

Developing leadership in nursing: exploring core factors

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Abstract

This article provides an introduction to the issue of nursing leadership, addressing definitions and theories underpinning leadership, factors that enhance leadership in nursing, and the nature of leadership content taught in undergraduate programmes. Highlighted are differences between leadership and management, and the notion that leadership can be 'learned'. The authors also point out that there is a discrepancy between how leading undergraduate nursing programmes prepare students primarily in the transition of education to practice, and the suggestion from a number of nursing publications that leadership in nurses should be fostered throughout their education.

Key words: Nursing leadership ■ Management ■ Factors that enhance leadership ■ Undergraduate programmes

The importance of effective leadership in health care has been emphasized by a number of authors (Dunham and Fisher, 1990; Hewison and Griffiths, 2004; Carney, 2006; Greenfield, 2007; Sutherland and Dodd, 2008), and nursing leadership is pivotal to this as nurses represent the largest discipline in health care (Oliver, 2006; Marquis and Huston, 2009; Roussel et al, 2009; Sullivan and Garland, 2010). Research on leadership has demonstrated a positive relationship with improved patient safety outcomes (Tregunno et al, 2009); healthy work environments (Shirey, 2009); job satisfaction (Heller et al, 2004; Sellgren et al, 2007); lower turnover rates (Gelinas and Bohlen, 2000); and positive outcomes for organizations, patients (Wong and Cummings, 2007) and healthcare providers (Cummings et al, 2005).

While it can be argued that there are many challenges confronting nurse leaders at the present time (new roles, new technology, financial constraints, greater emphasis on participation, cultural diversity and education), it must be emphasized that leadership should not be viewed as an optional role or function for nurses. Leadership must exist in every healthcare facility where effecting change and achieving high standards of patient care are stipulated in job titles, such as Director of Nursing, Nurse Consultant, or

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Modern Matron (Sullivan and Garland, 2010). However, the taking on of a leadership role by itself is not sufficient for ensuring effectiveness. The leader must be knowledgeable about leadership and be able to apply leadership skills in all aspects of work. Heller et al (2004) suggest that on the whole, nurses are not adequately prepared for the role of leader during their nursing education programmes. This gap between adequate educational preparation and the demands of the clinical setting can result in ineffective leadership in nursing. This is the first of two articles about promoting and developing leadership in nursing. The purpose of this first article is three-fold: firstly, to reaffirm issues concerning definitions and theories underpinning leadership; secondly, to examine the factors that enhance leadership in nursing; and thirdly to convey information about the nature of leadership content taught in undergraduate programmes.

What is leadership?

Leadership conjures up a variety of thoughts, reflections and images. These may include power, influence, followership, dynamic personality, charisma, goals, autocratic behaviour, innovation, cleverness, warmth and kindness. We may also think about leaders we have worked with in the past, or are currently working with, and reflect on the qualities and behaviour of an effective leader (Jewell, 1998; Daft, 2004; Muchinsky, 2006). Over the years, researchers have explored different dimensions of leadership as is evidenced by the many definitions that exist, including:

'The process by which an agent induces a subordinate to behave in a desired manner.' (Bennis, 1959)

'Leadership ... is the ability to influence people toward attainment of goals.' (Daft, 2000)

'Leadership is defined as influence, that is, the art or process of influencing people so that they will strive willingly and enthusiastically toward the achievement of group goals.' (Wehrich and Koontz, 2005)

'Leadership involves the use of interpersonal skills to influence others to accomplish a specific goal.' (Sullivan and Garland, 2010)

A common theme that seems to run through many definitions is that 'leadership involves influencing the attitudes, beliefs, behaviours and feelings of other people' (Spector, 2006). Although these definitions may be confusing, it is worth noting

that there is no one correct definition of leadership. This vast range of definitions can contribute to a greater understanding of the many factors that influence leadership, as well as provide different perspectives of the concept (Hughes et al, 2006).

Leadership theory

Leadership has generated a sizeable amount of research and theory (Wehrich and Koontz, 2005; Muchinsky, 2006; Spector, 2006) and the theories are often described using different classifications. Spector (2006) for example, classifies the theories in the following manner:

- (a) the trait approach, which is concerned with personal traits that contribute to effective leadership
- (b) the behaviour approach, which, like trait theory, explores leadership from the perspective of the leader and focuses on leader behaviours
- (c) the contingency approach (Fielder's contingency theory and path-goal theory) suggests that leadership is about the interaction between a person (leader), his/her behaviour and the situation
- (d) the leader-member exchange approach (charismatic or transformational leadership) is concerned with the relationships between subordinate and supervisor.

While any of these leadership theories can be used to help nurses lead, some writers have supported the use of transformational leadership as a suitable choice for advancing nursing leadership (Trofino, 1995; Sofarelli and Brown, 1998; Bowles and Bowles, 2000; Carney, 2006; Sullivan and Garland, 2010). Transformational leadership is about vision, ability to inspire followers, trust, sharing a bond with followers, and being able to empower others. Authors such as Carney (2006), Jooste (2004), Thyer (2003) and Bowles and Bowles (2000), have proposed that transformational leadership is a suitable model for directing and guiding nursing leadership. A study by Bowles and Bowles (2000) compared the transformational leadership behaviours of firstline managers working in Nurse Development Units (NDUs) and those working in non-NDUs. The NDU scheme was established in the UK to explore innovative nursing practice and increase the quantity and quality of nurse leaders. The findings indicated that the leaders' self-evaluations were similar for both groups. However, leadership of leaders working in NDUs was rated more highly by the observer evaluations than was that of leaders from non-NDUs. Furthermore, leaders from the NDUs demonstrated more transformational leadership behaviours than did their colleagues in non-NDUs. Another interesting finding from this study was that leaders from NDUs were not regarded as 'more credible role models or as being more active in promoting the capability and confidence of their staff' (Bowles and Bowles, 2000).

Nursing leadership

Although many of the research articles (Bellack et al, 2001; Kleinman, 2003; Heller et al, 2004; Cummings et al, 2008; Picker-Rotem, 2008), chapters on leadership (Marriner Tomey, 2009; Roussel et al, 2009; Halligan, 2010), and books on leadership and management (Wedderburn Tate, 1999; Hewison, 2004; Carney, 2006) reviewed for this article defined leadership, few offered a definition for the term 'nursing leadership'. In

a study to examine the characteristics of excellent nursing leadership, Dunham and Fisher (1990) put forward the following as a description:

'...administrative competence, adequate education, business skills, clinical expertise and an understanding of leadership principles.'

What was interesting about the findings from this study is that nursing leadership, as perceived by nurse executives, differed from general leadership because of its emphasis on nurses assuming responsibility for influencing and improving the practice environment. These findings are not dissimilar to those reported by Antrobus and Kitson (1999), who suggested that 'all leaders in whatever position they were in combined their sphere of influence with clinical practice'. In other words, nursing knowledge derived from nursing practice was instrumental in influencing their leadership. Other terms used to describe nursing leadership include 'empowering others, facilitating learning, developing nursing knowledge, working with and through others to achieve success' (Antrobus and Kitson, 1999). La Monica (1994) stated that 'anytime a person is a recognised authority and has followers who counts on this person's expertise to carry out their objectives, the person is a leader'. She further suggests that a person is a leader if they provide assistance to others. Therefore, a student nurse is a leader to patients and clients, a staff nurse is also a leader to patients and clients, and a ward manager is a leader to all team members. In addition to defining leadership, it is useful to draw attention to the fact that although they are sometimes used interchangeably, the terms 'leadership' and 'management' are quite different.

Leadership vs management

According to Marquis and Huston (2009), there is still some confusion about the relationship between leadership and management. Some view leadership as one of a number of functions of managers, while others argue that the skills required for leadership are more complex than those needed for management. Hughes et al (2006) make the following distinctions between managers and leaders:

- Managers administer, leaders innovate
- Managers maintain, leaders develop
- Managers control, leaders inspire
- Managers have a short-term view, leaders have a long-term view
- Managers ask how and when, leaders ask what and why
- Managers initiate, leaders originate
- Managers accept the status quo, leaders challenge it.

These differences in the roles of managers and leaders are consistent with those reported in the literature on nursing (Marquis and Huston, 2009; Marriner Tomey, 2009; Parkin, 2009; Roussel et al, 2009; Sullivan and Decker, 2009). What needs emphasizing, however, is that a job title on its own does not make a leader. What determines a leader is his/her behaviour. A leader innovates, inspires, guides, and challenges as is evidenced in the distinctions cited above. However, are these behaviours and practices present in nursing leaders? In the sections below the authors explore the factors that contribute to nursing leadership and the nature of the content taught on undergraduate nursing degree programmes.

Factors that contribute to nursing leadership

A systematic review of research on factors contributing to nursing leadership by Cummings et al (2008) divides the research into studies of behaviours and practices of nursing leaders, their traits and characteristics, the impact of the healthcare context and practice settings, and educational participation of nursing leaders. Although the reviewers are far from impressed with the designs of the 24 studies deemed worthy of inclusion in the review, their overall conclusions suggest that there is evidence that leadership in nurses can be developed through educational activities, modelling and practicing leadership. In terms of behaviours and practices, they conclude that relationship skills are more important than financial and technical abilities, and that demonstrated leadership tends to foster leadership behaviours in others. Particular traits and characteristics that have been shown to promote leadership are openness, extroversion and motivation to manage. Furthermore, age and experience facilitates leadership, while gender seems unimportant. Leader effectiveness was seen to decrease in healthcare settings in which leaders had less contact with care-givers. Opportunities to practice, observe and model leadership skills led to greater self-efficacy in nurses' leadership behaviours. Finally, leadership training programmes were mostly found to be effective, not just in bringing about short-term change, but also in the long term.

In the context of this article, the findings suggest that the 'gap' between education and the leadership demands of the clinical setting, as identified by Heller et al (2004), could perhaps be bridged by employing successful training methods as used in the studies reported by Cummings et al (2008). The emphasis on relationship skills as the most important leadership skill would suggest that leadership development programmes should include this element. In this light, it is not surprising that student nurses valued relationship qualities, such as effective communication and being approachable, highly in the people ultimately responsible for helping them bridge the gap between their training and practice (Zilembo and Monterosso, 2008). While temperamental factors mentioned by Cummings et al (2008), such as extroversion and openness, may not be readily affected by education, there are undoubtedly other communication and relationship building skills that can be developed in training and placement. For instance, emotional intelligence, the ability to integrate and manage emotions and reason, could be developed through training. A recent review exploring the relationship between 'emotional intelligence' and nursing leadership cautiously suggests a central role for this ability (Akerjordet and Severinsson, 2010).

While the impact of each of these factors provides some insight into how leadership in nursing can be promoted, it is generally understood that a more holistic analysis of their combined impact and how they interact is needed to predict the prevalence and effectiveness of such leadership. In particular, the interaction between personal and workplace factors needs to be examined. Wagner et al's (2010) systematic review of publications on the role of empowerment in nursing leadership suggests that efforts by the organization to 'empower' nurses promotes positive work behaviours and attitudes, including leadership behaviour. One study suggests that this effect can also be promoted through leadership education programmes (Chang et al, 2008).

Leadership preparation of nurses in undergraduate programmes

It is clear from the discussion above that leadership is considered to be of significant importance to nursing. Furthermore, it appears that nurses are increasingly being expected to undertake leadership roles in different settings. What is the evidence, however, that nurses are being adequately prepared to engage in such roles? In order to answer this, the authors of this article undertook a cursory examination of evidence of leadership content in undergraduate nursing programmes provided by the largest nursing school in Ireland (Trinity College Dublin), and the top-ranking nursing schools in the UK (Edinburgh) and USA (University of Washington at Seattle). These latter schools were identified by the Times Good University Guide (*The Times*, 2010), and the US News and World Report (2010) respectively.

The University of Edinburgh (2010) views organization and management to be key components of leadership and of autonomous practice. This is taught in year 4 of the undergraduate nursing programme and is supported by a management placement. Within the University of Washington at Seattle (2010), the BSN program sets as one of its objectives that the graduate will 'apply leadership concepts, skills, and decision-making in the provision and oversight of nursing practice in a variety of settings'. This is presented within the context of transitioning to professional practice. Trinity College Dublin (2010) also addresses clinical leadership in year 4 of its BSc programme as a component of the management and health policy module. Integration of theory and practice takes place during a protracted final year placement.

It appears that there are both similarities and differences across undergraduate nursing education in top schools. With the limited amount of information available from some of the online sources, however, it was unclear what the actual components of clinical nurse leadership education are. The American Association of Colleges of Nursing (AACN) (2007) has provided some detail in this regard, albeit for postgraduate programmes, in their White Paper on the Education and Role of the Clinical Nurse Leader. The core competencies/components of such a role are proposed to be:

- Critical thinking
- Communication
- Assessment
- Nursing technology and resource management
- Health promotion, risk reduction and disease prevention
- Illness and disease management
- Information and health care technologies
- Ethics
- Human diversity
- Global health care
- Healthcare systems and policy
- Provider and manager of care
- Designer, manager and coordinator of care
- Membership of a profession.

While there is evidence that leadership is being taught within undergraduate nursing programmes, the evidence is that it is largely consigned to the content of the transition from student to nurse. This may be appropriate. The scope of leadership set out in the AACN document, however, suggests that leadership is not a 'stand alone' entity, but rather that it imbues many other

components of the curriculum. It may be more appropriate, therefore, for it to be taught longitudinally through the continuum, as such an approach could prepare nurses to see practice as part of leadership instead of the current situation whereby leadership is being presented as part of practice.

Conclusions

The importance of leadership to the effective provision of health care is unquestionable, as is the centrality of leadership to nursing, not only at formal management level, but at all grades, from student nurse to director of nursing/matron. Therefore, it is now apparent that leadership is not only a function of management but is something that should pervade professional nursing practice. It seems logical to conclude that the development of excellence in nursing leadership should, therefore, begin at the earliest stages of basic nursing education and training. The evidence is otherwise, however—despite the fact that the professional literature has, for some time, indicated that leadership is an essential part of nursing practice and that all nurses' roles are, in one way or other, leadership roles.

In the second and concluding article on this subject, the authors will further explore the role that nurse education and training could play in the development of nursing leadership. In doing so, the authors will seek to challenge nursing educators and service providers, responsible for the wider educational development of nurses, to consider the implications of our recommendations. [BJN](#)

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KEY POINTS

- Leadership and management skills are different; while managers generally control others and maintain the status quo, leaders empower others, inspire innovation, and challenge traditional practices
- The most important leadership skills are relational skills
- Leadership qualities are not innate, they can be trained and developed
- Leadership in nurses should be fostered throughout their education, not just at the end when they make the transition to practice
- The gap between nursing education and leadership demands can conceivably be filled by professional training, but more high-quality research is needed to establish the ideal content and format of such training