Transformational leadership in nursing practice

Owen Doody and Catriona M Doody

Abstract

Traditionally, nurses have been over-managed and led inadequately, yet today they face unprecedented challenges and opportunities. Organisations constantly face changes that require an increasingly adaptive and flexible leadership. This type of adaptive leadership is referred to as 'transformational'; under it, environments of shared responsibilities that influence new ways of knowing are created. Transformational leadership motivates followers by appealing to higher ideas and moral values, where the leader has a deep set of internal values and ideas. This leads to followers acting to sustain the greater good, rather than their own interests, and supportive environments where responsibility is shared. This article focuses on transformational leadership and its application to nursing through the four components of transformational leadership. These are: idealized influence; inspirational motivation; intellectual stimulation; and individual consideration.

Key words: Transformational leadership, Nursing, Motivation, Staff support, Personal qualities

Introduction

Effective nursing leadership is a vehicle through which healthcare delivery and consumer demands can be fulfilled. Traditionally, nurses were over-managed and inadequately led; they now face unprecedented challenges and opportunities (Bowles and Bowles, 2000). The notion of leadership is constantly changing, with many theories and frameworks available. Today's organisations face ever-increasing change, which needs a more adaptive flexible leadership that is becoming increasingly important in the 21st century (Thyer, 2003; Jooste, 2004; Ralston, 2005). Bass (1985) labelled this type of adaptive leadership as transformational, under which environments of shared responsibilities that influence new ways of knowing are created (Trofino,

2000). Transformational leadership was first defined by Downton (1973) but it was the work of Burns (1978) that gained most currency. Burns distinguished between transactional and transformational leadership, feeling that one prohibits the other and that they are at opposite ends of a continuum (Gellis, 2001; Judge and Piccolo, 2004). However, good leaders demonstrate both transactional and transformational characteristics (Judge and Piccolo, 2004), requiring a marriage of both styles complementing and enhancing each other (Bryant, 2003; Rolfe, 2011).

Transformational leadership is a process that motivates followers by appealing to higher ideas and moral values where the leader has a deep set of internal values and ideas and is persuasive at motivating followers to act in a way that sustains the greater good rather than their own interests (Burns, 1978). Transformational leaders make it safe for staff to risk and extend the boundaries of thinking and doing, creating ample conditions for energy, creativity and innovation to emerge (Porter-O'Grady, 1997), where supportive environments of shared responsibility are created (Ward, 2002; Bally, 2007). Transformational leadership is viewed as the most effective model of leadership because, while it recognises the importance of rewards, it goes further to satisfy the higher needs of the follower by engaging this person emotionally and intellectually (Surakka, 2008). This article focuses on transformational leadership and its application to nursing through the four components of transformational leadership identified by Bass (1995; 1998), Hall et al (2002) and Barbuto (2005): idealised influence; inspirational motivation; intellectual stimulation; and individual consideration.

Idealised influence

Idealised influence builds confidence, admiration, respect and trust (Bass et al, 2003), providing employees with a sense of mission (Northouse, 2010). For this to occur, nurse leaders need to be role models who their staff seek to emulate (Hay, 2006; Ilies et al, 2012). When a leader is a role model for staff, it becomes less likely that there will be resistance to change or new initiatives that are to be implemented (Wang et al, 2011). This idealised influence can be encapsulated in the philosophy and ethos of the service/unit and its mission statement. The leader should ideally involve staff, families and service users in the design and implementation of these statements.

However, even with this shared vision, leaders as role models may find it difficult to involve others in the mission statement. Historically, staff were promoted on their seniority, ability to mirror elements of supervisors and to conform to rules and regulations of the organisation (Porter-O'Grady, 1992). This historic selection process allowed for continuity and posed little threat to the viability of organisations; as most managers within this system gained their expertise and skill on the job, there was a tendency for them to reflect the existing hierarchical approach (Porter-O'Grady, 1992; Murphy, 2005). To understand the present and future of nurse management, we need to understand its past and recognise some organisations are only now moving beyond the effects of this historic process. Just as nurses need to continuously update their knowledge and act from an evidence-based approach rather than practice wisdom (Doody and Doody, 2011), the same is true when it comes to nursing leaders. For nurse leaders to be effective, they have to be charismatic; charisma is based on personal attributes such as charm, persuasiveness, self-confidence and extraordinary ideas that arouse affection and commitment to the vision and goals to which the leader aspires (Ward, 2002; Sullivan and Decker, 2009). Nurse leaders should be admired for their high moral standing and sense of mission (Bass, 1995; Northouse, 2010). This can be exhibited in their approach and consistency in approach when managing staff and staff issues.

Within nursing, there are leaders at many levels, such as those in direct leadership roles at a unit level and those in higher leadership roles at a service level. This can often lead to conflict and control-seeking, especially when final decisions need to be made. While staff ideas are transmitted through the direct leadership roles, it can place direct leaders in a vulnerable position when they are striving to meet the needs of staff and clients, but are restricted by the upper leaders who have a greater emphasis on the strategic and organisational issues; this often results in actions and decisions being blocked due to budgetary constraints or other matters of which the direct leader is unaware of. While direct leaders offer guidance and support to their staff, they are in a difficult position as they have to balance the support required by staff with their own vision and goals with how these fit with the overall organisation leadership style, vision and goals (Casida and Parker, 2011). They have to be confident and communicate their vision to staff while also identifying the constraints within their role when a shared vision runs into difficulty.

Inspirational motivation

Inspirational motivation involves encouraging others to achieve the goals and aspirations of the organisation while also achieving their own aims (Bally, 2007). Motivation is, without doubt, an important element of healthcare, as motivation affects performance and client care (Sullivan and Decker, 2009). Leaders communicate high expectations to employees, inspiring them through motivation to share the vision of the organisation (Northouse, 2010; Carney, 2011). Nurse leaders should ensure frontline staff are represented on committees where executive decisions are made in an organisation. There is a tendency in some organisations to equate direct leaders as representative of frontline staff; however, as identified earlier, these leaders have difficulties balancing all perspectives. Ensuring frontline staff are represented on committees provides responsibilities as well as opportunities for learning new skills and to be empowered (Laschinger et al, 2003; Scherb et al, 2011).

While many authors have examined motivation and have developed theories about it, these can be generally be divided into two distinct groups: content theories; and process theories (Sullivan and Garland, 2010). Content theories focus on individual needs and what satisfies these needs. Perhaps the best known is Maslow's (1954) hierarchy of needs, under which satisfaction of needs on one level activates a need at the higher level. Organisations that offer permanent, part-time and job-sharing roles to create a family-friendly workplace increase job satisfaction and have staff who strive for a connective relationship to the service (Sullivan and Decker, 2009). Process theories emphasise how motivation works to steer an individual into performance, helping leaders to predict employee behaviour in certain circumstances. Examples include reinforcement theory, equity theory and goal-setting theory (Sullivan and Decker, 2009). Nurse leaders need to support in-service education and training for all levels of staff involved in care provision, based on identified needs and continuing education development relevant to areas of practice. Also, nurse leaders should ensure that all new members of staff are given an orientation period to the unit, its vision, goals and expectations.

There may be no correct theory of motivation, so leaders should combine theories so their effects complement each other (Moody and Pesut, 2006). Leaders should move out of the realm of pure staff motivation, adopting inspirational leadership as it infuses an intrinsic drive fuelled by a higher purpose, creating enthusiasm and passion, driving staff independently to achieve the goals

of the organisation (Salanova et al, 2011). To be inspirational, nurse leaders need to paint a flowery vision of the future that is more fantasy than reality (Bass, 1997), where followers may be persuaded to sacrifice their own values for the benefit of the organisation or leader (Bass and Steidlmeier, 2006). However, few nursing leaders are truly inspirational, as their leadership skills are formed on the basis of traditional hierarchical systems and practice wisdom (Bishop, 2009). While they strive for effective motivation, leadership training needs to occur to result in a cascading effect to subordinates (Oshagbemi and Gill, 2004; Bass and Riggio, 2006). Employees in an inspired service feel passionate about the ethos and the significance of their work contribution (Moody and Pesut, 2006), where duty becomes pleasure and pleasure is merged with duty (Maslow, 2000; Salanova et al, 2011).

Intellectual stimulation

Intellectual stimulation encourages staff innovation, challenging the beliefs of staff, the leader and service (Northouse, 2010). Transformational leaders encourage the proposal of new ideas empowering staff to approach problems in new ways using evidence-based practice (Barbuto, 2005; Gheith, 2010). Library, computer and IT facilities should be available, which will reinforce continuing learning to enhance client care and promote best practice. A central consideration of transformational leadership is the formal and informal education/learning of all staff (Dignam et al, 2012) to adjust and keep knowledge in line with service and client expectations (Government of Ireland, 1998) and to encourage staff to be innovative (Northouse, 2010). Practice needs to be evidence-based rather than 'how we always did it' (An Bord Altranais, 2000).

Even though organisations may encourage and support further education informally or formally, there is often no onus on nurses to share their learning with other team members who are not in a position to undertake studies. Therefore, the direct nurse leader should ensure that staff who undertake studies and courses share their knowledge with the team and provide articles or leaflets to support evidence-based practice (Clegg, 2000). While this may be difficult to implement in practice, responsibility should be placed on nurses who receive formal support to disseminate information and knowledge through presentations and methods. This is essential, or

team members may feel devalued in comparison with the 'elite' nurse, who receives support; staff will see this dissemination as a means of supporting their advancement within their career pathway. While intellectual stimulation is desirable, in the long term, continuously striving to create new ways of doing things runs the risk of staff stress and burnout (Wang et al, 2011). Additionally, a high employee turnover can result in long-term staff being a part of a motivational chain that is continuously being broken by lack of continuity and familiarity of team members (Force, 2005).

Individualised consideration

Within individualised consideration, leaders encourage and support individuals to reach higher levels of achievement, assisting full actualisation (Northouse, 2010), by the leader acting in an advisory capacity. However, self-actualisation is difficult and often unachievable (Northouse, 2010). Leaders within organisations should care for staff and there should be a strong sense of the leader acting in a supportive role, especially in times of need, as leaders have a duty of care for their staff. Support can take place through regular positive feedback and staff appraisals; if these are not conducted, staff can become devalued and effective members can become tired of carrying other team members, leading to high absenteeism (Weberg, 2010). Leaders who provide positive feedback regarding performance increase self-esteem and performance (Riahi, 2011). Within the appraisal system, the nurse leader should look to draw up personal development plans, along with peer reviews and 360° evaluations (Kerfoot, 2002). Compared to the traditional, singular, top-down method, 360° evaluations are believed to allow for a true evaluation of all team members in a constructive and effective manner. However, they are time consuming, resource intensive and should be treated with great caution. While this format is intended to allow each member to contribute to the appraisal in an open manner and support open and effective team working, unless the aim, ground rules and appropriate facilitation mechanism are in place they can be counterproductive.

Empowerment is one of the fundamental components of the transformational leader (Bowles and Bowles, 2000) whereby staff self-efficacy is increased, enabling them to complete work more successfully (Tomey, 2009). Productive leaders must operate throughout all levels of the

organisation for empowerment to be effective (Laschinger et al, 2003). An empowerment strategy comprises many leadership competencies. Table 1 lists some strategies in the literature.

Table 1 Leadership competencies

Sofarelli and Brown (1998)	**Contino (2004)**
1. Management of attention 2. Management of meaning 3. Management of trust 4. Management of self	1. Organisational management • Managing time • Managing information • Managing human resources • Managing change • Managing revenue and expenses 2. Communication/communication skills • Communicating vision • Communicating organisational structure • Communicating continuous learning • Communicating change 3. Analysis and strategic planning • Analysis of internal data • Drawing up strategy for external opportunities • Drawing up strategy for effective decision-making • Analysis for change strategy and drawing this up • Drawing up strategy for a business plan 4. Creation/vision • Creating opportunity for employees • Creating value for your customers • Creating quality through continuous improvement and error reduction • Creating relationships with strategic partners

Direct nurse managers can empower staff by holding team meetings regularly, where staff of each grade in the nursing team have the opportunity to voice their opinions and collectively create goals and strategies to deliver client care with greater effectiveness that is aligned with the organisation's vision and mission. Duty rotas can become the responsibility of the team; this can make staff aware of the priority of the unit and the safe delivery of care with adequate staff levels. This empowers staff to take ownership for the effective management and efficiency of the unit from a day-to-day perspective. It has been said that because direct managers are more

involved in client care than top managers, they have a greater knowledge of the goals and strategies that could improve care, contributing significantly to the aspirations of the organisation (Doherty et al, 2010).

The Royal College of Nursing (RCN, 2009) found an absence of agreed role definitions and role conflict existed because nurse leaders were constantly balancing different aspects of their role, while lacking formal preparation and skill development. While direct leaders have theoretical responsibility for the standard of nursing care, they lack authority to guarantee this (Bradshaw, 2010). The RCN (2009) recommended supernumerary status, titles that give clear identity, an appropriate authority structure and support, with the restoration of the traditional supernumerary, authoritative, ward-sister role. However, due to the hierarchy and bureaucracy in nursing, this may be difficult; nursing does not promote freedom or professional latitude and hence impedes innovation by nurse leaders (Clegg, 2001; Kuokkanen and Leino-Kilpi, 2001; Murphy, 2005). Empowerment necessitates services to construct a supportive environment that values nurses and involves them in strategic, operational matters promoting opportunities for learning and changing, which encompasses personal and service effectiveness (Department of Health and Children, 2004). Optimising team performance is a central matter for the transformational leader (Riahi, 2011). Nurse leaders need to be more expressive, for example, through words of thanks or praise, fair workload distributions, and individualised career planning, mentoring and professional development activities to motivate followers individually (Simic, 1998; Rafferty and Griffin, 2004).

Conclusion

Overall, transformational leadership is favoured as leaders have the power to produce future generations of successful leaders who have the proficiency to create effective solutions to some of the profession's most crucial issues (Ward, 2002). Balancing complex demands in unstable environments is at the heart of formulating healthier healthcare organisations that provide the quality of care that clients, families and communities deserve (Dixon, 1999). Leaders need to be knowledgeable and competent in strategic planning, so their efforts may be received and acknowledged at senior levels (Murphy, 2005). While transformational leadership is effective

regardless of culture, the level of effectiveness depends to some extent on cultural values (Spreitzer et al, 2005). Where effectiveness is seen as the relationship between one's objectives and outputs, the more these outputs contribute to the objectives, the more effective the unit is (Surakka, 2008).

While motivation and empowerment are desirable within organisations, their level needs to be in line with the expertise of the workforce. Transactional leadership within nursing has to be considered in relation to the experience and capabilities of the individual, as there may be occasions where a leader is required to intervene before mistakes occur. This may be necessary to uphold best practice, safeguard clients and comply with legal responsibilities; this recognises the leadership that enhances effectiveness most is a marriage between both transactional and transformational (Stordeur et al, 2000). Questions arise within an organisation, such as: can we be highly orientated towards achievement while at the same time being highly orientated towards staff wellbeing. It is possible that many service providers view these two general domains of organisational culture as being adversarial (Hatton et al, 1999). However, it may be that a culture of promoting staff wellbeing would result in a greater willingness on the part of staff to aim to achieve a high-quality service. Future nurse leaders need to acknowledge and value staff contributions, within flexible work environments that are family-friendly.

Continuing education needs to be accessible and equitable for all. Performance reviews should be aligned with personal development plans for each staff member; these should acknowledge every person's contributions and areas for future development that are aligned with the organisational vision and mission. Education of leaders needs to occur to assist the change and development of leadership within healthcare, and any audits of practice should include leadership audits. It is imperative that creative, passionate, effective individuals with vision, who will challenge the service, are recruited and developed within services.

Although the four dimensions of transformational leadership are interdependent, they must coexist to yield performance beyond expectations (Hall et al, 2002; Kelly, 2003). Transformational leaders are people who can create significant change in both followers and the organisation with which they are associated (Griffin, unpublished observations, 2003). They lead changes in mission, strategy, structure and culture, in part through a focus on intangible qualities such as vision, shared values and ideas, and relationship-building. They do this by articulating

the vision in a clear and appealing manner, explaining how to attain the visions, acting with confidence and optimistically, expressing confidence in the followers, emphasising values with symbolic actions, leading by example, and empowering followers to achieve the vision (Stone et al, 2004). To achieve this, nurse leaders must possess specific qualities identified in Table 2.

Table 2. Qualities of transactional nurse leaders

Sofarelli and Brown, (1998)	Contino (2004)
• Clear purpose, expressed simply • Value-driven • Strong role model • High expectations • Persistent • Self-knowing • Perpetual desire for learning • Love work • Lifelong learners • Identify themselves as change agents • Enthusiastic • Able to attract and inspire others • Able to deal with complexity, uncertainty and ambiguity	• Emotionally mature • Courageous • Risk-taker • Risk-sharing • Visionary • Unwilling to believe in failure • Sense of public need • Listens to all viewpoints to develop spirit of co-operation • Mentoring • Effective communicator • Considerate of the personal needs of employees • Strategic
Sources: Tichy and Devanna (1986); Hall et al (2002); Stone et al (2004).	

Key points

- Transformational leadership recognises the importance of rewards, but goes further to satisfy the emotional and intellectual needs of staff.
- Transformational leaders create supportive environments where responsibility is shared and staff feel safe to take risks to become creative and innovate.
- It has four components: idealised influence; inspirational motivation; intellectual stimulation; individual consideration.
- Transformational leaders have to be confident and communicate their vision to staff while acknowledging organisational constraints.

- Adaptive nurse leadership is now required by organisations, but this has been restricted by hierarchy and bureaucracy, and because nursing has not promoted professional latitude.
- Education is needed to encourage the development of leadership.

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