Transformational leadership in nursing

MATCHING THEORY TO PRACTICE

Transformational leadership has been identified as a model particularly suited to the demands of nursing management. Claire Welford examines the theory

LEADERSHIP HAS been the subject of numerous studies in the latter half of the twentieth century. However, there is still no single clear and consistent definition of leadership or its characteristics. Bass (1990) noted that there appear to be as many definitions as there are researchers of the topic.

The concept of leadership in nursing can be traced back to Florence Nightingale. In the late

nineteenth century she exercised power autocratically and promoted her model of leadership through the role of matron. She called her nurse managers 'specials', and until the 1960s they were similar to their military counterparts.

According to Davidson and Cole (1991), Robinson (1987) believed that the matron figure added little to the advancement of practice. Salmon (1966) introduced a nursing hi-

erarchy which pushed ill-prepared nurses into promotion and during the late 1970s this structure became unstable, while Griffiths (1983) proposed devolution of responsibility with upward accountability clearly defined to general managers. By this time, however, nurses were lacking in confidence. Hempstead (1992) commented: 'Nurses never miss an opportunity to miss an opportunity'. As a result the new management structure was dominated by men. In the middle of the 1980s nursing re-examined leadership in the profession and the apparent lack of it. This led, by the end of that decade, to the publication of *A Strategy for Nursing* (DoH 1989) which defined leadership as 'setting the pace and direction for change, facilitating innovative practice, ensuring that policy is up to date, that professional standards are set in relation to care and that a comprehensive service is developed over time'.

Action targets

The strategy contained seven 'action targets' but it failed to recognise the difference between leadership and management. It also highlighted the fact that nurses needed to be trained in the styles and skills of leadership.

Literature in both the US and UK began to acknowledge the concept of leadership. Ideas were developed from industry and commerce, and Wilson (1980) identified the core of leadership as a combination of the personality of leader with the attitudes, needs and problems of the followers, the group characteristics and the situation and related tasks. This was the foundation for further research.

House and Podsakoff (1994) argue that the challenges for leaders in the late twentieth century need to be considered in the context of 'tomorrow's reality'. Healthcare management is complex and diverse and thus demands strong nursing leadership. Technology is advancing rapidly and the health 'consumer' is becoming more aware of the legal context for care and is better informed about treatments and practice. Thus, patients are increasingly seeking ownership of their own care. Ward sisters are faced with the new nursing curriculum, which produces nurses who are more curious and better equipped with analytical and assertiveness skills. This creates a challenge to nurse managers at all levels.

Leadership research

Up to the late 1980s there was a lack of research into nursing leadership in the UK. Since then most of the literature has been anecdotal with few experimental studies and some qualitative reports. Much of the research into leadership took place in the US. Bass (1990) found 7,500 research studies, papers and monographs on the subject of leadership.

A study published in the *Harvard Business Review*, which was conducted in a US public sector organisation, found that the most important feature of effective management is not skill but attitude towards staff (Livingstone 1988). The researcher found that, unfortunately, managers often unintentionally communicate low expectations. In doing so they become 'negative Pygmalions' who undermine the self-confidence of their staff and reduce their effectiveness. Wright (1996) noted that ideas on leadership have arisen from sociological studies and commentary from political and industrial sources. He also believes that these are not the most suitable sources for nursing.

Transformational leadership

'Transformational leadership' is arguably the most favourable leadership theory for clinical nursing in the general medical or surgical ward setting. For example, Sofarelli and Brown (1998) stated that transformational leadership is the most suitable leadership style for empowering nurses. However, research has indicated that no one style of leadership may be used at all times and for all situations (Broome 1990). According to Murdoch-Perra (1999), Demings (1987) based his theory on a concept of a system-wide commitment to quality. Kouzes and Posner (1995) had five principles each with several concepts. And, using a qualitative research approach, Rosen and Brown (1996) identified eight themes: vision, trust, participation, learning, diversity, creativity, integrity and community.

Leadership is also sometimes identified as a characteristic of a person in a certain situation. Theories tend to concentrate more on the style of leadership rather than on the character which needs to remain intact and functioning. According to Widerquist (2000), character identifies who we are, what we re-

spect and how well we function in situations requiring ethical and moral judgement. She also tells us that Florence Nightingale thought that there were three phases of character development: selfish indulgence, necessity of duty, and accordance with right.

Nightingale's approach to training nurses involved creating a nurse who had skills, character and discipline. Her view was that such nurses could lead 'mankind to create mankind' (Nightingale 1874). Burns (1978) identified three parts of transformational leadership:

- Individual consideration
- Charisma
- Intellectual stimulation.

While these are fundamental to the author's choice of leadership style, the other theories mentioned here will also be kept in mind. Burns (1978) stated that transformational leadership seeks to satisfy needs and that it involves the whole person and the follower. This results in a mutual relationship between leader and follower.

Charisma

This theory has charisma as its central theme. A leader with charisma has the ability to provide vision and direction for the followers. The leader provides encouragement and praise for achievements thus the followers will respect and trust the leader and the overall morale of the work environment will be improved and maintained.

Many empirical studies have shown that a leader's attitude is related to successful teamwork. Teamwork is vital for the smooth running of a general medical or surgical ward; thus, transformational leadership would work effectively in this setting. Carney (1999) described transformational leadership as empowering and inspirational. Carney also believes that this type of leadership 'challenges thinking and offers informal rewards at every opportunity'.

According to Hein (1998), Barnum defined transformational leadership in terms of an attitude more than in relation to tasks. She sees it as an approach rather than as specific behaviours. She explains that consistency is no longer required but rather that the leader should be flexible and adaptive. She also de-

scribes transformational leadership as being holistic in its approach: the leader and the followers have the same vision and so they can raise one another's levels of morality and motivation. Using transformational leadership means accepting that things will change from day-to-day and that various abilities will be required. The followers will enjoy this versatility and thus, enjoy work, and patients will gain from the nurses' enthusiasm.

Trust and pride

After providing the vision the leader must maintain the followers' trust and pride in their work and sustain his or her own credibility. The healthcare system, which is ever changing, requires this flexibility in its leaders so that change can be accepted and adopted by the followers. Transformational leadership recognises that leaders are made by followers. Rosener (1990), supported by by Markham (1996), found that women preferred transformational styles so it is perhaps no surprise that the author of this article is a woman.

Effective leadership requires an ability to put financial and human resources together to create added value for the consumer and the employee. This has been shown to require flexible organisational forms and good quality relationships, the ability to experiment with new ways of working while avoiding hierarchy. Transformational leadership is capable of matching these requirements.

According to Carney (1999), Bennis et al (1986) believe that the nurse manager can empower his or her staff by using four leadership competencies:

- Management of attention
- Management of meaning
- Management of trust
- Management of self.

Empowerment

Empowerment benefits the organisation and the patient. When professionals work together contributing their skills and expertise, a high quality of care can be practised. Patients will benefit from transformational leadership because they will be cared for in a non-prejudicial manner by a team which is inspired, empowered, motivated and which possesses enhanced communication skills.

The staff will benefit from a leader who has the necessary knowledge and skills and who is co-operative, collaborative, consultative, courageous, and able constantly to regenerate his or her thinking. Through transformational leadership the team can utilise and control costs, and nurse patients who are becoming more inquiring and educated. Each nurse in the team will be able to enhance his or her role as teacher and advocate. Through the leader's ability to maintain the vision of the team, the core essence of nursing, which is caring, is achieved.

Job satisfaction

There is a constant shortage of nurses in the hospital setting. If staff are happy at work then they will stay in their present employment. A clinical manager who uses transformational leadership will aim to provide that happiness. Leaders inspire staff to contribute to the organisation's mission. According to Cullen (1999) nurses who feel they contribute, experience job satisfaction, and nurses who experience satisfaction stay where they are. Also Hitchings et al (1989) showed that staff morale has been linked with absenteeism and staff retention. The best retention tool is a manager's ability to lead. According to Footit (1999), Yates argued that through transformational leadership the clinical manager can envision, enable, energise (using charisma) and empower his or her staff, thus developing a patient-centred service.

The leader's approach to adopting this theory of transformational leadership is vital for its success. The leader needs to establish open communication with the team if a vision is to be recognised and carried through. This will involve efficient and frequent meetings. The agenda should be established in advance and during the meeting no other items should be discussed. Issues raised should be dealt with as soon as possible. Brainstorming involving all staff should be encouraged to solve problems. The leader will need to be prepared to spend time listening.

Job motivation

The effectiveness of nursing leadership depends on the values and beliefs which the leader practises. According to Salvatore-Magahaes (1999) motivation is lowered in staff who are belittled in front of their peers or questioned about

their decisions: 'A motivating work environment would have strong teamwork peer support. It would be patient focused and positive.' By communicating openly the leader can find out what motivates his or her staff. Nurses need to receive feedback to maintain motivation and self-confidence. If the leader encourages and fosters the development of professional autonomy then a more dynamic workforce will be created. Therefore, work will be of a higher quality, absenteeism will be lower and staff turnover will be decreased.

Failure to address the needs of the staff will also mitigate against successful adoption of transformational leadership theory. The leader will need to ensure that the ward materials and equipment are up to date, that staff are educated about new products, that they are encouraged to ask questions and share experiences, that a positive environment is created where nurses feel their leader is approachable for ideas and suggestions, and that teamwork is developed and appreciation is shown. If the leader delegates appropriately then staff talents can grow and with realistic time targets, stress can be removed. Rennick-Breisch (1999) believes that the key for the leader is to work collaboratively with staff.

Management democracy

Transformational leadership is seen as an empowering form of leadership. Leadership essentially requires power and nurse managers possess legitimate power. Successful adoption of transformational leadership depends on how the leader uses this power. If power is abused then this can be detrimental to nursing morale and patient care delivery. Management democracy is needed – being able to strike the 'happy medium'. If the leader respects and trusts his or her staff's capabilities then the staff can become empowered, giving them individual freedom to make choices and accept responsibility for their actions while still maintaining teamwork.

Delegation

Transformational leadership does requires a greater degree of delegation than other models. Successful empowerment requires the leader to be clear about boundaries of responsibilities, providing information and being

supportive. The team must be managed as a team and not as individual members. Nurse leaders must demonstrate respect for their employees ideas and contribution in work and also to place their trust in the employees' ability to carry out their assigned roles. Following this the leader must recognise achievements to contribute towards empowerment.

According to Hein (1998), Cassidy Koroll (1994) remind the leader also to consider ethical aspects of transformational leadership. Leaders are often faced with proposals to increase access to health care while containing cost. The leader must, therefore, see the ethical considerations of these proposals for staff and for patients. The leader also needs to be aware of the ethics involved in refocusing healthcare priorities and refining the roles of healthcare providers. If the leader fails to consider ethical aspects then this can also mitigate against successful adoption of the chosen leadership theory.

The majority of the research findings point towards the need for further education for nurse managers in leadership. Carney (1999) tells us that 'education for leadership is clearly seen by American nurse writers as an essential requirement of today's nurse'. Managers also need to understand the difference between the concept of management and the concept of leadership. Previous short management courses were merely 'quick-fix' solutions.

Adopting transformational leadership requires education for both staff and managers. Open communication should be maintained constantly. The manager needs to have firm grasp of self-awareness, thus creating trust in the staff and a positive working environment where the manager is in tune to the needs of the staff and is able to satisfy those needs.

Constant evaluation

Constant evaluation of transformational theory and its progress in the ward environment is also recommended. It is essential to find a common goal for the team and to pursue this vision so that all can benefit. Flexibility, adaptability and consistency, energy and motivation, are key characteristics.

The work environment should be a place where motivation flourishes and employees are led through change. The manager as leader will also need to know his or her own limitations and seek help when it is required nm

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