



A REVIEW ON LEADERSHIP IN NURSING

Abstract:

Introduction: Effective Leadership is not only a requirement of every organization towards its success but is also viewed as an asset for the organization they belong to. Nursing, being a dynamic profession and the largest workforce in a healthcare organization, takes a major role in health leadership and policy making, while retaining their traditional caring skills. Such an effective leadership is critical in ensuring high quality care, patient safety and facilitating positive staff development.

Objectives: The review study was aimed at understanding the leadership styles and its various implications in nursing and to highlight the important factors influencing leadership styles in nursing.

Review Methodology: The review used descriptive research design using secondary sources. The study referred extensive review of literature on the important characteristics of an effective leader. The review of articles provided insight into the different classifications of leadership styles as per different authors. With regard to the appropriateness of a particular leadership style, the review finds different leadership styles suit different situations. It highlighted that leaders implement different types of skills depending on the situation and stressed that no leadership style was superior to the other.

Findings: This article highlights different leadership models and stresses on how it can be used by senior nurses as a frame of reference to build an efficient leadership style. The paper depicts the various leadership tasks in a tabular form, as explained by different authors.

Conclusion: Study concludes that effective nurse leaders should demonstrate resilience, help those they lead to think and reframe their thinking and support their nurses to embrace change.

Key Words: Leadership styles; Nursing; Characteristics; Leadership Types; Appropriateness; Leadership Tasks

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Introduction

Bringing about big changes in an organization's environment requires big and thoughtful, responses. Effective Leadership, the "DNA" of an organization is required to promote today's health environment and is an asset for the department and the organization they belong to. Many believe it is a way to improve

their personal, social and professional life. Leadership can be possible at all levels of the organization and at any stage of your career and be as simple as leading by example.¹

A dynamic profession like nursing needs confident leaders at all levels. Leadership is a key skill for nurses at all levels. This applies not only to those who are in managerial positions but

also to the novice nurses who need the confidence and skills to be able to offer leadership to nursing students and other colleagues such as healthcare assistants. Today, our nurses are exerting influence using performance indicators, PDCA (Plan, Do, Check & Act) projects and policies on every aspect of health care. Already the introduction of nursing metrics has brought nursing care firmly into the boardroom. Well collated and presented metrics make it impossible for trust directors to ignore the contribution of good nursing care towards both patient outcomes and cost-efficiency. Nurses are called to take “centre stage” in health leadership and policy making, while retaining traditional caring skills “rooted in compassion”. Effective leadership is critical in delivering high quality care, ensuring patient safety and facilitating positive staff development.²

Although there is considerable discussion and debate, there has been very little research done into nursing leadership in UAE, especially in the public sector. A Malaysian study by Ku Daud K.A3 said that whilst a number of studies report empirical research in private sectors, there is little research published on the public sector especially in ‘closed government departments’. Effective leadership is critical in delivering high-quality care, ensuring patient safety and facilitating positive staff development.⁴ The nurse leaders, according to Bondas⁵ and Roskoski,⁶ are driving forces and vital to good patient care. This supports Frankel’s affirmation that dynamic clinical leaders and supportive clinical environments are essential in the development and achievement of best practice models.

Review Methodology

The review used descriptive research design using secondary sources from journal articles on leadership styles especially in nursing aspects, the characteristics of a leader, leadership types, appropriateness of using a particular leadership style in a particular situation and the various leadership tasks. Electronic

searches were conducted in Search Database engine like the International Journal of Innovation, Journal of Nursing Management, Journal of Nursing Administration, Business and Management Studies, Scandinavian Journal of Management, Sage Publications, International review of Applied Psychology, International Journal of Nursing Studies, Nursing Education in Practice, Journal of Advanced Nursing, Journal of Human stress, Journal of Nursing education and Practice, Nursing Outlook, Nursing Education Today, Health Affairs and Personnel Psychology. Websites like Google Scholar, Wiley Online Library, magazines like Nursing Times, Administrative Sciences Quarterly and books like ‘Your Leadership Legacy: Why Looking Toward the Future Will Make You a Better Leader Today’, Human Organization- International Management and Value and Mosby were also searched for further information.

The search used various keywords like leadership styles, leadership skills, potential, nursing, healthcare, workforce, job environment, definition, characteristics, effectiveness, types, models, appropriateness, optimal leader style, situation, factors, tasks, innovation and change. Articles in English language were searched. The review included studies on leadership, its description, qualities, classifications and skills required for leadership potential, studies related to leadership in nursing and suitability of particular leadership style in a particular situation. The study excluded studies on impact of leadership styles/behavior on employees’ job satisfaction, organizational commitment and performance as well as comparison studies between leadership and management. All the titles and abstracts found in search were carefully screened by the reviewer and the articles were finally selected based on inclusion and exclusion criteria. Those articles that fell in the category of exclusion criteria were considered not eligible and were discarded.

The critical review of these articles helped in highlighting different leadership styles, its models and types, and its various

implications in nursing. The study presented the importance of effective leadership in inspiring and empowering the employees in an organization and also throws light on important factors influencing leadership styles in nursing.

Findings and Discussion

Definition

Leadership is defined as a multi-angled process of determining a goal, inspiring the team towards action and providing motivation and support to achieve mutually worked out goals⁷.

In addition, leadership has been defined in terms of the power relationship that exists between leaders and followers. From this viewpoint, leaders have power and exert it to cause change in others. Others view leadership as a transformational process that moves followers to accomplish more than what is usually expected of them. Finally, some scholars address leadership from the aspect of skills. This perspective stresses on the capabilities (knowledge and skills) that make effective leadership possible⁸.

Leadership in nursing would mean various aspects in the day to day life of a nurse. It may refer to nurses' communication skills, or their coordination skills with a team of nurses or other health care staffs on duty, under the direction of their nurse leader or it can also apply to their dealings with the patients and their relatives. The successful operation of the shift, staff morale and managing difficult or challenging situations depends largely on the team leader's leadership skills. Thus, the nursing leadership does not rest merely with administrators and high-level managers, but also can be developed and implemented at the bedside⁹.

Jonas, McCay and Keogh¹⁰, describes clinical leaders as the clinical healthcare staff who undertake the different roles of leadership: inspiring and promoting the set values and vision and

using their clinical skills and experience to ensure that patient's needs remain the central focus in the aims and delivery of an organization.

Finally, we could say a leader is one who leads his team while inspiring them to perform and engage in achieving the organization's goals and vision. This quality cannot be taught, but can be learnt through experiences and exposure and enhanced by trainings and mentorship.

Characteristics of an Effective Leader

Prof. Furnham¹¹ in his tutorial "Spotting leadership potential: the psychology of high flyers" detailed on five important factors which recruiters must seek in a candidate before deciding if he has the sort of leadership potential that an organization desired.

- 1. Cognitive Ability/Intelligence** is the best predictor to leadership success, especially at higher levels of managerial jobs and must not be confused with formal education. The brighter leaders are confident and more open to change, perform better and are respected by their team.
- 2. Stability** and resilience makes leaders good decision makers, risk-takers, they face criticism well; they take set-backs in their stride and react with less distress to anxiety/stress provoking situations.
- 3. Conscientiousness/ competence**, a much sorted virtue by the team members in their leader, determines a manager's dedication, deliberation and dutifulness. Conscientious leaders are not just hard-working but also learn to work-smart, they are achievement-oriented and aspire for themselves and their team. They are ethical, sensible and sensitive; they follow rules and deliver on their realistic promises.
- 4. Emotional Intelligence (EQ)** helps leaders to understand the importance and power of emotions. Of themselves and others, they inspire, support and influence their staff to get the best out of themselves and are hence highly productive. They develop self-awareness and the knowledge of how to deal with set-backs by regulating their own

and their team's emotions. Such leaders have social skills, charm and insight; they are liked, trusted and admired by their staff.

5. Motivation with direction is the engine of leadership success. Motivated leaders spend more time, effort and energy towards achieving their goal. Most importantly their goals are not easily satisfied and their motivation does not stop once they have achieved their goals whether they are psychological goals (like recognition) or objective goals (like monetary reward). Motivated leaders have realistic expectations; they set attainable, yet stretched goals for themselves and others. They understand the importance of giving and receiving feedback, they are less distracted by set-backs, instead learn from their mistakes and efficiently direct their efforts.

Fischer¹², pointed out in his article that leaders should be 'Risk takers' instead of avoiding risks. Leading organizations push their business boundaries to the extent of creating risks; such a 'risk-making' environment not only raises the organizational spirit and stretches the team members but also destabilizes their less-prepared competitors. An effective leader is someone who inspires and relates to subordinates, boosts up employees' motivation and makes them loyal to the organization¹³.

It is myth that great leaders are born, not made. Many have sharpened their leadership skills by substantial practice. Mahoney¹⁴ stressed that leaders are described as visionaries, equipped with strategies, a plan and desire to direct their teams and services to a future goal. Besides, Middleton J² also stressed in Nursing Times that personal reflection and following the advice of experienced, leaders could work better in refining leadership skills in nurses than by trainings. Galford, R. M and Maruca, R. F¹⁵ pointed out that the characteristic skills of the leadership legacy were ambassador, advocate, people mover, creative builder and experienced guide. An **ambassador** can instinctively diffuse nasty situations. They get involved in conflicts on behalf of their team, as opposed for their own benefit. While an

'advocate' is a spokesperson in a group, logical, persuasive and relentless, championing ideas or strategic positions, the **'people mover'** is a career-builder, motivator, someone who spots talent and nurtures qualities. They are instinctive mentors and lead team building. The **'truth-seeker'** is fair and levelheaded, process-oriented and is unfailingly competent. **'Creative builders'** in turn are visionaries and instinctively see new opportunities at the very start of things. Lastly, an **'experienced guide'** listens and puts themselves in others' shoes. They help people think through their own problems; they are natural therapists.

Sometimes, it is much easier to explain what composes an ineffective clinical leadership. A perfect example is the study by Jackson, D.et.al¹⁶, which analyzed the data from two qualitative studies and identified three forms of avoidant leader response. *Placating avoidance*, where leaders affirmed concerns but abstained from action; *equivocal avoidance*, where leaders were ambivalent in their response; and *hostile avoidance*, where the failure of leaders to address concerns escalated hostility towards the complainant. The study recommended that nurse leaders become aware of how to respond to nurses' concerns related to wrongdoing and create mechanisms to ensure provision of timely feedback about the actions taken.

Employees greatly appreciate and respects a leader, who is approachable, ready to take right risks, like stand for what is right even if that would mean risks, one who keeps his ego in check, welcomes innovative ideas and supports individual growth and adapts himself and his team to the ever changing organizational needs.

Leadership Styles

According to Flamholtz^{17,18}, the Flamholtz Leadership Effectiveness Framework Overview describes six styles of leadership on a continuum based on the amount of freedom that the leader allows to others in making decisions. Those six styles

were categorized as directive, interactive, and nondirective.

1. The leader with a *directive style* category states what will be done. When using the autocratic style, the leader does not give an explanation when giving an order while the benevolent autocratic leader gives a rationale with the order.
2. Leaders with an *interactive style* ask for the opinions of subordinates before deciding; asking for opinions on a tentative plan of action before deciding (A - consultative style) or involving the team in formulating plans and then the leader decides (B - participative style).
3. In the *nondirective category*, the final decision of what is to be done is made by the subordinates with or without the leader's influence. In the (A) consensus style, the group decides what to do while having their leader participate along with them. In contrast, the leader just presents the problem and leaves it to the group to decide what should be done in the (B) Laissez-faire style.

In the early studies, the leadership style was described to consist of two broad and independent behavior dimensions, one is production/task-oriented and the other focused on employees and relations. Others found effective leadership to depend on an interaction between employee orientation (i.e.; consideration) and production orientation (i.e.; initiating structure)^{19,20}. Again, the leadership style is seen as a combination of the three dimensions: change, production and employee/relations^{21,22}. Later after middle of 1980s, a new leadership behavior developed that focused on change within the company, called the change-oriented leadership behavior^{23,24}. Ekvall & Arvonen²⁴ described behaviors representative of the above three leadership dimensions. The *Production (task)-oriented dimension* included behaviors like planning carefully, exactly following plans and clearly defining the work requirements. The *Employee (relation) - oriented dimension* included regarding their

subordinates as individuals, being considerate and justly treating them, allowing them to formulate plans and relying on them and lastly the *Change-oriented dimension* included offering innovative ways of doing things, encouraging thoughts about future and growth.

In other researches like Burns²⁵ and Bass²⁶, the classical leadership styles, i.e. production/task-oriented and employee/relation oriented have been addressed in new dimensions called transactional versus transformational leadership styles. Burns²⁵ said that a **transformational leader** motivates subordinates by engaging them to higher standards and moral beliefs. This leadership style is a mix of employee/relation-oriented and the change-oriented leadership style; it involves inspiring and empowering employees in creative thinking and permitting innovation and individual growth. The four highly valued factors in transformational leadership are idealized influence, inspirational motivation, intellectual stimulation and individualized consideration^{26,27}. Transformational leadership is a leadership style where leaders create a vision of the future that inspires and motivates their followers towards achieving it, manage implementation successfully. An American study by Bass et al.²⁸ showed that this leadership style was more common among women leaders.

In contrast, a **transactional leader** is more focused on the system, role assumptions and prospects to award the staff. The key principle of this style is to reward every extra effort made by the staff because none can get anything from anybody unless you give him or her something in exchange²⁶.

Whatever leadership style one adopts, a leader must be aware of his own leading style because this would help him know his strengths and weaknesses. A leader can constantly improve his effectiveness in leading by strategically using his strengths and counteracting his weaker areas. Leadership style defines a

leader's values and perspective and becoming aware of this helps in him communicate better with his team.

Appropriateness, or "fit," of a leadership style to a situation

This is affected by factors like the work that the group wants to accomplish, the people doing the work, and from the organization in which the group operates. However, the two most influential sources come from the work that needs to be done and the people getting the work done. According to Flamholtz^{17,18}, an 80% to 90% of the influence on leadership effectiveness in a given situation is accounted by these situational factors. These situational factors are the extent to which a task can be programmed and the staff's potential for job autonomy^{17,33,31}. When a task is highly programmable, its best execution can be specified in advance. But when the task is not programmable, it can be executed in a number of ways which cannot be specified in advance. On the other hand, the potential for job autonomy depends on the level of education and skill of the followers, their degree of motivation, and their inclination for independence in performing their work³². Research shows that when there is a low degree of task programmability and a high potential for job autonomy, a nondirective leadership style is most effective (Table 1). Whereas, when the task programmability is high and the potential for job autonomy is low, a directive leadership style proves to be most effective. At other times, the interactive style can be most effective^{17,30,31}.

Table 1: Factors influencing Optimal Leadership Style

Task Programmability	Potential for Job Autonomy	
	Low	High
High	Directive	Interactive
Low	Interactive	Nondirective

For instance, a directive style is indicated when there is little time for decision making but when there is a generous amount of

time, people may become unwilling to accept a directive style. The culture of an organization too, has norms related to the suitability of leadership styles. In organizations where all participate and share responsibility in formulating plans and actions, a directive leadership style is despised. They would consider directive leaders dysfunctional, arrogant, and "bullying." Other organizations could find this same directive, decisive action as desirable.

Rad and Yarmohammadian³³ pointed out that different leadership style suited different situations. Therefore leaders may implement different types of skills in order to increase job satisfaction among the employees. Leadership styles are very much dependant on the organizational environment, thus showing none of the leadership styles as superior than the other¹³. In fact, there are no "really" right answers anymore in the higher management jobs, or at least few that can be identified beforehand. Instead, leaders must experiment while decision-making, by acting on hypotheses and then learn by mistakes, responding promptly and decisively as soon as a need for correction is identified.

Every leader has a basic operating style that surface from his or her own experiences, learning's and personalities. The leadership styles prevalent among the leader's peers and superiors too exert influence on the leader's choice. Leaders may feel peer pressure to use a similar style. For example; in the different wards of a hospital, it is noticed that the shift in charges who lead a team in a particular shift may knowingly or unknowingly mirror the leading styles of their own ward's Charge nurse.

Leadership models

There are a number of useful models that can be used to guide the senior nurses in leading other staff. The Transformational

and the Transactional models are the two most common models^{25,26}. Transformational leadership is a leadership style where leaders create an inspirational vision, motivate their subordinates to achieve it, manage implementation successfully, and develop the members of their teams to be even more effective in the future. The effects of transactional leadership are momentary, episodic and based on tasks, with the transactional leader intervening with negative feedback when something goes erroneous or at fault. This kind of leadership has a specific short-term project or piece of work that needs to be completed. When working in a ward, it is desired to have a leadership model that offers stability in the relation between senior and junior nurses. In these kinds of environments, the complex transformational model has a higher positive effect on conversation and teambuilding than the transactional model³⁴.

The goals and values of staff are carved and modified to achieve a collective purpose to benefit the nursing profession and also the organization in which they are employed. Bass²⁶ found out that, transformational leadership factors were more highly correlated with perceived team effectiveness and job satisfaction (than transactional leaders) and contributed more to individual performance and motivation.

Adair³⁵ proposed a different kind of a model. This is the three-circle model of strategic leadership, with the circles being the needs of the task, the employee and the team. Adair considered that knowledge or expertise in solo was not enough to lead; although leadership would be impossible without it. Leaders must be aware of the both group and individual needs, and should harmonize them to support common goals and achieve it in a successful manner. According to Adair³⁶, each of the three in the model connects with the others. One must always be seen in connection with the other two. This is a democratic model of leadership, which considers the opinions of those who carry out the task. Each individual or team they

belong to is involved in making decision about their work. The extent people are valued, their knowledge, experience and skills holds the basis and strength to this model.

Leadership models can be very useful for senior nurses and help to put the function of leadership activity into perspective. The models should be used as a frame of reference to build an efficient leadership style, which suits the individual leader and those whom they are leading. In hospital settings, it is more desirable to adopt a leadership model that brings longevity in the relationship of senior nurses with their junior nurses.

The Key Leadership Tasks

There are few leadership tasks; some focus on the work that the group does, and the rest focus on the needs of people doing the work (Table 2).

Table 2: Leadership Tasks explained by different authors

Authors	The work that the group does	Needs of people doing the work
Bowers and Seashore ³⁷	Goal emphasis work facilitation	Interaction facilitation, Supportive behavior, Personnel development
Frankel A ⁴	Making decisions; Delegating relevantly	Resolving conflicts, Acting with integrity, Nurturing others, Being emotionally in unison with staff.
Saarikoski and Leino-Kilpi ³⁸		Teacher/coach, Facilitator, Assessor, Role model/mentor
Hughes ³⁹ , Chow and Suen ⁴⁰	Supportive clinical environments	
Middleton ²		Importance of Professional interaction and socialization
Kuokkanen and Leino-Kilpi ⁴¹	Evidence-based practice better patient outcomes	Empowered motivated nurses
Aiken et al ⁴²	Conducive practice environment, High quality benchmarks	
Cook, M J. and Leathard H L ⁴³	Relevant experience, Work environment developed and supported by aspiring leaders	Gain Practical wisdom, Effective clinical leadership to improve care through others
Sorensen et al ⁴⁴	Workplace environment that suits quality patient care	Assess nursing expertise, Stand for nursing interests in corporate decision-making forums

Table 2 contd...

Authors	Needs of people doing the work
Bakker et al ⁴⁵ Constable and Russell ⁴⁶	Leaders buffer the effects of a demanding work environment, Resolve interdepartmental differences, Build effective relationships.
West-Burnham ⁴⁷	Leaders start working from within the team, Supervised learning in clinical practice fosters responsibility, emotional intelligence, motivation and a better understanding of nurses' role and identity and patient relationships
Marriner-Tomey ⁴⁸	Nurse leaders should change behavior, Provide an environment that supports the preparation of competent and expert practitioners, Act as a role model in providing effective socialization experiences

Leadership tasks must be an effective balance between getting the desired job done by his team while keeping in mind the needs of his team. A team of well nurtured and empowered nurses who work in a supportive stress-free environment will surely work smarter and render quality care to their customers (patients).

Conclusion

The present review indicates that effective nurse leaders must quickly demonstrate resilience in responding to change and supporting their nurses to embrace this change in a positive way. An effective leadership is one that helps those they lead to think and reframe their thinking, help see how the changes are not just imperative but important and achievable too. They use problem-solving skills to solve issues at work and maintain group effectiveness. In nursing, this can help induce a great influence on the subordinates at workplace, ensure the maintenance of quality and standards of practice and enable nurses' competency. A study by Bondas⁵ pointed out that those leaders who acted as driving forces were seen as a source for inspiration and role model for future nurse leaders. Leaders must develop a team spirit among their nurses, encouraging them to improve their skills and their relationship with their co-workers and effectively lead the development of clinical practice. Stanley D⁴⁹

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stressed that a health care organization should not only identify their clinical leaders but also facilitate them to see their own leadership potential. He said the most limiting factor for the development of clinical leaders was that although an organization saw their clinical leaders' potential and were prepared to support and nurture them, the clinical leaders seldom saw their own leadership potential. Innovation and change is not about processes or structure, although these are needed in complex, chaotic organizations. They are about courageous people (clinical leaders) who are prepared to act and positively impact on quality patient care and advance health care services and care standards. It was proposed that effective clinical leadership leads to innovation. Innovation leads to change and that change leads to improvements in care, service, quality and professionalism.

Recommendation

The study recommended that there is need to conduct various studies in this field:

- Current leadership styles prevalent in Nursing.
- Investigating the Demographic Factors affecting leadership styles in nursing.
- Effect of leadership styles among Nurse Leaders on their nurses' Job satisfaction and Organizational commitment.
- Effect of Leadership styles on nurses' performance and turnover.
- Role of leadership style among Nurse Leaders on Nurses' Organizational Stress.

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