (2) sometimes; (3) fairly often; and (4) frequently, if not always (Avolio & Bass, 2004). Because the MLQ 5X short measures the full range of leadership dimensions, the instrument consists of a scoring key that sorts the questions into the factor structure of the transformational leadership dimension. For the first factor structure, the transformational leadership dimension is established as follows: attributed idealized influence (4 questions), behavioral idealized influence (4 questions), inspirational motivation (4 questions), intellectual stimulation (4 questions), and individualized consideration (4 questions). The transactional leadership dimension is as follows: contingent reward (4 questions), active management by exception (4 questions), and passive

management by exception (4 questions). The last dimension is laissez-faire leadership (4 questions). A sample of the MLQ 5X is found in Appendix B.

The MLQ has shown evidence of validity and reliability. Quantitative MLQ studies have repeatedly allowed researchers to “draw meaningful and useful inferences from” (p. 235) the MLQ scores (Creswell, 2009). Additionally, evidence of reliability has been repeated in regards to internally consistency, stability, and consistency in test administration and scoring (Creswell, 2009). The MLQ 5X instrument has been validated by discriminatory and confirmatory factor analysis (Avolio & Bass, 2004). Studies using the MLQ focused on various organizations, cultures, and countries and have been repeatedly validated (Avolio & Bass, 2004). Drawn from a cross-section of studies, confirmatory factor analysis was conducted using several criteria including adjusted goodness of fit, chi-square, and RMSR used in the analysis. The goodness of fit index is 0.91 for the full range of leadership model and the adjusted goodness of fit index of 0.89. The reliabilities for the total items for each leadership factor scale range from 0.70 to 0.83, thus indicating an acceptable range of reliability for coefficients (McMillan & Schumacher, 2001). Also, Cronbach's alpha to measure internal consistency is equal to or exceeds the minimum level of 0.70, as an accepted minimum of reliability in qualifying the use of an instrument and supports psychometric accuracy (Den Hartog, Van Muijen, & Koopman, 1997).

Psychological Capital Questionnaire. The second instrument analyzed and compared in this study is the PCQ. The researcher was granted permission from Mind Garden Inc. to use the PCQ instrument for the amount needed as indicated in the sample size (Appendix C). This instrument is a 24-item question survey that measures the four constructs of psychological capital of hope, self-efficacy, resilience, and optimism. The PCQ contains six scales that measure each of the PsyCap constructs. Each of the four constructs meets the POB criteria of being theory

and research-based, measurable, state-like, and related to work performance (Luthans et al., 2007). Furthermore, the four measurable and proven scales that make up the PCQ include two major criteria. First, each of the four constructs would have equal weight, so the best six items from each of the four measures are selected. Second, the selected items should have face and content validity because they are state-like and relevant to the workplace, or their adaptability to wording changes to make them relevant. The 24 items surveyed in the PCQ are answered according to a 6-point Likert-type scale: (1) strongly disagree, (2) disagree, (3) somewhat disagree, (4) somewhat agree, (5) agree, and (6) strongly agree (Luthans et al., 2007b).

The measurement of PsyCap utilizing the PCQ instrument has proven to be both “valid and reliable” (Cameron & Spreitzer, 2012). As indicated by research, the four constructs have been shown to be conceptually and psychometrically distinct (Luthans et al., 2008); however, empirical evidence suggests convergent validity among these four components, creating a higher-order effect (Luthans et al., 2008). For example, the PsyCap hope score is reliant on or combined with an assessment of the other three constructs and is more reliable than a single assessment of hope, which is also the case for the other three constructs. This indicates that the combined components of PsyCap are synergistic and allows individuals to possess higher levels of these capacities to perform at consistently higher levels than would be possible with higher levels of just one of these components alone (Luthans et al., 2007b). Each of the four scales have considerable psychometric support across multiple samples in prior research and have been validated in studies conducted in the workplace by themselves or in combination (Luthans et al., 2008; Luthans et al., 2005; Luthans et al., 2006). The Cronbach’s alphas for each of the four 6-item scale and the overall PsyCap measure for the four constructs are: hope (.88), resilience (.89), self-efficacy (.89), and optimism (.89). The optimism scale in the second sample (.69), and

the resilience scale in the third sample (.66) did not achieve acceptable levels of internal consistency. However, the reliability of the overall PsyCap measurement of all four constructs meet acceptable standards (Luthans & Youssef, 2007; Luthans et al., 2007b). (See Appendix D for a sample PCQ)

In summary, the PCQ and its four scales of hope, self-efficacy, resilience, and optimism according to prior research and across multiple samples have been analyzed and verified in various workplace setting and has psychometric support (Jensen & Luthans, 2006; Larson & Luthans, 2006; Luthans et al., 2005; Peterson & Luthans, 2003; Luthans et al., 2007b).

Data Analysis Process

In examining the variables between the MLQ and PCQ instruments, the MLQ variables (dependent) of transformational, transactional, and laissez-faire leadership were compared with the PCQ variables (independent) of hope, self-efficacy, resilience, and optimism (see table 2). The data from the hard copy MLQ, PCQ, and demographic surveys were transferred into an Excel spreadsheet. After the data entry process, the Excel spreadsheet was imported into Statistical Package for the Social Sciences (SPSS) program for analysis. Utilizing the SPSS program, an analysis of correlation, computation of the descriptive data, analysis variance, means, standard deviation, and minimum and maximum values was generated. The data analysis was used to answer the first research question of,

Are the followers' ratings of leader behavior, transformational, transactional, or laissez-faire, influenced when the followers possess psychological capital?

Specifically, in determining the answer to the first research question, a Pearson's Product Moment Correlation method analysis was used, which method is used to test the strength of the relationship of the two variable sets with significance set at >0.05 . This correlation method is

considered an acceptable method when determining a relationship between two measures (McMillan & Schumacher, 2001). The second research question that was answered according to the data analysis was,

Do the demographics of followers, possessing psychological capital, show a difference in their rating of leader behavior as transformational, transactional, or laissez-faire?

In answering this second research question, an analysis variance was utilized to determine if there is a significant difference among the demographic groups (See Appendix E for demographic questionnaire).

Table 1.

Variable Coorelation Analysis

MLQ-Dependent Variables (8 factors)	PCQ-Independent Variables (4 factors)
Transformational leadership (5 Factors) Idealized influence (behavior and attributed), inspirational motivation, intellectual stimulation, and individual consideration	Hope, self-efficacy, resilience, and optimism
Transactional leadership (3 Factors) Contingent reward, active management by exception, and passive management by exception	Hope, self-efficacy, resilience, and optimism
Laissez-Faire Leadership (0 Factors)	Hope, self-efficacy, resilience, and optimism

IRB Considerations

A necessary component in administering a research study involving human subjects is to protect the participants involved. In accordance with Pepperdine's *Protection of Human Participants in Research: Policies and Procedures Manual* (2009), three elements were adhered to in this research study including "respect, beneficence, and justice" (Leigh & Rouse). Three elements of respect, beneficence, and justice were ensured by implementing the six considerations as outlined in the manual: (a) study design, (b) investigator qualifications, (c) selection of subjects, (d) risks and benefits, (e) informed consent process, and (f) confidentiality and privacy (Leigh & Rouse, 2009).

Study design. The design of the study eliminated any violation of rights or practices that would jeopardize "the welfare of human subjects" and deters any "unnecessary risk" or harm (Leigh & Rouse, 2009). Furthermore, the design included validated instruments that generated reliable information for analysis and may add to the existing literature. The design of the research utilized survey instruments that required approximately 15 minutes to complete by the participants and was strictly confidential. The only information attached to the survey is indiscrete coding numbers for organization and data processing.

Investigator qualifications. The investigator of the research study has had significant professional experience in healthcare and has had considerable experience in developing patient surveys and developing the mechanical and technical processes to administer those surveys. The investigator has had significant training and possesses credentials in leadership and human behavior. The investigator is currently a doctoral candidate of organizational leadership at Pepperdine University in the Graduate School of Education and Psychology, has completed all necessary course work, and successfully passed the comprehensive oral examination and preliminary dissertation defense. The investigator has done considerable study in the field of

transformational leadership and organizational behavior, particularly positive organizational behavior and its core construct of psychological capital. Therefore, because of the aforementioned background, both practical and theoretical in nature, the investigator is qualified to proceed with this study.

Selection of subjects. The selection of the subjects was determined by the need to expand the literature of the leadership process and its relation to PsyCap in a hospital context. Furthermore, the healthcare industry is currently facing issues in achieving acceptable levels of patient satisfaction. The hospital sampled is in a region where healthcare delivery is respected and has received national recognition for their contributions for research and healthcare execution. It may be advantageous to the literature to determine the dynamics of the targeted hospital, considering the national influence and vast amount of medical education and healthcare business programs that are stationed within the region. The personnel surveyed in each of the departments were not particularly considered part of a vulnerable subject population, which includes children, pregnant women, prisoners, individuals with cognitive disorders, and educationally or economically disadvantage subjects (Leigh & Rouse, 2009). The participants surveyed were asked to participate as volunteers and the researcher and DCI allow the participants full autonomy to volunteer without pressure or persuasive dialogue. Furthermore, it was necessary to safeguard the participants and strictly avoid soliciting the participation of the subjects at inconvenient times or times that would impact their workflow and productivity.

Risks and benefits. The research posed no risks to the participants in regards to physical or psychological harm, nor did it produce results that have any negative long-term effects on the participants or the organization. The benefits of the study can provide insights to the dynamics of leadership behaviors and psychological capital in a hospital context. With the results

demonstrating some valid connection between leader and follower behavior, it would do hospital organizations well to implement programs that could apply the results from the study and additional research similar to this study to increase productivity and increase success.

Informed consent process. Each participant was told that the survey is confidential, anonymous, and voluntary. Each participant was presented with a brief introduction of the purpose of the research and the researcher was willing to provide any additional information as requested by the participants via DCI.

Confidentiality and privacy. The surveys were confidential for all participants. Because the followers in the study are rating their leader and self-rating PsyCap, a strict adherence to confidentiality was practiced and will continue to be practice in possessing this confidential information. Furthermore, the researcher has only reported general data sets and information and not individual personnel scores. Therefore, this will mitigate any identifying factors that would associate any individuals to scores and or relationships between a follower and leader.

Summary

This chapter has reviewed the methodology of the research. The purpose has been discussed, along with the need for the study. The instruments utilized in this study consist of the MLQ and PCQ. Each instrument was described in detail and the validity and reliability of the instruments were reviewed. The data from the four instruments were used to make a quantitative comparison between the instruments to determine a positive or negative correlation and or relationship between follower behavior and its affect on the leadership process. Common statistical practices using SPSS were employed to achieve the best possible results considering the circumstance that would warrant quality research and meaningful conclusions.

Chapter 4: Research Findings

Research Question One

The data collected to answer the first research question came from one participating hospital located in the Dallas/Fort Worth area with a participating sample ($N=21$) completing the PCQ, MLQ, and demographic questionnaire. The statistical analysis process to answer the first research question included descriptive data and a Pearson's Product Moment correlation to test the strength of the relationship of the two variable sets from the MLQ and PCQ. The first research question states:

Are the followers' ratings of leader behavior, transformational, transactional, or laissez-faire, influenced when the followers possess psychological capital?

Based on the results, a follower, depending on the degree of PsyCap, will rate their leader differently. There is moderate correlation strength between the PCQ total score and with transformational and transactional leadership, but not with laissez-faire in the participating hospital sample. However, there was no significant statistical correlation (<0.05) with any of the scales to determine any inference to the population between the PCQ and MLQ instruments. Therefore, according to the data there is a moderate relation of follower PsyCap self-rating and follower leader rating for transformational and transactional, but not laissez-faire.

In considering the relationship of the instrument scales, it is important to note some statistics in evaluating both research questions. The sample of 21 participants/followers represented 17 departments consisting of 21 leaders rated. 4 departments had more than one leader rated. This data not only presented a limitation in regards to sample size, but analysis shows that the follower-leader ratio on average was 1:1 instead of the intended 5:1 as set forth in chapter three. The data nonetheless presents a narrow picture of trends and relationships of value.

Pearson's Product Moment Correlation. The Pearson's Product Moment Correlation data (Table 3) shows the relationship as indicated between the MLQ and PCQ scales. The table shows a spectrum of strength between the MLQ and PCQ factors. First, the linear strength of correlation between the Idealized Attributes factor with the individual PCQ factors of self-efficacy, hope, resilience, and optimism and PCQ total score show low strength ranging from .101 (self-efficacy) to .256 (optimism). The total score of the PCQ at .125 showed the second highest strength next to optimism (.256), indicating a hint of synergistic strength of all four factors as evident in the literature. Moreover, the data from the table indicating whether there is enough evidence to determine significance (2-tailed) has exceeded 0.05 for each individual factor, for example, and the PCQ total score resulting in .590. Each of MLQ factors follows similar patterns of low to minimum correlation strength and all show no statistical correlation significance (>0.05). The Idealized Behavior factor in analyzing the strength of the correlation with the PCQ total score shows a low strength of .141. The Inspirational Motivation factor compared the PCQ total score shows almost no strength at .006. The Intellectual Stimulation factor was .024. The fifth factor, Individual Consideration, shows a low strength with PCQ total score at .117.

The three transactional factors show some similarity to the transformational scales. There is one outlier however that shows stronger relationship between the Management by Exception (Active) factor and has the strongest correlation of .358 with Resilience factor. The PCQ total score and transactional leadership strength according to factors are as follows: contingent reward (.037); Management by Exception (Active) (.290); Management by Exception (Passive) (-.096). The laissez-faire scales compared to the PCQ total has strength of $r=-.150$, clearly showing no relationship between PsyCap and laissez-faire.

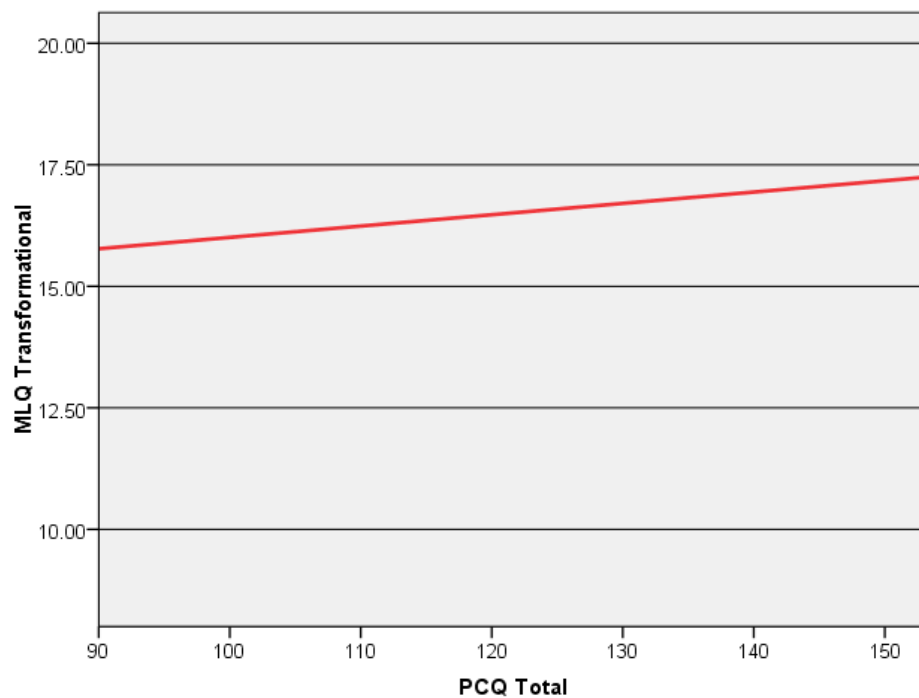
A correlation synopsis can be found in form of the regression intercept line graphs (figures 10, 11, 12). The graphs reiterate the trends between follower's ratings of PsyCap and leader behavior ratings. As for PCQ total score compared to the transformational scales total, the strength is relatively low of $r=0.090$ (figure 10). The total PCQ score compared to the transactional scales total show a higher trend of $r=0.147$ (figure 11). The third graph (figure 12) compares the strength of PCQ total scores and the laissez-faire scales of $r=-0.150$.

Table 2.

MLQ by PCQ Correlations Pearson's Product Moment

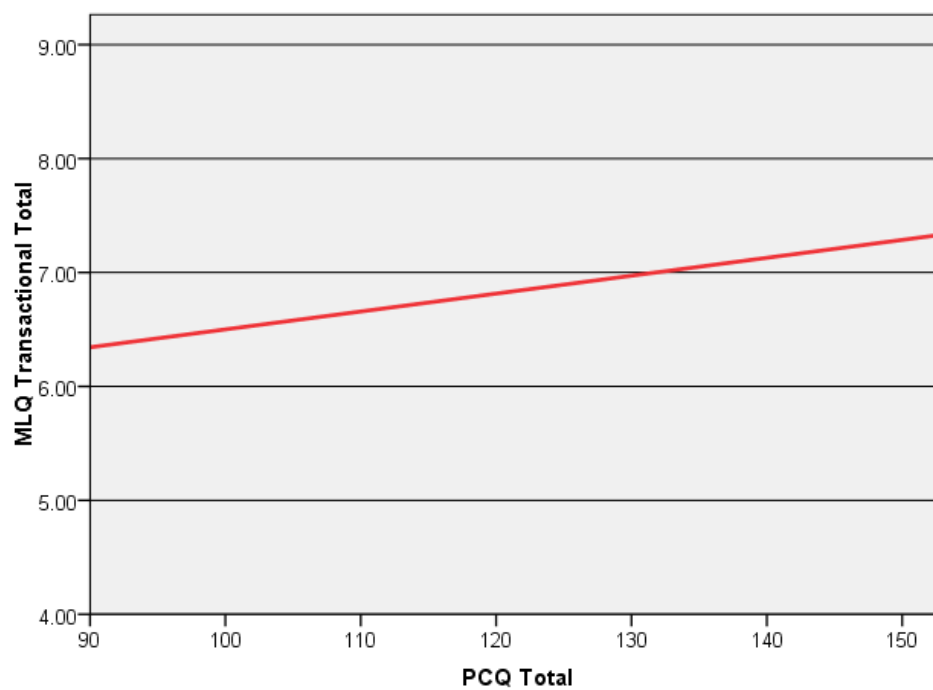
MLQ by PCQ Correlations						
		PCQ				
		Self-Efficacy	Hope	Resilience	Optimism	PCQ Total
MLQ Idealized Influence Attributes	Pearson Correlation	.101	.021	-.051	.256	.125
	Sig. (2-tailed)	.662	.928	.826	.262	.590
MLQ Idealized Influence Behavior	Pearson Correlation	-.055	.003	.076	.344	.141
	Sig. (2-tailed)	.813	.989	.744	.127	.541
MLQ Inspirational Motivation	Pearson Correlation	-.137	-.113	-.051	.238	.006
	Sig. (2-tailed)	.552	.625	.825	.298	.978
MLQ Intellectual Stimulation	Pearson Correlation	-.182	-.034	-.095	.273	.024
	Sig. (2-tailed)	.429	.883	.683	.231	.919
MLQ Individual Consideration	Pearson Correlation	-.021	.071	-.039	.273	.117
	Sig. (2-tailed)	.930	.759	.865	.231	.613
MLQ Transformational Total	Pearson Correlation	-.073	-.015	-.035	.310	.090
	Sig. (2-tailed)	.754	.950	.881	.171	.698
MLQ Contingent Reward	Pearson Correlation	-.054	-.025	-.098	.213	.037
	Sig. (2-tailed)	.815	.913	.674	.354	.873
MLQ Mgmt by Exception (Active)	Pearson Correlation	.099	.291	.358	.195	.290
	Sig. (2-tailed)	.669	.201	.111	.398	.202
MLQ Mgmt by Exception (Passive)	Pearson Correlation	.081	.022	.073	-.361	-.096
	Sig. (2-tailed)	.726	.925	.755	.108	.679
MLQ Transactional Total	Pearson Correlation	.101	.203	.249	-.026	.147
	Sig. (2-tailed)	.665	.378	.276	.911	.526
MLQ Laissez-Faire Total	Pearson Correlation	-.101	-.106	-.076	-.170	-.150
	Sig. (2-tailed)	.662	.647	.743	.462	.517
MLQ Extra Effort	Pearson Correlation	.002	.133	.114	.352	.213
	Sig. (2-tailed)	.994	.566	.624	.117	.354
MLQ Effectiveness	Pearson Correlation	.052	.242	.068	.408	.275
	Sig. (2-tailed)	.822	.290	.770	.067	.228
MLQ Satisfaction	Pearson Correlation	.057	.232	.101	.398	.277
	Sig. (2-tailed)	.805	.311	.662	.074	.224

(N=21)



$r = 0.090$

Figure 11. PCQ/Transformational scales relationship ($N=21$)



$r = 0.147$

Figure 12. PCQ/Transactional scales relationship ($N=21$)

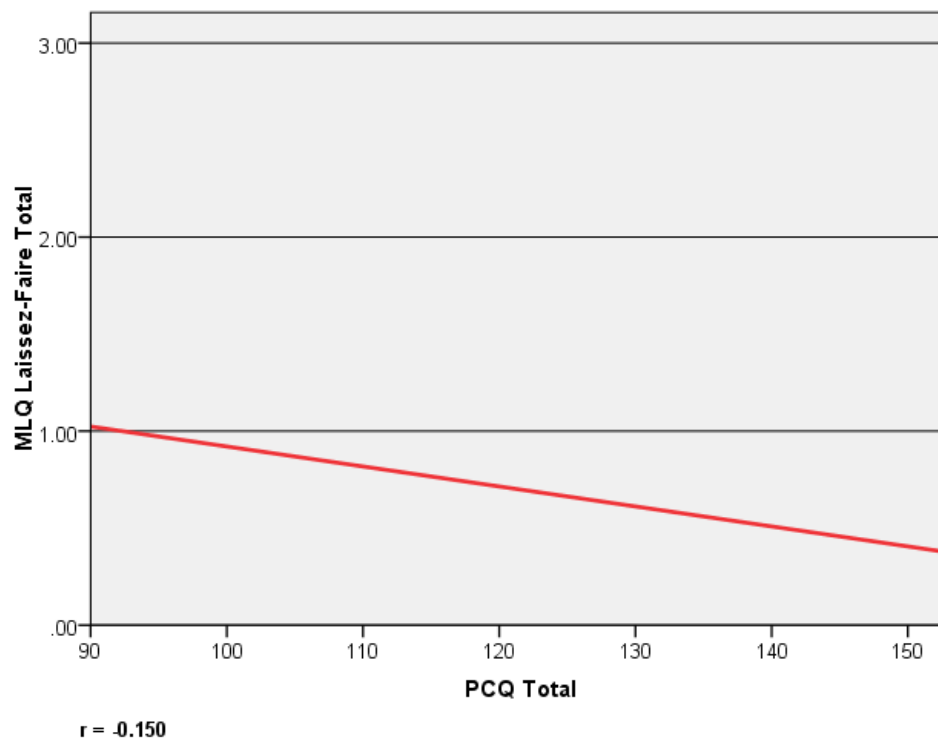


Figure 13. PCQ/Laissez-faire scales negative relationship ($N=21$)

Descriptive statistics. A descriptive statistics table was generated (Table 4) and shows PCQ total score range from 97.00 (min) to 143.00 (max) with a *mean of 121.19* and stand deviation (SD) of 12.57. The PCQ data shows a moderate level of PsyCap among the followers rating the leaders. The scores of the transformational leadership factors in comparison to a moderate level of PsyCap show a relative higher level of transformational leadership ratings: Idealized Attributes of 1.75 (min), 4.00 (max), 3.44 (m), 0.62 (SD); Idealized Behavior of 1.25 (min), 4.00 (max), 3.30 (m); Inspirational Motivation of 1.50 (min), 4.00 (max), 3.31 (m), 0.80 (SD); Intellectual Stimulation of 1.50 (min), 4.00 (max), 3.23 (m), 0.73 (SD); Individual Consideration of 1.25 (min), 4.00 (max), 3.23 (m), 0.73 (SD). The range of transformational leadership behavior as rated by the follower was 3.23 to 3.44 out of 4.00 maximum. Though the followers have moderate level of PsyCap, the transformational leadership dimensions were being rated on the higher level of the scale much closer its scales max compared to PCQ scales max.

The transactional leadership factors show a similar trend as transformational, but overall is lower in ratings compared to the transformational: Contingent Reward of 1.50 (min), 4.00 (max), 3.42 (m), 0.70 (SD); Management by Exception (Active) of 0.00 (min) 3.50 (max), 2.31 (m), 0.93 (SD); Management by Exception (Passive) of 0.00 (min), 3.50 (max), 1.11 (m), 1.01 (SD). The Laissez-Faire dimension spanned from 0.00 (min) to 3.00 (max) with a 0.70 mean and a SD of 0.86, thus showing again no relation.

Table 3.

Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Self-Efficacy	21	24.00	36.00	31.90	3.48
Hope	21	23.00	36.00	30.29	4.21
Resilience	21	23.00	36.00	30.43	3.09
Optimism	21	18.00	36.00	28.57	5.01
PCQ Total	21	97.00	143.00	121.19	12.57
MLQ Idealized Influence (Attributes)	21	1.75	4.00	3.44	0.62
MLQ Idealized Influence (Behavior)	21	1.25	4.00	3.30	0.76
MLQ Inspirational Motivation	21	1.50	4.00	3.31	0.80
MLQ Intellectual Stimulation	21	1.50	4.00	3.23	0.73
MLQ Individual Consideration	21	1.25	4.00	3.23	0.73
MLQ Transformational Total	21	9.50	20.00	16.50	3.26
MLQ Contingent Reward	21	1.50	4.00	3.42	0.70
MLQ Mgmt by Exception (Active)	21	0.00	3.50	2.31	0.93
MLQ Mgmt by Exception (Passive)	21	0.00	3.50	1.11	1.01
MLQ Transactional Total	21	4.00	8.75	6.83	1.35
MLQ Laissez-Faire Total	21	0.00	3.00	0.70	0.86
MLQ Extra Effort	21	2.33	4.00	3.53	0.50
MLQ Effectiveness	21	2.00	4.00	3.54	0.64
MLQ Satisfaction	21	2.00	4.00	3.55	0.65
Valid N (listwise)	21				

(N=21)

Analyzing the leadership process of the participating samples shows some trends the Outcomes of Leadership from the MLQ. It showed that Extra Effort had 2.33 (min), 4.00 (max), 3.53 (m), and 0.50 (SD); Effectiveness had 2.00 (min), 4.00 (max), 3.54 (m), and 0.64 (SD); Satisfaction had 2.00 (min), 4.00 (max), 3.55 (m), and 0.65 (SD), all showing higher positive outcomes while considering a moderate level of PsyCap.

Research Question Two

For the second research question, demographics were drawn from 17 departments and Analysis of Variance (ANOVA) generated.

Demographics. There was a sample of 21 participants from the one hospital. The age of the majority of the participants was 31-50 making up 70% of the followers surveyed. Of those that completed the survey, 90% were females, 84.2% were Caucasian, 40% had a bachelor's degree and 45% had completed graduate school. 45% of the participants had 11-20 years of experience. The other large portion of experience fell in the 1-5 year range. Nearly 95% of those responding were either a nurse manager or clinician level. There was only one director respondent that rated a vice president leader. The overall profile of participants consisted of female Caucasian, age 31-50, with a college degree, either functioning as a clinician or nurse manager. Table 4 shows a summary of the demographics.

Table 4.

Demographics

Demographics			
		N	%
AGE	20 - 30	1	5.0%
	31 - 40	6	30.0%
	41 - 50	8	40.0%
	51+	5	25.0%
GENDER	MALE	2	10.0%
	FEMALE	18	90.0%
ETHNICITY	AFR AMER	1	5.3%
	CAUCASIAN	16	84.2%
	ASIAN	1	5.3%
	OTHER	1	5.3%
EDUCATION	ASSOCIATES DEGREE	3	15.0%
	BACHELORS DEGREE	8	40.0%
	MASTERS DEGREE	9	45.0%
TENURE	Less than 1 year	1	5.0%
	1 to 5 years	5	25.0%
	6 to 10 years	3	15.0%
	11 to 15 years	4	20.0%
	16 to 20 years	5	25.0%
	21 years or more	2	10.0%
LEADER ASSESSED	NURSE MANAGER	9	42.8%
	DIRECTOR	11	52.3%
	VP NURSING	1	4.8%

(N=21)

The demographic data has further shown according to bar graph in figure 14 shows that the age groups 31-51+ have a higher total on the scales of transformational leadership than do the age group 20-30. Also, females according to the results show a higher transactional leadership rating than the males (See Figure 14). Though this is difficult to conclude being that 90% of participants are female. Age group 31-40 boost the highest rating of transformational leadership ratings.

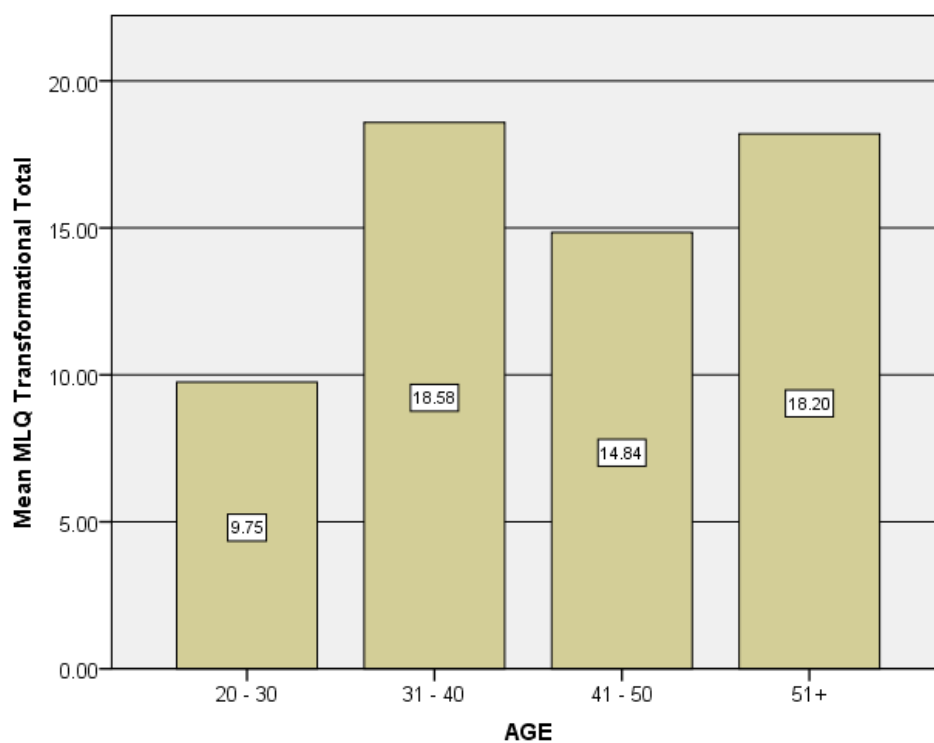


Figure 14. Transformational follower rating by age ($N=21$)

Furthermore, based on the results there is a higher rating of laissez-faire behavior in the 20-30 age range indicating a 3.00 compared to a 0.33 (31-40), 0.66 (41-50), and 0.90 (51+).

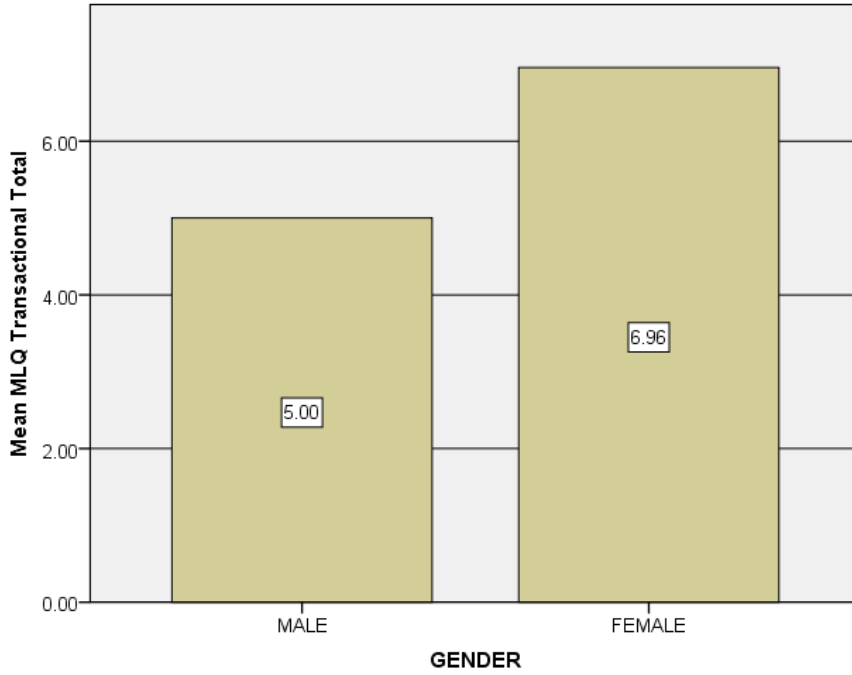


Figure 15. Transactional follower rating by age ($N=21$)

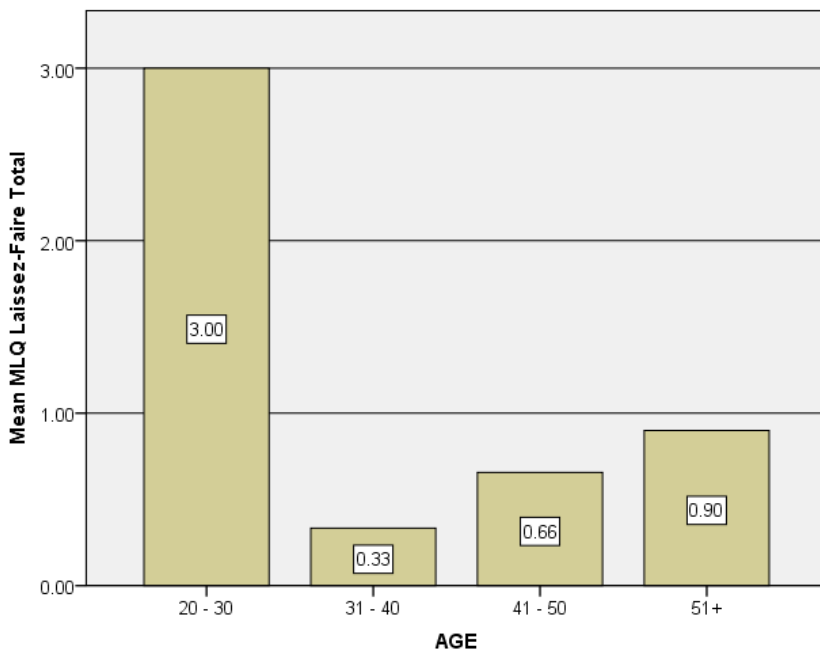


Figure 16. Laissez-faire follower rating by age ($N=21$)

Analysis of Variance (ANOVA). After an understanding of the demographics, it necessary to answer the second research question and review the significant differences in the follower PCQ rating and leader behavior rating. The second research question states:

Do the demographics of followers, possessing psychological capital, show a difference in their rating of leader behavior as transformational, transactional, or laissez-faire?

Based on the results, there is a significant difference considering demographics of followers' possessing levels of PsyCap. Table 6 indicates that follower ages 41-50 report a PsyCap total score of 126.13, which is high moderate on the PsyCap level. The lowest scoring age group is 20-30 reporting a 109.00 PsyCap score. Furthermore, ANOVA yielded some of what SPSS reports as significant differences between various parts of the MLQ across demographic variables as indicated significant F values identified in tables 6, 7, 8. This data is based on the total score differences that showed significance. Also, table 9 displays the "Leadership Outcomes" and also shows statistical significance from follower rating.

Table 5.

Ages and PCQ Total Score

AGE	PCQTOTAL		
	N	Mean	SD
No Response	1	130.00	
20-30	1	109.00	
31-40	6	119.33	18.73
41-50	8	126.13	8.37
51+	5	116.20	9.36

(N=21)

The significant difference according to ANOVA was clear in age and leader position. Age for instance, as indicated in table 7, was consistently and significantly different across all MLQ factors. For Idealized Attribute factor, the age range of 20-30 with moderate levels of PsyCap (109.00) rated this factor high with $*F=8.526$ compared to the next closet of $F=2.706$ and a minimum of $F=0.030$. For Idealized behavior factor, the age range of 20-30 with moderate levels of PsyCap (109.00) rated this factor high with $*F=8.561$ compared to the next closet $F=2.519$ and a minimum of $F=0.014$. For Inspirational Motivation factor, the age range of 20-30 with moderate levels of PsyCap (109.00) rated this factor moderately with $*F=3.282$ compared to the next closet $F=1.749$ and a minimum of $F=1.109$. For Intellectual Stimulation factor, there was no significant different data.

Another demographic point on the transformational scales that showed significant difference was the leader position. There is one significant difference in relation to rating nurse managers. The PCQ total score was unable to be determined for this point. However, the followers collectively scored on average 117.66, a moderate PsyCap rating. The followers rating nurse managers showed a significant difference on the Inspirational Motivation factor indicating $*F=6.581$ compared with the next closet $F=3.282$ and a minimum of $F=1.109$.

Significant difference in demographics can also be seen in the transactional scales (table 8). For the Contingent Rewards factor, males with moderate levels of PsyCap, using collective mean of 117.66 total PsyCap, rated this factor high $*F=10.595$ compared to the next closet $F=7.127*$ and a minimum of $F=1.162$. However, there is too little data to make any conclusions of variance. Another variance can be seen in age once again. For Management by Exception (Passive), the age range of 20-30 with moderate levels of PsyCap (109.00) rated this factor moderately with $*F=4.353$ compared to the next closet $F=1.505$ and a minimum of $F=0.015$. As

for the laissez-faire scales, there were no significant differences to address (Table 9). For leadership outcome (Table 10), there are three significant differences. First, using the average PsyCap rating of 117.66, those working less than one year rated Extra Effort moderately high at $F=4.192^*$, age 20-30 rated Effectiveness moderately low at $F=3.759^*$, and also ages 20-30 rated Satisfaction moderately low at $F=3.720$.

Table 6.

Transformational Ratings by Follower Demographics

TRANSFORMATIONAL																				
		MLQ Idealized Influence Attributes			MLQ Idealized Influence Behavior			MLQ Inspirational Motivation			MLQ Intellectual Stimulation			MLQ Individual Consideration			MLQ Transformational Total			
		N	Mean	Standard Deviation	F	Mean	Standard Deviation	F	Mean	Standard Deviation	F	Mean	Standard Deviation	F	Mean	Standard Deviation	F	Mean	Standard Deviation	F
AGE	20 - 30	1	1.75		8.526*	1.25		8.561*	3.00		3.282*	1.75		2.648	2.00		3.599*	9.75		5.543*
	31 - 40	6	3.92	.13		3.83	.30		3.71	.49		3.50	.47		3.63	.59		18.58	1.89	
	41 - 50	8	3.22	.57		3.00	.72		2.78	.95		3.00	.88		2.84	.81		14.84	3.44	
	51+	5	3.60	.38		3.60	.29		3.85	.22		3.55	.41		3.60	.14		18.20	.87	
GENDER	MALE	2	3.25	.71	0.210	3.25	1.06	0.014	2.75	1.77	1.186	3.13	.88	0.037	3.13	.88	0.037	15.50	5.30	0.211
	FEMALE	18	3.47	.65		3.32	.78		3.40	.71		3.24	.76		3.24	.76		16.67	3.27	
ETHNICITY	AFR AMER	1	3.75		0.444	3.75		1.045	3.75		1.109	3.25		0.563	3.50		0.100	18.00		0.591
	CAUCASIAN	16	3.41	.68		3.36	.80		3.41	.81		3.31	.79		3.28	.82		16.77	3.53	
	ASIAN	1	3.00			2.00			2.00			2.25			3.00			12.25		
	OTHER	1	4.00			3.50			3.75			3.25			3.00			17.50		
EDUCATION	ASSOCIATES DEGREE	3	3.50	.50	0.030	3.67	.29	0.388	3.67	.14	1.252	3.42	.38	0.222	3.75	.25	0.848	18.00	1.15	0.336
	BACHELORS DEGREE	8	3.41	.83		3.31	1.02		3.56	.72		3.09	.99		3.13	1.00		16.50	4.39	
	MASTERS DEGREE	9	3.47	.54		3.19	.67		3.03	.95		3.28	.64		3.14	.57		16.11	2.88	
TENURE	Less than 1 year	1	2.50		2.021	2.25		1.533	2.00		1.749	1.50		2.823	1.25		3.651	9.50		2.724
	1 to 5 years	5	3.05	.86		2.95	1.10		2.90	.88		3.00	.85		2.90	.82		14.80	3.99	
	6 to 10 years	3	4.00	0.00		4.00	0.00		4.00	0.00		4.00	0.00		3.92	.14		19.92	.14	
	11 to 15 years	4	3.81	.13		3.69	.31		3.63	.60		3.19	.31		3.38	.63		17.69	1.91	
	16 to 20 years	5	3.50	.59		3.10	.76		3.25	.94		3.45	.74		3.35	.34		16.65	2.85	
21 years or more	2	3.25	.35		3.50	0.00		3.75	0.00		3.00	0.00		3.38	.53		16.88	.18		
LEADER POSITION	NURSE MANAGER	9	3.19	.70	2.706	3.00	.95	2.519	3.06	.75	6.581*	2.89	.83	3.233	2.94	.87	2.331	15.08	3.72	4.271*
	DIRECTOR	11	3.70	.44		3.61	.42		3.68	.54		3.57	.49		3.52	.49		18.09	1.83	
	VP NURSING	1	2.75			2.50			1.50			2.50			2.50			11.75		

*p<.05

(N=21)

Table 7.

Transactional Ratings by Follower Demographics

	MLQ Contingent Reward				MLQ Mgmt by Exception (Active)				MLQ Mgmt by Exception (Passive)				MLQ Transactional Total	
	N	Mean	Standard Deviation	F	Mean	Standard Deviation	F	Mean	Standard Deviation	F	Mean	Standard Deviation	F	
AGE	20 - 30	1	2.75		2.00		0.403	3.50		4.353*	8.25		1.708	
	31 - 40	6	3.92	.20	2.46	.91		.88	1.06		7.25	.81		
	41 - 50	8	3.00	.85	2.44	.84		1.38	.83		6.81	1.43		
	51+	5	3.50	.50	1.90	1.28		.40	.42		5.80	1.45		
GENDER	MALE	2	2.13	.88	1.88	.88	0.412	1.00	.71	0.015	5.00	.71	4.555*	
	FEMALE	18	3.53	.55	2.33	.96		1.10	1.08		6.96	1.26		
ETHNICITY	AFR AMER	1	4.00		2.00		0.249	1.25		0.605	7.25		0.833	
	CAUCASIAN	16	3.39	.72	2.30	1.00		.88	1.02		6.56	1.39		
	ASIAN	1	2.25		2.75			1.75			6.75			
	OTHER	1	3.75		3.00			2.00			8.75			
EDUCATION	ASSOCIATES DEGREE	3	3.67	.38	3.00	.43	1.038	.17	.29	1.505	6.83	.38	0.388	
	BACHELORS DEGREE	8	3.66	.50	2.22	.87		1.19	1.28		7.06	1.21		
	MASTERS DEGREE	9	3.06	.85	2.11	1.08		1.31	.84		6.47	1.67		
TENURE	Less than 1 year	1	3.00		2.75		0.783	2.75		1.457	8.50		1.411	
	1 to 5 years	5	2.90	.91	2.70	.54		1.30	1.44		6.90	1.01		
	6 to 10 years	3	4.00	0.00	2.67	.80		.17	.14		6.83	.76		
	11 to 15 years	4	3.81	.24	2.31	.94		1.50	.84		7.63	.60		
	16 to 20 years	5	3.10	.74	1.85	1.23		1.00	.85		5.95	1.90		
	21 years or more	2	3.75	0.00	1.50	1.41		.50	0.00		5.75	1.41		
LEADER POSITION	NURSE MANAGER	9	3.33	.64	2.64	.45	1.136	1.47	1.14	1.302	7.44	.72	2.044	
	DIRECTOR	11	3.66	.48	2.02	1.16		.77	.86		6.45	1.60		
	VP NURSING	1	1.50		2.50			1.50			5.50			

*p<.05

(N=21)

Table 8.

Laissez-Faire Ratings by Follower Demographics

LAISSEZ-FAIRE					
			MLQ Laissez-Faire Total		
		N	Mean	Standard Deviation	F
AGE	20 - 30	1	3.00		1.023*
	31 - 40	6	.33	.54	
	41 - 50	8	.66	.72	
	51+	5	.90	.88	
GENDER	MALE	2	.13	.18	1.103
	FEMALE	18	.81	.89	
ETHNICITY	AFR AMER	1	1.25		0.170
	CAUCASIAN	16	.67	.96	
	ASIAN	1	1.00		
	OTHER	1	1.00		
EDUCATION	ASSOCIATES DEGREE	3	.33	.58	1.022
	BACHELORS DEGREE	8	1.06	1.23	
	MASTERS DEGREE	9	.58	.45	
TENURE	Less than 1 year	1	2.00		1.023
	1 to 5 years	5	.65	1.32	
	6 to 10 years	3	0.00	0.00	
	11 to 15 years	4	1.06	.94	
	16 to 20 years	5	.85	.34	
	21 years or more	2	.50	.71	
LEADER POSITION	NURSE MANAGER	9	1.08	1.13	1.785
	DIRECTOR	11	.45	.49	
	VP NURSING	1	0.00		
*p<.05					

(N=21)

Table 9.

Leadership Outcomes Rating by Follower Demographics

LEADERSHIP OUTCOMES		MLQ Extra Effort			MLQ Effectiveness			MLQ Satisfaction			
	N	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation		
AGE	20 - 30	1	3.00	0.39	0.718	2.00	0.40	3.759*	2.00	0.42	3.720*
	31 - 40	6	3.61	0.59		3.79	0.67		3.75	0.73	
	41 - 50	8	3.54	0.28		3.47	0.33		3.44	0.22	
GENDER	51+	5	3.73	0.71	0.070	3.80	0.88	0.216	3.90	0.71	0.028
	MALE	2	3.50	0.45		3.38	0.63		3.50	0.67	
ETHNICITY	FEMALE	18	3.59	0.775	3.60	0.775	0.286	3.50	0.67	0.237	
	AFR AMER	1	3.00	0.47		3.75	0.67		3.56	0.70	
	CAUCASIAN	16	3.60	0.33		3.55	0.38		4.00	0.29	0.672
EDUCATION	ASIAN	1	4.00	0.58	0.882	4.00	0.83		4.00	0.88	
	OTHER	1	3.67	0.35		4.00	0.50		4.00	0.50	
	ASSOCIATES DEGREE	3	3.67	0.33		3.67	0.38	0.455	3.83	0.29	0.672
TENURE	BACHELORS DEGREE	8	3.42	0.51	3.41	0.86		3.38	0.88		
	MASTERS DEGREE	9	3.70	0.19	3.69	0.00		3.67	0.50		
LEADER POSITION	Less than 1 year	1	2.33	4.192*	2.25	2.564	2.00	2.364			
	1 to 5 years	5	3.47	0.24	3.20	0.35	3.30	0.84			
	6 to 10 years	3	3.78	0.18	4.00	0.22	4.00	0.00			
	11 to 15 years	4	3.42	0.24	3.69	0.35	3.63	0.48			
VP NURSING	16 to 20 years	5	3.87	0.24	3.90	0.81	3.80	0.45			
	21 years or more	2	3.83	2.984	3.50	2.202	3.75	0.35			
	NURSE MANAGER	9	3.31	0.65	3.33	0.81	3.33	0.83	1.592		
DIRECTOR	DIRECTOR	11	3.76	0.22	3.77	0.36	3.77	0.41			
	VP NURSING	1	3.00		2.75		3.00				

(N=21)

Hypotheses Testing

The following are statements of the research hypotheses and the conclusion based on the results.

Hypothesis 1a: Followers possessing psychological capital have a positive relationship in rating leaders who are more transformational.

Due to the statistics presented, though there is not a statistical significant correlation, there is however positive relationship and or trend between PsyCap and the transformational leadership scales. Those with moderate levels of PsyCap tend to rate their leaders as more transformational. Therefore, hypothesis 1a is accepted

Hypothesis 1b: Followers possessing psychological capital have a negative relationship in rating leaders who are more transactional.

Due to the statistics presented, though there is not a statistical significant correlation, there is however positive relationship and or trend between PsyCap and the transactional leadership scales. Those with moderate levels of PsyCap tend to rate their leaders as more transactional. Therefore, Hypothesis 1b is rejected.

Hypothesis 1c: Followers possessing psychological capital have a negative relationship in rating leaders who are more laissez-faire.

Due to the statistics presented, though there is not a statistical significant correlation, there is however a negative relationship and or trend between PsyCap and the laissez-faire scales. In other words, followers possessing levels of PsyCap do not rate their leaders as laissez-faire. Therefore, Hypothesis 1c is accepted.

Summary

This chapter has presented descriptive statistics, correlation between MLQ and PCQ, and ANOVA of demographics. Also, Hypothesis 1a was accepted, 1b was rejected, and 1c was accepted. Both hypothesis 1a and 1c is congruent with the literature that has shown PsyCap to have a positive association with transformational leadership and a negative correlation with laissez-faire (Toor & Ofori, 2010). However, the one variation is that transactional leadership, based on the results of the study, has shown a positive relation with PsyCap. Nonetheless, there are multiple implications to the results and further research will indeed be required as will be addressed in the next chapter.

Chapter 5: Summary of Findings, Discussion, and Conclusion

Introduction

The focus of this research was to analyze the leadership process from the follower perspective. The conventional process to analyze a leadership process is from the top down, leader to follower. With the leadership process being the dynamics of the leader and follower, it was imperative to understand the leadership process not from the leader perspective, but follower perspective towards the leader within the leadership process. Therefore, this study “reversed the lens” to understand the follower perception and attributes that influence or change the perception of the follower in rating leadership behavior. As an organizational context, the study investigated a hospital setting. Researching in a hospital context was important due to an unstable healthcare environment that needs more effective tools and resources than presently used, particularly that of leadership and its process. Moreover, the study sought to better understand not only follower affect upon the leadership process, but such dynamics consisting of positive resources imply a ripple effect upon hospital performance and patient satisfaction, as will be addressed in the “Discussion” and “Implications” sections.

Furthermore, in order to analyze the underlying attributes of a follower that affects the leadership process, the crux of the study was to explore certain type of attributes within the follower. Those attributes were drawn from the literature of positive organizational behavior (POB) and its positive construct of PsyCap. PsyCap consisting of hope, self-efficacy, resilience, and optimism are desirable positive resources that have proven to improve team and organizational performance. Researchers have concluded that in order for positive theories, such as PsyCap, to make a real difference in workplace performance, there must be a valid method employed to ascertain individual capabilities and apply the necessary development; therefore, to

achieve this, researchers have posited a five-point framework that includes (Cameron & Spreitzer, 2012):

- The need for more positivity
- The need for evidence-based positivity
- The need for uniqueness
- The need for a developmental approach
- The need for a performance orientation

The collective applicability of the five-point framework can be found in the positive resources of PsyCap: hope, self-efficacy, resilience, and optimism (Cameron & Spreitzer, 2012; Luthans et al, 2006). These psychological capacities further meet the criteria definition in the POB framework: (a) the capacity must be theory and research based and validly measurable, and (b) the capacity must also be “state-like” (i.e., open to change and development) and have a demonstrated performance impact (Youssef & Luthans, 2007).

Therefore, this study utilized valid tools and theories effective for application and further development within organizations that seek to implement and develop such positive resources within its human capital inventory. The survey instruments, such as PCQ, were utilized and fulfill the function to discover the followers PsyCap rating and compare with how they rate their leaders. PsyCap for this study has been the foundation by which all elements are compared against. The data based on the results has shown potential promise in answering the research questions in the affirmative and validating two of the three research hypotheses. A summary of the findings will be provided below along with discussion, research limitations, recommendations for future research, and conclusion.

Summary of Findings

The premise of understanding the leadership process begins with an individual whose status according to the study was classified as a follower. These individuals classified as a follower is in fact, in other contexts, were leaders. However, for all intents and purposes for the context of this study individuals who rated their immediate supervisors (nurse managers and directors) became the follower. The data showed a 1:1 follower-leader rating ratio, as opposed to the 5:1 ratio as outlined in chapter three. The followers completed the PCQ, MLQ, and demographic questionnaire. The first layer of correlation analysis was based upon the research question, as previously stated. In comparing the PCQ and MLQ, there appeared to be no statistical significant ($<.05$) correlation that could be inferred beyond the organization of interest in the study. However, there were nonetheless trends and a relationship between PsyCap ratings and the transformational and transactional leadership dimensions as previously explained. In the participating hospital, followers possessing levels of PsyCap tend to rate their leaders more transformational and transactional, but not laissez-faire

As for the next layer of analysis based upon the second research question, as previously stated, there was a significant difference considering the demographics. The data showed a significant shift in age, education, gender, and leader level possessing moderate levels of PsyCap and how they rated their leader. For example, PsyCap levels had a trend of increasing with age, which also reflected in more transformational and transactional leader ratings. These results were also similar to hospital tenure, position, and educational levels.

These relationships contribute to better understanding the leadership process. When considering the levels of PsyCap, the various demographics and followers' ratings of their leaders appear to show a spectrum of dynamics within the leadership process. The data has provided some clarity of how the followers' demographics, psychological resources, and abilities

are affecting to some degree their perceptions of their leaders, the leadership process, which may be affecting the hospital organization as a whole. Based on the results of the research it sparks further discussion, implications, and considerations for future research, as will be addressed next.

Discussion

In considering the findings of the research and the literature of the theories and frameworks presented, a discussion of the research could be looked at more broadly that would consider impact on hospital organizations beyond the scope of this study. Widening the scope of hospital impact when focused on PsyCap and the leadership process may open pathways of value to pursue. Those pathways could include the critical need for PsyCap in considering the leadership process and even patient satisfaction, as evident in the literature, but was out of the scope of this study. The first path, PsyCap and the leadership process, would logically seek to answer the question: Does PsyCap levels in followers actually extend beyond perception of their leaders and actually influence leader behavior? Also, is that measureable? What methodologies would need to be employed in order to more clearly answer that question of measurability? That is addressed minimally in recommendations for this study, but it can be said that when dealing with PsyCap resources it is difficult to measure the human experience with only quantitative methods. It would be important to attempt to get inside the “minds and hearts” of those the research is analyzing.

Evaluating impact further, another question of importance could be addressed and that is: Do leaders who are transformational or even transactional tend to recruit and hire people who possess levels of PsyCap? This could be a simple answer of yes when considering the positive nature of transformational and its 5 factors and its focus on followers, but does not quite have a connection with the transactional factors. Yet, on the other hand there is a camp in the literature

that argues that transformational leadership in some respects is born out of transactional. Furthermore, when considering PsyCap and the leadership process, another question could be important. That question being, what would the proximity of the leader and follower have to be in order for a follower who possesses PsyCap, at least a moderate level, to actually influence leader behavior? This study's results looked at direct supervisors and it could be implied that those relationships are close in day-to-day interactions and therefore would be a proper place to start in answering the question of proximity.

Moreover, what does a hospital organization do if in fact research such as this is expanded and further validated? What might hospital leadership do to ensure the right leadership processes are happening? Would a focus on followership be integrated and what would that look like? And if a focus on followership were integrated, then would hospitals seek to develop PsyCap among its teams? In developing PsyCap among teams and followers, how would that transpire? What experts, firms etc. have the capability to help a hospital organization develop those resources? If in fact a hospital organization could answer all these questions, then going back to what was said earlier, how is that measurable? How can the research truly identify a significant correlation and or cause and affect in developing PsyCap? How does the PsyCap affecting the leadership process in regards to changing follower perceptions, but actually seeing tangible influence followers have on leaders?

In considering these questions and the findings of this study, the critical question may be this? Why would hospital organizations even care about a vibrant leadership process in considering a followers influence on leaders? One point is that the literature has argued that transformational leadership has affected organizational financials and has improved the overall performance of organizational stakeholders. So to find the what, why, and how to improve a

leadership process, at least from the perspective of PsyCap contribution, would be relevant and important to know for hospital organizations.

The other impact path to address is PsyCap and its influence on patient satisfaction. Now the literature is replete with evidence that positive capacities, such as found in PsyCap, have positive influence on patient satisfaction. Therefore, PsyCap appears to be comprehensive in the fact that it has potential to influence or increase perception of the leadership process and also patient satisfaction. There are two questions to contemplate. First, would increased patient satisfaction be an effect from direct contact with patients by followers who possess PsyCap? Second, or would patient satisfaction be affected as a result of the leadership process? At first glance it may appear that followers who possess PsyCap are interacting directly with patients and therefore those positive capacities may in a sense “rub off” onto the patient. But in analyzing more in context, would the follower, who interacts with the patient, be affected in their behavior as a result of the leadership process and the dynamics that are occurring there? In other words, someone may possess PsyCap and those capacities may be better accentuated in the leadership process rather than in the follower-patient interaction and vice versa.

Moreover, if patient satisfaction can be increased because of an improvement of PsyCap, then how would hospitals go about to develop it and, like the leadership process, how would it be measured? This also brings up the critical question, why would a hospital organization care to develop these capacities or seek it in talent acquisition? Similar to the why of engendering a positive leadership process, PsyCap has shown to increase organizational performance, employee morale, and strengthens financials. Also, if in fact identifying the right processes that increases PsyCap and is measureable to increase patient satisfaction, then widening the scope of investigation may even seek to answer if PsyCap actually improves the process of clinical care

and improves patients' health. Strengthening financials and improving organizational workforce alone may motivate any hospital organization to implement such measures and make it part of their system.

Limitations

There are eleven limitations to this study. These limitations are not comprehensive, but address some fundamental limitations that would need to be addressed in future research studies on this topic. The limitations are as follows:

1. There was not a significant statistical correlation in regards to the first research question and hypotheses. Though this study did not intend to make any inferences to a greater population, the study inconclusively is unable to make strong claims as to the statistical significance between follower PsyCap rating and perception of leader behavior. The reason from a lack of statistical significance stems from the small sample size, which will be addressed next.
2. The small sample was based on one hospital organization. Furthermore, not only was the study limited to just one hospital, of many subjects solicited within the participating hospital in Dallas Fort Worth area, only 21 subjects completed the surveys. Therefore, it was difficult to obtain enough data to make clearer conclusions of the findings. With the one hospital, 100 survey packets were distributed but only 21 people completed the surveys. The goal, according to the methodology chapter, was to achieve at least a sample of 75, equaling to 15 units (1 leader to 5 followers) for analysis. Though multiple hospitals were solicited to participate to maximize the sample pool, all but one declined to participate. Moreover, the study failed to achieve the unit ratio of 1:5.

3. The third limitation. There was a disparity in the gender sample with 19 female subjects and two male subjects. This not only provides an imbalance in regards to gender, it also is insufficient in determining any variance in regards to males. Nevertheless, the limited amount of participants resulted in a trend showing female participants rating higher in transactional more than the males, though again unsubstantiated due to minimal data.
4. The fourth limitation is the nature of the sample of participants from the one participating hospital. This is a limitation because it limits any variation to analyze in regards to demographics. Though there are multiple departments surveyed, the sample size for each department, similar to the total sample, is small and limits statistical significance.
5. The fifth limitation is analyzing the leadership process based on the function of the department. Each department functions differently and may even possess a micro culture independent of the macro culture of the hospital or even region.
6. The sixth limitation is a small sample size to compare age groups and the age range itself. There again was limited data to make statistical significant conclusions and the age range spanned 10 years. This may have limited the data if a participant who is the age at the end of the spectrum marks age range that includes an age almost a decade younger. For example, the age 40 and 31 could significantly skew the data in reporting PsyCap and leader behavior with 40 and 31 being relatively different.
7. The seventh limitation is a small sample to analyze ethnicity. The major ethnic group responding was Caucasian and has limits and insight to the leadership process among other cultures and ethnicities.
8. The eighth limitation was whether or not the tenure was explicitly stated at the hospital surveyed. The data is insufficient as to whether positive resources identified among the

participants were developed at the current hospital surveyed or developed from a previous leadership process in another organization.

9. The ninth limitation is the variance in leader position level with 9 nurse managers, 11 directors, and one Vice President of Nursing. The very nature of each of these leadership roles is different in regards to responsibility, education, experience, and span especially the leaders' responsibility and the dynamics between them and their followers. For example, comparing a vice president to a nurse manager is fundamentally different in terms of span and weight of responsibilities. The vice president manages directors, who may possess expertise and different skills that differ from that of nurse managers. In essence, the difference in leadership roles may create a different dynamic in the leadership process.
10. The tenth limitation is the sample size of education level. This may have disregarded the age by which the participant acquired the degree and how that compared to their rate of career advancement.
11. The eleventh limitation would be the follower-leader ratio of 1:1. This ratio limits the ability to analyze holistically the total PsyCap score compared to the leader ratings within the hospital department. Moreover, it is not feasible with this data to see trends within a department.

The findings based on the results have shown to require additional data to better understand the leadership process, particularly that of followers contribution to that process. Moreover, the eleven limitations that have been reviewed invoke additional points for further research that will be addressed later in this chapter.

Implications

With the limitations presented, there are ten implications to consider when analyzing the leadership process. Though this list of implications covers many fundamental implications, this list is not comprehensive.

1. The first implication is the source of PsyCap. With some evidence of positive relationship between PsyCap and leadership behavior ratings, it could be implied in regards to those scoring lower on PsyCap that hospitals may want to hire new employees with PsyCap attributes because of the positive outcomes that comes from PsyCap. With a follower that possesses PsyCap and its affect on rating leaders' behavior as indicated in the results of the study, an organization that has issues of low unity and performance, as an example, may do well to acquire more talent with attributes reflecting hope, self-efficacy, resilience, and optimism. The group of participants who scored their leaders as more laissez-faire may fall into this category low PsyCap and may be lower performers. This may also imply that an organization facing the issue of low unity and low performance may look to changing up leaders with ones who are more transformational. On the hand, this may include the category of leader who actually may be laissez-faire. Considering such implication when acquiring the right talent would reject the conventional top-down leader-follower imbalanced focus in the literature and align with followership theories. Therefore, these notions would generally imply that human resource (HR) professionals must find talent that meets clinical standards, as set by the hospital and the commonly accepted practices of medicine, and may also place equal importance to find the right people with the right psychological capacities that may enhance the overall performance of the hospital organization.

2. The second implication is employee development. If in fact the prior implication has validity, it is a common practice among organizations for leaders go through leadership development programs so they the leaders in turn influence followers. On the other hand, the findings may imply that time would be better spent in integrating intensive followership programs that develop PsyCap capacities within followers as to influence their leaders or at least change perception, that is assuming that those leaders who are rated a laissez-faire may be rated differently if those followers could develop higher levels of PsyCap. This implication demonstrates a challenge though, as was the previous implication for HR professionals, and that is it is a demanding task and requires knowledge in order to develop employees and build within them positive psychological resources like PsyCap.
3. The third implication is considering the leadership process in regards to transformational leadership. With moderate PsyCap levels present among a portion of followers participating, it could be implied that the leadership process among the followers and leaders in the participating hospital is positive, at least in regards to the followers rating their leaders as transformational. It is assumed that transformational leadership would be favorable to a positive and productive leadership process because of all the factors that empower followers and result in high performance as indicative of the six key behavioral dimensions (Gooty et al., 2013; Podsakoff et al., 1996) of transformational leadership:
 - Articulating a vision,
 - Fostering the acceptance of group goals,
 - Modeling behaviors consistent with the articulated vision,
 - Providing individualized support and consideration,

- Setting high performance expectations, and
- Providing intellectual stimulation

Yet, this implication in the same vein does not answer certain questions regarding the source of the dynamics occurring in the leadership process: Is the transformational behavior of leader causing followers to rate higher on the PCQ or do followers with PsyCap affect their perception differently than others?

4. The fourth implication is considering the leadership process in regards to transactional leadership. This is the one hypothesis that was rejected. PsyCap actually had a positive relationship with transactional leadership. Therefore, the implication could be two-fold. First, there may be a deficiency in the study due to a small sample. Second, it may provide insight to the leadership process. If in fact followers who rate higher on PsyCap and interact with transactional leaders, would validate some of the literature indicating that followers may actually be influencing leaders more than leaders influence followers in some contexts. Considering this may further provide implications to followers who are resilient and optimistic can easily withstand leaders who are strongly transactional.
5. Additionally, the fifth implication is the comparison of the transformational and transactional ratings. Based on the results, followers with moderate PsyCap levels rated their leaders as transformational and transactional. At first glance, this may seem to be a paradox. However, after closer analysis this may imply and add greater strength to the followership literature in regards to followers affecting leaders. This may further imply that followers who possess at least moderate levels of PsyCap may in fact filter leader behavior differently than those who have low levels of PsyCap.

6. The sixth implication is considering the leadership process in regards to laissez-faire. This dimension was all but absent in the data. Therefore, in harmony with the literature, teams who have levels even mild levels of PsyCap and transformational behavior will overshadow any trace of laissez-faire behavior. Also, this may further imply that hospital organizations fundamentally do not have that sort of behavior because of the intense nature of the work environment and those that display even a trace is likely removed.
7. The seventh implication considers that although correlation has not shown to be statistically significant, there is a positive relationship (transformational and transactional) and demographics have shown significant difference. Therefore, it could be implied that a larger sample would results in a statistically significant correlation (<0.05) between followers, possessing at least moderate levels of PsyCap, that rate leaders higher on the transformational scales.
8. The eighth implication would be that demographics have an effect on the leadership process. This could be extended to hospitals with a majority age group, ethnicity, gender etc. For example, hospitals with age demographics that are more conducive to higher ratings of PsyCap and transformational leadership may boost higher in performance metrics.
9. The ninth implication would be that if the eighth implication proved to be correct, then that would surmise that other hospitals with the wrong demographic mix would prove to show lower ratings of leadership and therefore a decline in performance metrics. As stated previously in chapter three, the followership typologies presented (p.21) demonstrate various strands of discipline and contexts in relation to the leadership process. Therefore, adding another context for investigating follower influence and or

leadership process adds to the repertoire of support to the typologies that represent “critical follower characteristics that distinguish among types of followers” and expands “the theoretical rationales for how these different types of followers influence their leader and the leadership process” (Oc and Bashshur, 2013).

10. The tenth implication considers the micro realm of PsyCap. Because, as mentioned previously, the state-like psychological attributes, as indicative of POB, are “open to change and development” instead of attributes that are “hard-wired” or trait-like, suggests that PsyCap can be developed among the teams that rate lower on the PCQ for each hospital department and also reiterates the ability to develop these attributes.

These implications are to be considered for further analysis, application, revising research direction, and improving methodology that may make a significant contribution to the extant research of the topic. After considering implications, it will be necessary to review the recommendations for future research.

Recommendations for Future Research

After analysis, there are thirteen recommendations for future research that may contribute to the leadership literature, especially that of followership and the leadership process. These recommendations are fundamental to this topic, but are not comprehensive.

1. The first recommendation for future research would be to collect a sample size adequate enough to determined statistical significance in administering a study similar to this research. Obtaining a larger sample may provide researchers to make more conclusive analysis.
2. Additionally to obtaining a larger sample, it may be beneficial for future research to obtain a larger enough follower-leader ratio. Though there may be valuable data to make

an inference to a general population, looking at ratios within a segment of the sample, or in the case of this study a department, may provide valuable insights as to not only the differences of the leadership process occurring within a department or segment of the sample, but also may provide deeper insight as to how followers influence each other that in turn affects a leadership process. As to this study, the intended ratio was 5:1, but resulted in a 1:1. It may be useful to remain with a 5:1 ratio, but for deeper analysis, it may be better to obtain approximately a 20:1 ratio. Achieving such a ratio may ensure better analysis and evaluation of PsyCap effectiveness on a particular leadership process.

3. In order to provide breadth to this line of research as presented in this study, it may be better suited to not only determine statistical significance using quantitative methods between the PCQ and other instruments, but also employ qualitative methods to analyze perceptions, feelings, and outlooks from follower participants. Doing so, there may be more of a holistic understanding of followers who rate their leaders as transformational. Or, it may bring to light why certain age groups rates their leaders as transformational or even transactional and laissez-faire. Quantitative data may only provide a statistical significance, but qualitative data may answer the why. This may be of significant importance when it comes to organizational development and implementing hospital program that engender higher levels of PsyCap.
4. Another recommendation would be to analyze hospitals in terms of departments. What would be the goal of this approach? It would be to understand a clearer picture of departments that would allow future researchers and scholars to compare and contrast micro groups within the hospital organization. These micro groups are significant to consider because of the nature of POB focused on the micro levels. The effort of

organizational development specialists and management who may employ POB scholarship and researcher may be better equipped to determine employee development strategies and training. Moreover, an analysis of multiple micro groups may provide a macro view of the organization or even region that would allow the development of employees to be better aligned with hospital's overall strategy and be better prepared to compete in a highly competitive market.

5. As a continuation of the previous recommendation for future research and its implications, it may be of value to survey multiple hospitals across various states. Doing so may provide, or wash out, the variance within the demographics. However, if a survey spanning across state lines with varied demographics does not show a change in variance, or of any significance, then understanding demographic impact on leader perception and followers' influence on a leadership process provides organizations more tools in organizing their workforce.
6. Another recommendation and its implications would be to set aside the various demographic points and focus on a single demographic in multiple hospitals, such as age groups, educational level, or gender. In fact, focusing on many demographic points one at a time could provide multiple strands of research regarding the leadership process. It could be broken down, as for example, as a specified gender with a certain level of education. Another example could provide universities a framework to evaluate their healthcare programs' graduates. The evaluation could provide insight as to understanding the bearing universities have on their students as to learning and developing positive psychological capacities as taught in the university and if those attributes are manifested in the workplace. In other words, evaluating healthcare program graduates in their work

environment is seeking the source of these positive attributes. Of course, this train of thought could move easily into the field of child development and family studies because of development of these attributes early in life.

7. Another recommendation would be to perform a cross sectional study on single departments at multiple hospitals. The reason so is because each department functions differently and leaders and followers in one department may be required, because of the department function, to act very differently than another department. What could be the implications to this? One implication is that it could generate over time a profile database indicating certain healthcare or hospital functions that are favorable to PsyCap or vice versa. This could provide tools for university work placement programs, career counselors, career profile software developers, and human resources personnel.
8. An eighth recommendation would be to evaluate the leadership process in analyzing the PsyCap ratings of the followers by administering the leadership PCQ rating form. The results may compare how the follower self-rated PsyCap to the leader rating of the follower's PsyCap. This would align with Implicit Leadership theories. It would be significant to add a depth of understanding within the context of a micro in which both followers and leaders understand one another. This becomes, in a sense, a transparent co-production of leadership.
9. A ninth recommendation would be to perform a longitudinal study of comparing leaders inception of an assignment with direct followers over a certain time period. This may provide further insight as to the evolution of the leadership process and the role the follower has in that evolution. In the same vein, it may be pertinent to administer a more simplified version of this recommendation and duplicate the present study over a period

of time and compare data for variance and trends that would provide insight to the leadership process.

10. The tenth recommendation for future research would to answer the research question:

“Do leaders that are rated higher in transformational leadership scales also rate higher on the PCQ scales?” This may provide insight as to the relationship between transformational and positive constructs. In determining types of positive leadership behavior, it may identify that transformational falls into the POB realm and provides a foundation to identify more leadership styles and behaviors considered as positive leadership.

11. Eleventh recommendation. As a sister to the Implicit Leadership Theory, employing a study in the hospital within the framework of Implicit Followership Theory may provide further insight into the followers’ perception based on demographics. Though this study has provided some significant difference in regards to demographics, analyzing followers’ perception of leader prototypes based on PCQ and MLQ may more expand the psychological prototype databases.

12. The twelfth recommendation for future research is prompted by the seventh limitation.

Because the leadership process between vice president to directors and nurse managers to clinicians is fundamentally different, future research would call for a careful analysis of the leadership process on management levels. In other words, analyzing a CEO leading a team of executives who possess a very different skill set than other levels, may give a different insight to followership and leadership process compared to the leadership process between lower level management and clinicians. Therefore, focusing on one or the other level warrants future research.

13. Continuing from implication three and research discussion, the following question must be answered to better understand the dynamics occurring on the leadership process. Does the leader actually demonstrate transformational behavior or does the follower possessing PsyCap filter negative behaviors through the positive lens of PsyCap and result in a perceptive façade sort of speak? This brings up another point, is there such thing as a PsyCap follower filter? Though the literature adamantly opposes that positive organizational behavior and its positive constructs is not a “Pollyanna” view or approach because it still considers what is going wrong, does a person who possesses hope, self-efficacy, resilience, and optimism naturally filter, process, and interact in a way that gives the follower a sense of self-control and confidence and may not reflect reality?

In summary, there are many recommendations for future research as suggested.

Furthering the research with the presented recommendations may provide a framework and ideas that will prompt other researchers and scholars to employ and build upon the extant research in followership, positive organizational behavior, and leadership processes particularly within the context of healthcare or hospital organizations.

Conclusion

This study has provided preliminary findings in discovering a clearer picture of followership contribution in the leadership process. The incremental information of this study has furthered an understanding of the impact, influence, or perception that followers have on/towards leaders. Understanding the followership process in regards to the leader contribution should be considered equal in significance and studied in tandem. Research in social influence and Social Impact Theory has supported the notion that leaders can be influenced by their followers (Oc & Bashshur 2013). According to this study, followers’ ratings of PsyCap have a

relationship with leader behavior or perception of the leader. In the same right, van Vugt (2006) proposes that “there might be indirect benefits for followers that derive from their association with good leaders” (p. 355) such as higher levels of follower PsyCap (van Vugt, 2006). To reiterate the questions, “So what of followers influence on leaders?” Is it indirect benefits because of the leader behavior independent, or is it the established relationship moderated by social influence that benefits the follower and leader, or positive resources such as PsyCap that significantly contributes to the leadership process? Regardless, based on this study there is indeed a relationship, though preliminary, a relationship that warrants further research on the topic.

If indeed the proximal and distal outcomes as a result of follower behavior, particularly that of positive resources such as PsyCap, affect leadership processes and even patient satisfaction, then its development and incubation would logically be of high priority for management and organizations as a whole. As suggested by Youssef and Luthans (2007), the POB discipline and its positive core construct, such as PsyCap, is to “give a renewed emphasis to the importance of a positive approach” in organizations so that the competitive edge resides in an organization’s human resources and to accentuate the opportunity for individuals to flourish. Naturally if individuals flourish according the context of the organization and for the organization, then that organization would flourish and greater heights would be achieved.

REFERENCES

- Alrubaiee, L., & Alkaa'ida, F. (2011). The mediating effect of patient satisfaction in the patients' perceptions of healthcare quality - patient trust relationship. *International Journal of Marketing Studies*, 3(1), 103-127.
- American College of Healthcare Executives. (2012). Top issues confronting hospitals: 2012. (2012). Retrieved from <http://www.ache.org/pubs/research/ceoissues.cfm>
- Antonakis, J., Avolio, B. J., & Sivasubramaniam, N. (2003). Context and leadership: An examination of the nine-factor full-range leadership theory using the multifactor leadership questionnaire. *The Leadership Quarterly*, 14(3), 261-295.
[http://dx.doi.org/10.1016/S1048-9843\(03\)00030-4](http://dx.doi.org/10.1016/S1048-9843(03)00030-4)
- Attitude is everything. (2012). *Medical Economics*, 89(16), 15.
- Avey, J. B., Reichard, R. J., Luthans, F., & Mhatre, K. H. (2011). Meta-analysis of the impact of positive psychological capital on employee attitudes, behaviors, and performance. *Human Resource Development Quarterly*, 22(2), 127-152. doi:10.1002/hrdq.20070
- Avolio, B., & Bass, B. (2004). *Multifactor leadership questionnaire manual and sample set* (3rd ed.). Menlo Park, CA: Mind Garden Inc.
- Avolio, B. J., & Bass, B. M. (1999). Re-examining the components of transformational and transactional leadership using the multifactor leadership questionnaire. *Journal of Occupational & Organizational Psychology*, 72(4), 441-462.
- Baker, S. D. (2007). Followership: The theoretical foundation of a contemporary construct. *Journal of Leadership & Organizational Studies*, 14(1), 50-60.
doi:10.1177/0002831207304343

- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: Freeman
- Barbuto, J. E. (2005). Motivation and transactional, charismatic, and transformational leadership: A test of antecedents. *Journal of Leadership & Organizational Studies*, 11(4), 26-40.
- Bass, B. (1985). *Leadership and performance beyond expectation*. New York, NY: Free Press.
- Bass, B. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 9, 19-31.
- Bass, B., & Avolio, B. (1994). *Improving organizational effectiveness through transformational leadership*. Thousand Oaks, CA: SAGE.
- Bass, B. M. Steidimeier, P. (1999). Ethics, character, and authentic transformational leadership behavior. *Leadership Quarterly*, 10(2), 181.
- Bolkan, S., & Goodboy, A. K. (2009). Transformational leadership in the classroom: Fostering student learning, student participation, and teacher credibility. *Journal of Instructional Psychology*, 36(4), 296-306.
- Bolkan, S., & Goodboy, A. K. (2010). Transformational leadership in the classroom: The development and validation of the student intellectual stimulation scale. *Communication Reports*, 23(2), 91-105. doi:10.1080/08934215.2010.511399
- Bossidy, L., & Charan, R. (2009). *Execution: The discipline of getting things done*. New York, NY: Crown Publishing Group.
- Brumm, C. A., & Drury, S. (2013). Leadership that empowers: How strategic planning relates to followership. *Engineering Management Journal*, 25(4), 17-32.
- Burns, J. M. (1978). *Leadership*. New York, NY: Harper & Row.
- Cameron, K. (2012). *Positive leadership: Strategies for extraordinary performance*. San Francisco, CA: Berrett-Koehler Publishers Inc.

- Cameron, K., & Spreitzer, G. (Eds.). (2012). *The oxford handbook of positive organizational scholarship*. New York, NY: Oxford University Press.
- Cameron, K. S., Dutton, J. E., & Quinn, R. E. (Eds.). (2003). *Positive organizational scholarship: Foundations of a new discipline*. San Francisco, CA: Berrett-Koehler Publishers.
- Cameron, K. S. (2004). Contributions to the discipline of positive organizational scholarship. *American Behavioral Scientist*, 47(6), 731.
- Carsten, M. K., & Uhl-Bien, M. (2013). Ethical followership: An examination of followership beliefs and crimes of obedience. *Journal of Leadership & Organizational Studies (Sage Publications Inc.)*, 20(1), 49-61. doi:10.1177/1548051812465890
- Chaleff, I. (1995). *The courageous follower: Standing up to and for our leaders* (1st ed.). San Francisco: Berrett-Koehler Publishers, Inc.
- Cliff, B. (2012). Patient-centered care: The role of healthcare leadership. *Journal of Healthcare Management*, 57(6), 381-383.
- Collinson, D. (2006). Rethinking followership: A post-structuralist analysis of follower identities. *Leadership Quarterly*, 17(2), 179-189. doi:10.1016/j.leaqua.2005.12.005
- Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (Third ed.). Thousand Oaks, CA: SAGE.
- Deluga, R. J. (1990). The effects of transformational, transactional, and laissez faire leadership characteristics on subordinate influencing behavior. *Basic & Applied Social Psychology*, 11(2), 191-203.

- Den Hartog, D. N., Van Muijen, J. J., & Koopman, P. L. (1997). Transactional versus transformational leadership: An analysis of the MLQ. *Journal of Occupational and Organizational Psychology*, 70(1), 19-34. doi:10.1111/j.2044-8325.1997.tb00628.x
- DerGurahian, J. (2009). The bottom line on happiness. *Modern Healthcare*, 8-12.
- Detert, J. R., & Burris, E. R. (2007). Leadership behavior and employee voice: Is the door really open? *Academy of Management Journal*, 50(4), 869-884. doi:10.5465/AMJ.2007.26279183
- Downton, J. V. (1973). *Rebel Leadership: Commitment and Charisma in the Revolutionary Process*. New York: Free Press.
- Ehrhart, M. G., & Klein, K. J. (2001). Predicting followers' preferences for charismatic leadership: The influence of follower values and personality. *Leadership Quarterly*, 12(2), 153.
- Epitropaki, O., & Martin, R. (2004). Implicit leadership theories in applied settings: Factor structure, generalizability, and stability over time. *Journal of Applied Psychology*, 89(2), 293-310. doi:10.1037/0021-9010.89.2.293
- Epitropaki, O., Sy, T., Martin, R., Tram-Quon, S., & Topakas, A. (2013). Implicit leadership and followership theories "in the wild": Taking stock of information-processing approaches to leadership and followership in organizational settings. *Leadership Quarterly*, 24(6), 858-881. doi:10.1016/j.leaqua.2013.10.005
- Essays, U. (2013). The impact of implicit followership. Retrieved from <http://www.ukessays.com/essays/management/the-impact-of-implicit-followership-management-essay.php#ixzz35zaAP9TV>
- Fredrickson, B. L. (2004). The broaden-and-build theory of positive emotions. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 359(1449), 1367-1377.

French, S. L., & Holden, T. Q. (2012). Positive organizational behavior: A buffer for bad news.

Business Communication Quarterly, 75(2), 208-220. doi:10.1177/1080569912441823

Fulmer, R. M., & Wagner, S. (1999). Leadership: Lessons from the best. *Training &*

Development, 53(3), 28.

Goodnight, R. (2004). Laissez-faire leadership. In G. Goethals, G. Sorenson & J. Burns (Eds.),

Encyclopedia of leadership (pp. 821). Thousand Oaks, CA: SAGE

<http://dx.doi.org/10.4135/9781412952392.n189>

Gooty, J., Gavin, M., Johnson, P. D., Frazier, M. L., & Snow, D. B. (2009). In the eyes of the

beholder: Transformational leadership, positive psychological capital, and performance.

Journal of Leadership & Organizational Studies (Sage Publications Inc.), 15(4), 353-367.

Griffin, Don. (2012). *Hospitals: What they are and how they work* (4th ed.). Sudbury,

Massachusetts: Jones and Bartlett publishers.

Harrison, J. (2011). Instructor transformational leadership and student outcomes. *Emerging*

Leadership Journeys, 4(1), 82-136.

Hartog, D. N. D., Van Muijen, J. J., & Koopman, P. L. (1997). Transactional versus

transformational leadership: An analysis of the MLQ. *Journal of Occupational &*

Organizational Psychology, 70(1), 19-34.

Hater, J., & Bass, B. (1988). Superiors' evaluations and subordinates' perceptions of

transformational and transactional leadership. *Journal of Applied Psychology*, 73, 695-702.

Hinds, R. S. (2005). *An examination of transformational leadership theory in the addictions*

treatment field (Doctoral dissertation). Available from ProQuest Dissertations & Theses Full

Text. (VMI No. 305350734).

- Hinkin, T. R., & Schriesheim, C. A. (2008). An examination of 'nonleadership': From laissez-faire leadership to leader reward omission and punishment omission. *Journal of Applied Psychology, 93*(6), 1234-1248. doi:10.1037/a0012875
- Hinkin, T. R., & Tracey, J. B. (1999). The relevance of charisma for transformational leadership in stable organizations. *Journal of Organizational Change Management, 12*(2), 105.
- Hinojosa, A. S., McCauley, K. D., Randolph-Seng, B., & Gardner, W. L. (2014). Leader and follower attachment styles: Implications for authentic leader–follower relationships. *Leadership Quarterly, 25*(3), 595-610. doi:10.1016/j.leaqua.2013.12.002
- Howell, J., & Shamir, B. (2005). The role of followers in the charismatic leadership process: Relationships and their consequences. *Academy of Management Review, 30*, 96-115.
- Hrebiniak, L. G. (2005). *Making strategy work: Leading effective execution and change*. Upper Saddle River, N.J.: Wharton School.
- Huselid, M. A., Becker, B. E., Beatty, R. W. (2005). *The workforce scorecard: Managing human capital to execute strategy*. Boston, Mass.: Harvard Business School Press.
- Janicijevic, I., Seke, K., Djokovic, A., & Filipovic, T. (2013). Healthcare workers satisfaction and patient satisfaction--where is the linkage? *Hippokratia: Quarterly Medical Journal, 17*(2), 157-162.
- Jensen, S. M., & Luthans, F. (2006). Relationship between entrepreneurs' psychological capital and their authentic leadership. *Journal of Managerial Issues, 18*(2), 254-273.
- Jung, D. I., & Avolio, B. J. (2000). Opening the black box: An experimental investigation of the mediating effects of trust and value congruence on transformational and transactional leadership. *Journal of Organizational Behavior, 21*(8), 949-964.
doi:10.1002/1099-1379(200012)21:8<949::AID-JOB64>3.0.CO;2-F

- Kaplan, R. S., Norton, D. P. (2004). *Strategy maps: Converting intangible assets into tangible outcomes*. Boston: Harvard Business School Press.
- Kaplan, R. S., Norton, D. P. (2008). *The execution premium: Linking strategy to operations for competitive advantage*. Boston, Mass.: Harvard Business Press.
- Kaplan, R. S., Norton, D. P. (1996). *The balanced scorecard: Translating strategy into action*. Boston, Mass: Harvard Business School Press.
- Keller, T. (2003). Parental images as a guide to leadership sensemaking: An attachment perspective on implicit leadership theories. *Leadership Quarterly*, 14(2), 141.
doi:10.1016/S1048-9843(03)00007-9
- Kellerman B, . (2007). What every leader needs to know about followers. *Harvard Business Review*, 85(12), 84-91.
- Kelley, R. E. (1988). In praise of followers. *Harvard Business Review*, 66(6), 142-148.
- Kelloway, E. K., Turner, N., Barling, J., & Loughlin, C. (2012). Transformational leadership and employee psychological well-being: The mediating role of employee trust in leadership. *Work & Stress*, 26(1), 39-55. doi:10.1080/02678373.2012.660774
- Kritsotakis, G., Koutis, A. D., Alegakis, A. K., Koukouli, S., & Philalithis, A. E. (2012). Social capital and patient satisfaction with cancer care A cross-sectional study in greece. *Archives of Hellenic Medicine / Arheia Ellenikes Iatrikes*, 29(1), 91-99.
- Kupfer, J., Bond, E. (2012). Patient satisfaction and patient-centered care: Necessary but not equal. *Jama*, 308(2), 139-140. doi:10.1001/jama.2012.7381
- Ladhari, R., & Rigaux-Bricmont, B. (2013). Determinants of patient satisfaction with public hospital services. *Health Marketing Quarterly*, 30(4), 299-318.
doi:10.1080/07359683.2013.844015

- Larson, M., & Luthans, F. (2006). The potential added value of psychological capital in predicting work attitudes. *Journal of Leadership and Organization Studies*, 13, 44-61.
- Leigh, D., & Rouse, S. (2009). *Protection of human participants in research: Policies and procedures manual*. Unpublished manuscript.
- León, J., & Núñez, J. (2013). Causal ordering of basic psychological needs and well-being. *Social Indicators Research*, 114(2), 243-253. doi:10.1007/s11205-012-0143-4
- Levine, K. J. (2010). Measuring transformational and charismatic leadership: Why isn't charisma measured? *Communication Monographs*, 77(4), 576.
- Lim, S., Othman, R., Zain, A. Y., & Pengiran, D. S. R. (2012). Implicit leadership theories of bruneians. *Journal of Asia-Pacific Business*, 13(4), 302-319.
- Longenecker, C. O., & Longenecker, P. D. (2014). Why hospital improvement efforts fail: A view from the front line. *Journal of Healthcare Management / American College of Healthcare Executives*, 59(2), 147-157.
- Lord, R. G., Foti, R. J., & De Vader, C. L. (1984). A test of leadership categorization theory: Internal structure, information processing, and leadership perceptions. *Organizational Behavior & Human Performance*, 34(3), 343-378.
- Lord, R. G., & Brown, D. J. (2001). Leadership, values, and subordinate self-concepts. *Leadership Quarterly*, 12(2), 133.
- Lowe, K. B., Kroeck, K. G., & Sivasubramaniam, N. (1996). Effectiveness correlates of transformational and transactional leadership: A meta-analytic review of the mlq literature. *The Leadership Quarterly*, 7(3), 385-425.
- [http://dx.doi.org.lib.pepperdine.edu/10.1016/S1048-9843\(96\)90027-2](http://dx.doi.org.lib.pepperdine.edu/10.1016/S1048-9843(96)90027-2)

- Luthans, F., Vogelgesang, G., Lester, P. (2006). Developing the psychological capital of resiliency. *Human Resource Development Review*, 5(1), 25-44.
- Luthans, F., Youssef, M., Avolio, B. (2007a). *Psychological capital developing the human competitive edge*. New York, NY: Oxford University Press.
- Luthans, B. C., Luthans, K. W., & Jensen, S. M. (2012). The impact of business school students' psychological capital on academic performance. *Journal of Education for Business*, 87(5), 253-259. doi:10.1080/08832323.2011.609844
- Luthans, F. (2002). The need for and meaning of positive organizational behavior. *Journal of Organizational Behavior*, 23(6), 695-706. doi:10.1002/job.165
- Luthans, F. (2007). Hope, optimism, and other business assets. *Gallup Management Journal Online*. <http://www.gallup.com/businessjournal/25708/hope-optimism-other-business-assets.aspx>
- Luthans, F., Avey, J. B., Avolio, B. J., Norman, S. M., & Combs, G. M. (2006). Psychological capital development: Toward a micro-intervention. *Journal of Organizational Behavior*, 27(3), 387-393. doi:10.1002/job.373
- Luthans, F., & Avolio, B. J. (2009). The ?point? of positive organizational behavior. *Journal of Organizational Behavior*, 30(2), 291-307. doi:10.1002/job.589
- Luthans, F., Avolio, B. J., Avey, J. B., & Norman, S. M. (2007b). Positive psychological capital: Measurement and relationship with performance and satisfaction. *Personnel Psychology*, 60(3), 541-572. doi:10.1111/j.1744-6570.2007.00083.x
- Luthans, F., Avolio, B. J., Walumbwa, F. O., & Li, W. (2005). The psychological capital of chinese workers: Exploring the relationship with performance. *Management and Organization Review*, 1(2), 249-271. doi:10.1111/j.1740-8784.2005.00011.x

- Luthans, F., & Church, A. H. (2002). Positive organizational behavior: Developing and managing psychological strengths. *Academy of Management Executive*, 16(1), 57-72. doi:10.5465/AME.2002.6640181
- Luthans, F., Norman, S. M., Avolio, B. J., & Avey, J. B. (2008). The mediating role of psychological capital in the supportive organizational climate employee performance relationship. *Journal of Organizational Behavior*, 29(2), 219-238. doi:10.1002/job.507
- Luthans, F., & Youssef, C. M. (2007). Emerging positive organizational behavior. *Journal of Management*, 33(3), 321-349. doi:10.1177/0149206307300814
- Malos, R. (2012). *Leadership styles. Economic Studies*. 2012, pp. 421-426.
- McCarthy, M. (1997). Remedies for the leaderless workforce: A review of the transformational leadership literature. *International Journal of Employment Studies*, 5(1), 117.
- McMillan, J., & Schumacher, S. (2001). *Research in education: A conceptual introduction* (5th ed.). New York, NY: Longman.
- Moolenaar, N. M. (2010). Occupying the principal position: Examining relationships between transformational leadership, social network position, and schools' innovative climate. *Educational Administration Quarterly*, 46(5), 623.
- Morgan, M., Levitt, R., & Malek, W. (2007). *Executing your strategy: How to break it down and get it done*. Boston, MA: Harvard Business School Press.
- Nahapiet, J., & Ghoshal, S. (1998). Social capital, intellectual capital, and the organizational advantage. *Academy of Management Review*, 23(2), 242-266. doi:10.5465/AMR.1998.533225
- Northouse, P. (1997). *Leadership: Theory and practice*. Thousand Oaks, CA: SAGE Publications.

- Oc, B., & Bashshur, M. R. (2013). Followership, leadership and social influence. *Leadership Quarterly*, 24(6), 919-934. doi:10.1016/j.leaqua.2013.10.006
- Peterson, C. (2000). The future of optimism. *American Psychologist*, 55(1), 44.
- Peterson, S. J., Luthans, F. (2003). The positive impact and development of hopeful leaders. *Leadership and Organization Development Journal*, 24(1), 26-31.
- Peterson, S. J., Luthans, F., Avolio, B. J., Walumbwa, F. O., & Zhang, Z. (2011). Psychological capital and employee performance: A latent growth modeling approach. *Personnel Psychology*, 64(2), 427-450. doi:10.1111/j.1744-6570.2011.01215.x
- Podsakoff, P., MacKenzie, S., Moorman, R., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *Leadership Quarterly*, 1, 107-142.
- Podsakoff, P. M., MacKenzie, S. B., & Bommer, W. H. (1996). Transformational leader behaviors and substitutes for leadership as determinants of employee satisfaction, commitment, trust, and organizational citizenship behaviors. *Journal of Management*, 22(2), 259.
- Pricewaterhouse Coopers. (2012). Top health industry issues of 2013. <https://www.pwc.com/us/en/health-industries/top-health-industry-issues/assets/pdf/pwc-hri-top-health-industry-issues-2013.pdf>
- Rath, T., & Harter, J. (2010). *Wellbeing: The five essential elements*. New York, NY: Gallup Press.
- Sanderson, B., Rice, B., & Fox, M. (2008). Physician integration is Back—and more important than ever. *Hfm (Healthcare Financial Management)*, 62(12), 64-71.

- Schriesheim, C. A., Wu, J. B., & Scandura, T. A. (2009). A meso measure? Examination of the levels of analysis of the multifactor leadership questionnaire (MLQ). *Leadership Quarterly*, 20(4), 604-616. doi:10.1016/j.leaqua.2009.04.005
- Senge, P. M. (1990). *The fifth discipline: The art and practice of the learning organization*. New York, NY: Currency Doubleday.
- Skogstad, A., Einarsen, S., Torsheim, T., Aasland, M. S., & Hetland, H. (2007). The destructiveness of laissez-faire leadership behavior. *Journal of Occupational Health Psychology*, 12(1), 80-92. doi:10.1037/1076-8998.12.1.80
- Snyder, C. R., & Forsyth, D. R. (1991). *Handbook of social and clinical psychology: The health perspective*. New York: Pergamon Press.
- Snyder, C. R., Lopez, S. J. (2002). *Oxford handbook of positive psychology*. New York, NY: Oxford University Press.
- Sosik, J., Chun, J., & Zhu, W. (2014). Hang on to your ego: The moderating role of leader narcissism on relationships between leader charisma and follower psychological empowerment and moral identity. *Journal of Business Ethics*, 120(1), 65-80. doi:10.1007/s10551-013-1651-0
- Spinelli, R. J. (2006). The applicability of Bass's model of transformational, transactional, and laissez-faire leadership in the hospital administrative environment. *Hospital Topics*, 84(2), 11-18.
- Stefl, M. E. (2008). Common competencies for all healthcare managers: The healthcare leadership alliance model. *Journal of Healthcare Management / American College of Healthcare Executives*, 53(6)

- Sy, T. (2010). What do you think of followers? Examining the content, structure, and consequences of implicit followership theories. *Organizational Behavior & Human Decision Processes*, *113*(2), 73-84. doi:10.1016/j.obhdp.2010.06.001
- Tee, E. Y. J., Paulsen, N., & Ashkanasy, N. M. (2013). Revisiting followership through a social identity perspective: The role of collective follower emotion and action. *Leadership Quarterly*, *24*(6), 902-918. doi:10.1016/j.leaqua.2013.10.002
- Thayaparan, A. J., & Mahdi, E. (2013). The patient satisfaction questionnaire short form (PSQ-18) as an adaptable, reliable, and validated tool for use in various settings. *Medical Education Online*, *18*, 1-2. doi:10.3402/meo.v18i0.21747
- Toor, S., & Ofori, G. (2010). Positive psychological capital as a source of sustainable competitive advantage for organizations. *Journal of Construction Engineering & Management*, *136*(3), 341-352. doi:10.1061/(ASCE)CO.1943-7862.0000135
- Uhl-Bien, M., Riggio, R. E., Lowe, K. B., & Carsten, M. K. (2014). Followership theory: A review and research agenda. *Leadership Quarterly*, *25*(1), 83-104. doi:10.1016/j.leaqua.2013.11.007
- Van Vugt, M. (2006). Evolutionary origins of leadership and followership. *Personality & Social Psychology Review (Lawrence Erlbaum Associates)*, *10*(4), 354-371. doi:10.1207/s15327957pspr1004_5
- Venkatesh, R., & Blaskovich, J. (2012). The mediating effect of psychological capital on the budget participation-job performance relationship. *Journal of Management Accounting Research*, *24*(1), 159-175. doi:10.2308/jmar-50202

- Walumbwa, F. O., Luthans, F., Avey, J. B., & Oke, A. (2009). Authentically leading groups: The mediating role of collective psychological capital and trust. *Journal of Organizational Behavior, 32*(1), 4-24. doi:10.1002/job.653
- Washington, R. R. (2007). Empirical relationships between theories of servant, transformational, and transactional leadership. *Academy of Management*.
doi:10.5465/AMBPP.2007.26509311
- Youssef, C. M., & Luthans, F. (2007). Positive organizational behavior in the workplace: The impact of hope, optimism, and resilience. *Journal of Management, 33*(5), 774-800.
doi:10.1177/0149206307305562
- Zgierska, A., Miller, M., Rabago, D. (2012). Patient satisfaction, prescription drug abuse, and potential unintended consequences. *Journal of American Medical Association, 307* (13), 1377-1378. doi:10.1001/jama.2012.419.

APPENDIX A

Multifactor Leadership Questionnaire Permission

For use by Shawn Warren only. Received from Mind Garden, Inc. on April 18, 2015



www.mindgarden.com

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her research:

Instrument: *Multifactor Leadership Questionnaire*

Authors: *Bruce Avolio and Bernard Bass*

Copyright: *1995 by Bruce Avolio and Bernard Bass*

Five sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any published material.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Most", with a long horizontal line extending to the right.

Robert Most
Mind Garden, Inc.
www.mindgarden.com

APPENDIX B

Multifactor Leadership Questionnaire Rater Form

For use by Shawn Warren only. Received from Mind Garden, Inc. on April 18, 2015

**MLQ Multifactor Leadership Questionnaire
Rater Form (5x-Short)**

Name of Leader: _____ Date: _____

Organization ID #: _____ Leader ID #: _____

This questionnaire is to describe the leadership style of the above-mentioned individual as you perceive it. Please answer all items on this answer sheet. **If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.** Please answer this questionnaire anonymously.

IMPORTANT (necessary for processing): Which best describes you?

- I am at a higher organizational level than the person I am rating.
 The person I am rating is at my organizational level.
 I am at a lower organizational level than the person I am rating.
 I do not wish my organizational level to be known.

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits the person you are describing. Use the following rating scale:

Not at all	Once in a while	Sometimes	Fairly often	Frequently, if not always
0	1	2	3	4

THE PERSON I AM RATING. . .

1. Provides me with assistance in exchange for my efforts0 1 2 3 4
2. Re-examines critical assumptions to question whether they are appropriate.....0 1 2 3 4
3. Fails to interfere until problems become serious.....0 1 2 3 4
4. Focuses attention on irregularities, mistakes, exceptions, and deviations from standards.....0 1 2 3 4
5. Avoids getting involved when important issues arise.....0 1 2 3 4
6. Talks about their most important values and beliefs0 1 2 3 4
7. Is absent when needed.....0 1 2 3 4
8. Seeks differing perspectives when solving problems0 1 2 3 4
9. Talks optimistically about the future.....0 1 2 3 4
10. Instills pride in me for being associated with him/her.....0 1 2 3 4
11. Discusses in specific terms who is responsible for achieving performance targets0 1 2 3 4
12. Waits for things to go wrong before taking action0 1 2 3 4
13. Talks enthusiastically about what needs to be accomplished.....0 1 2 3 4
14. Specifies the importance of having a strong sense of purpose0 1 2 3 4
15. Spends time teaching and coaching.....0 1 2 3 4

Continued =>

APPENDIX C

Psychological Capital Questionnaire Permission

For use by Shawn Warren only. Received from Mind Garden, Inc. on April 18, 2015



www.mindgarden.com

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her thesis or dissertation research:

Instrument: *Psychological Capital Questionnaire*

Authors: *Fred Luthans, Bruce J. Avolio and James B. Avey.*

Copyright: *2007 by Fred L. Luthans, Bruce J. Avolio and James B. Avey. All rights reserved in all media.*

Three sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any other published material.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Most", with a long horizontal line extending to the right.

Robert Most
Mind Garden, Inc.
www.mindgarden.com

APPENDIX D

Psychological Capital Questionnaire Self-Rater

For use by Shawn Warren only. Received from Mind Garden, Inc. on April 18, 2015

Psychological Capital (PsyCap) Questionnaire (PCQ)

Rater Form

Name of the Person or Position being Rated: _____

Date: _____

Organization ID #: _____ Person ID #: _____

Instructions: Below are statements that describe how you may think about the person listed above **right now**. Use the following scale to indicate your level of agreement or disagreement with each statement.

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1	2	3	4	5	6

1.	This person feels confident analyzing a long-term problem to find a solution.	1	2	3	4	5	6
2.	This person feels confident in representing his/her work area in meetings with management.	1	2	3	4	5	6
3.	This person feels confident contributing to discussions about the organization's strategy.	1	2	3	4	5	6
4.	This person feels confident helping to set targets/goals in his/her work area.	1	2	3	4	5	6
5.	This person feels confident contacting people outside the organization (e.g., suppliers, customers) to discuss problems.	1	2	3	4	5	6
6.	This person feels confident presenting information to a group of colleagues.	1	2	3	4	5	6
7.	If this person should find him/herself in a jam at work, he/she could think of many ways to get out of it.	1	2	3	4	5	6
8.	At the present time, this person is energetically pursuing his/her work goals.	1	2	3	4	5	6
9.	This person feels there are lots of ways around any problem.	1	2	3	4	5	6
10.	Right now this person sees him/herself as being pretty successful at work.	1	2	3	4	5	6
11.	This person can think of many ways to reach his/her current work goals.	1	2	3	4	5	6
12.	At this time, this person is meeting the work goals that he/she has set for him/herself.	1	2	3	4	5	6
13.	When this person has a setback at work, he/she has trouble recovering from it, moving on.	1	2	3	4	5	6
14.	This person usually manages difficulties one way or another at work.	1	2	3	4	5	6
15.	This person can be "on his/her own," so to speak, at work if he/she has to.	1	2	3	4	5	6

APPENDIX E

Participant Demographic Questionnaire

Please check as applicable:

1. Age

20-30: _____

31-40: _____

41-50: _____

51 or higher: _____

2. Gender

M _____ F _____

3. Ethnicity

African American _____ Caucasion (white) _____ Hispanic _____ Asian _____ Other _____

4. Level of education

HS Diploma _____

Associate Degree _____

Bachelors Degree _____

Masters Degree _____

Doctorate Degree _____

N/A _____

5. Years with hospital

Less than one year _____

1-5 years _____

6-10 years _____

11-15 years _____

16-20 years _____

21 or more years _____

APPENDIX F

IRB Approval

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

February 20, 2015

Shawn Warren
 [REDACTED]
 [REDACTED]

Protocol #: E0115D07

Project Title: Leadership Process: An Analysis of Follower Influence on Leader Behavior in Hospital Organizations

Dear Mr. Warren:

Thank you for submitting your application, *Leadership Process: An Analysis of Follower Influence on Leader Behavior in Hospital Organizations*, for exempt review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you and your faculty advisor, Dr. Schmieder-Ramirez, have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations (45 CFR 46 - <http://www.nihtraining.com/ohs/site/guidelines/45cfr46.html>) that govern the protections of human subjects. Specifically, section 45 CFR 46.101(b)(2) states:

(b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

Category (2) of 45 CFR 46.101, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: a) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and b) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

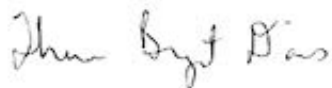
In addition, your application to waive documentation of informed consent has been **approved**.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit a **Request for Modification Form** to the GPS IRB. Because your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the GPS IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval. Should you have additional questions, please contact Kevin Collins, Manager of the Institutional Review Board (IRB) at gpsirb@pepperdine.edu. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,



Thema Bryant-Davis, Ph.D.
Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
Mr. Brett Leach, Compliance Attorney
Dr. June Schmieder-Ramirez, Faculty Advisor