

4 unit 1 ■ Professional Considerations

only appreciable but also open to new ideas. I have been so busy getting our new electronic health record system on line before the surveyors come that I haven't paying attention to that. "The nurse manager told her, 'I'm glad you brought it to my attention. Billie's nurse manager raised the issue at the next executive meeting, giving credit to Billie for having brought it to her attention. The other nurse managers had the same response. We were so focused on the new electronic health record system that we overlooked that. We need to take care of this situation as soon as possible. Billie Thomas has leadership potential.'"

Leadership Defined

Successful nurse leaders are those who engage others to work together effectively in pursuit of a shared goal. Examples of shared goals in nursing would be providing excellent care, reducing infection rates, designing cost-saving procedures, or challenging the ethics of a new policy. Leadership is a much broader concept than is management. Although managers need to be leaders, management itself is focused specifically on achievement of organizational goals. Leadership, on the other hand:

... aims to influence or attempt to influence the behavior of an individual or group—up, down, or sideways in the organization—regardless of the reason. It may be for personal goals or for the good of others, and these goals may or may not be congruent with organizational goals. Leadership is influenced (Hersey & Campbell, 2004, p. 12).

In order to lead, one must develop three important competencies: (1) diagnose: ability to understand the situation you want to influence, (2) adapt: make changes that will close the gap between the current situation and what you are hoping to achieve, and (3) communicate. No matter how much you diagnose or adapt, if you cannot communicate effectively, you will probably not meet your goal (Hersey & Campbell, 2004).

What Makes a Person a Leader?

Leadership Theories

There are many different ideas about how a person becomes a good leader. Despite years of research on this subject, no one idea has emerged as the clear

winner. The reason for this may be that different qualities and behaviors are most important in different situations. In nursing, for example, some situations require quick thinking and fast action. Others require time to figure out the best solution to a complicated problem. Different leadership qualities and behaviors are needed in these two instances. The result is that there is not yet a single best answer to the question, "What makes a person a leader?"

Consider some of the best-known leadership theories and the many qualities and behaviors that have been identified as those of the effective nurse leader (Pavitt, 1999; Tappen, 2001):

Trait Theories

At one time or another, you have probably heard someone say, "She's a born leader." Many believe that some people are natural leaders, while others are not. It is true that leadership may come more easily to some than to others, but everyone can be a leader, given the necessary knowledge and skill.

An important 5-year study of 90 outstanding leaders by Warren Bennis published in 1984 identified four common traits. These traits hold true today:

1. Management of attention. These leaders communicated a sense of goal direction that attracted followers.
2. Management of meaning. These leaders created and communicated meaning and purpose.
3. Management of trust. These leaders demonstrated reliability and consistency.
4. Management of self. These leaders knew themselves well and worked within their strengths and weaknesses (Bennis, 1984).

Behavioral Theories

The behavioral theories focus on what the leader does. One of the most influential behavioral theories is concerned with leadership style (White & Lipitt, 1960) (Table 1-1).

The three styles are:

1. **Autocratic leadership** (also called *directive, controlling, or authoritarian*). The autocratic leader gives orders and makes decisions for the group. For example, when a decision needs to be made, an autocratic leader says, "I've decided that this is the way we're going to solve our

Table 1-1

Chapter 1 ■ Leadership and Followership 5

Comparison of Autocratic, Democratic, and Laissez-Faire Leadership Styles

	Autocratic	Democratic	Laissez-Faire
Amount of freedom	Little freedom	Moderate freedom	Much freedom
Amount of control	High control	Moderate control	Little control
Decision making	By the leader	Leader and group together	By the group or by no one
Leader activity level	High	High	Mixed
Assumption of responsibility	Leader	Shared	Absorbed
Output of the group	High quantity, good quality	Creative, high quality	Volatile; may be poor quality
Efficiency	Very efficient	Less efficient than autocratic style	Inefficient

Source: Adapted from White, R. K., & Lipitt, R. (1960). Autocracy and democracy: An experimental inquiry. New York: Harper & Row.

problem." Although this is an efficient way to run things, it squelches creativity and may reduce team member motivation.

2. **Democratic leadership** (also called *participative*). Democratic leaders share leadership. Important plans and decisions are made with the team (Chrspeels, 2004).

Although this appears to be a less efficient way to run things, it is more flexible and usually increases motivation and creativity. In fact, involving team members, giving them "permission to think, speak and act" brings out the best in them and makes them more productive, not less (Wiseman & McKown, 2010, p. 3). Decisions may take longer to make, but once made everyone supports them (Buchanan, 2011).

3. **Laissez-faire leadership** (also called *permissive or nondirective*). The laissez-faire ("let someone do") leader does very little planning or decision making and fails to encourage others to do it. It is really a lack of leadership. For example, when a decision needs to be made, a laissez-faire leader may postpone making the decision or never make the decision at all. In most instances, the laissez-faire leader leaves people feeling confused and frustrated because there is no goal, no guidance, and no direction. Some mature, self-motivated individuals thrive under laissez-faire leadership because they need little direction. Most people, however, flounder under this kind of leadership.

Pavitt summed up the differences among these three styles: a democratic leader tries to move the group toward its goals; an autocratic leader tries to move the group toward the leader's goals; and a

laissez-faire leader makes no attempt to move the group (1999, pp. 330F).

Task Versus Relationship

Another important distinction is between a task focus and a relationship focus (Blake, Mounon, & Tappet, 1981). Some nurses emphasize the tasks (e.g., administering medication, completing patient records) and fail to recognize that interpersonal relationships (e.g., attitude of physicians toward nursing staff, treatment of housekeeping staff by nurses) affect the morale and productivity of employees. Others focus on the interpersonal aspects and ignore the quality of the job being done as long as people get along with each other. The most effective leader is able to balance the two, attending to both the task and the relationship aspects of working together.

Motivation Theories

The concept of motivation seems simple: we will act to get what we want but avoid whatever we don't want to do. However, motivation is still surrounded in mystery. The study of motivation as a focus of leadership began in the 1920s with the historic Hawthorne studies. Several experiments were conducted to see if increasing light and, later, improving other working conditions would increase the productivity of workers in the Hawthorne, Illinois, electrical plant. This proved to be true, but then something curious happened: when the improvements were taken away the workers continued to show increased productivity. The researchers concluded that the explanation was found not in the conditions of the experiments but in the attention given to the workers by the experimenters.

Frederick Herzberg and David McClelland also studied factors that motivated workers in the workplace. Their findings are similar to the elements in Maslow's hierarchy of needs (Herzberg, 1959; Maslow, 1970; McClelland, 1961).

Emotional Intelligence

The relationship aspects of leadership are also the focus of the work on emotional intelligence, leadership (Coleman, Boyatzis, & McKee, 2002). From the perspective of emotional intelligence, what distinguishes ordinary leaders from leadership "stars" is that the "stars" are consciously addressing the effect of people's feelings on the team's emotional reality. How is this done? First, the emotionally intelligent leader recognizes and understands his or her own emotions. When a crisis occurs, he or she is able to manage them, channel them, stay calm and clearheaded, and suspend judgment until all the facts are in (Bargett & Bargett, 2005). Second, the emotionally intelligent leader welcomes constructive criticism, asks for help when needed, can juggle multiple demands without losing focus, and can turn problems into opportunities.

Third, the emotionally intelligent leader listens attentively to others, recognizes unspoken concerns, acknowledges others' perspectives, and brings people together in an atmosphere of respect, cooperation, collegiality, and helpfulness so they can direct their energies toward achieving the team's goals. "The enthusiastic, caring, and supportive leader generates those same feelings throughout the team," wrote Porter-O'Grady of the emotionally intelligent leader (2003, p. 109).

Situational Theories

People and leadership situations are far more complex than the early theories recognized. Situations can also change rapidly, requiring more complex theories to explain leadership (Bennis, Spetzer, & Cummings, 2001).

Instead of assuming that one particular approach works in all situations, situational theories recognize the complexity of work situations and encourage the leader to consider many factors when deciding what action to take. Adaptability is the key to the situational approach (McNichol, 2000). Situational theories emphasize the importance of understanding all the factors that affect a particular group of people in a particular environment. The most well-known is the Situational Leadership Model by Dr. Paul Hersey. The appeal of this model is that it focuses on the task and the follower

The key is to marry the readiness of the follower with the tasks at hand. "Readiness is defined as the extent to which a follower demonstrates the ability and willingness to accomplish a specific task" (Hersey & Campbell, 2004, p. 114). "The leader needs to spell out the duties and responsibilities of the individual and the group" (Hersey & Campbell, 2004).

Follower's readiness levels can range from unable, unwilling, and insecure to able, willing, and confident. The leader's behavior will focus on appropriately fulfilling the follower's needs, which are identified by their readiness level and the task. Leader behaviors will range from telling, guiding, and directing to delegating, observing, and monitoring.

Where did you fall in this model during your first clinical rotation? Compare this with where you are now. In the beginning, the clinical instructor gave you clear instructions, closely guiding and directing you. Now, she or he is most likely delegating, observing, and monitoring. As you move into your first nursing position, you may return to the needing, guiding, and directing stage. But, you may soon become a leader/instructor for new nursing students, guiding and directing them.

Transformational Leadership

Although the situational theories were an improvement over earlier theories, there was still something missing. Meaning, inspiration, and vision were not given enough attention (Tappan, 2001). These are the distinguishing features of transformational leadership.

The transformational theory of leadership emphasizes that people need a sense of mission that goes beyond good interpersonal relationships or an appropriate reward for a job well done (Bass & Avolio, 1993). This is especially true in nursing. Caring for people, sick or well, is the goal of the profession. Most people choose nursing in order to do something for the good of humankind; this is their vision. One responsibility of nursing leadership is to help nurses see how their work helps them achieve their vision.

Transformational leaders can communicate their vision in a manner that is so meaningful and exciting that it reduces negativity (Leach, 2005) and inspires commitment in the people with whom they work (Trofino, 1995). Dr. Martin Luther King Jr. had a vision for America: "I have a dream that

Box 1-1 BHAGs, Anyone?

This is a feature of the very popular size BHAGs are big ideas, vision, for the future. When you buy hundreds of acres of land in the region of Asia or Africa. She would build a person for them model their crops. This is not just a dream, however, seeking investors. Imagination, creativity, planning, persistence, and courage: these are all needed to put a BHAG into practice. Do you have a BHAG? How would you make it real?

Adapted from Buchanan, L. (2012). *The world needs big ideas*. RBC Magazine, 34(9), 57-58.

one day my children will be judged by the content of their character, not the color of their skin" (quoted by Blanchard & Miller, 2007, p. 1). A great leader shares his or her vision with his followers. You can do the same with your colleagues and team. If successful, the goals of the leader and staff will "become fused, creating unity, wholeness, and a collective purpose" (Barker, 1992, p. 42). See Box 1-1 for an example of a leader with visionary goals.

Moral Leadership

A series of highly publicized corporate scandals redirected attention to the values and ethics that underlie the practice of leadership as well as that of patient care (Dantley, 2005). Moral leadership involves deciding how one ought to remain honest, fair, and socially responsible (Bjarnason & LaSala, 2011) under any circumstances. Caring about one's patients and the people who work for you as people as well as employees (Spears & Lawrence, 2004) is part of moral leadership. This can be a great challenge in times of limited financial resources.

Molly Benedict was a team leader on the acute geriatric unit (AGU) when a question of moral leadership arose. Faced with large budget cuts in the middle of the year and feeling a little desperate to figure out how to run the AGU with fewer staff, her nurse manager suggested that reducing the time that unlicensed assistive personnel (UAP) spent ambulating patients would enable UAPs to care for 15 patients, up from the current 10 per UAP.

Table 1-2

Leading Motivation Theories

Summary of Motivation Requirements

Theory	Summary of Motivation Requirements
Maslow, 1954	Categories of Need: lower needs (listed first below) must be fulfilled before others are activated. Physiological Safety Belongingness Esteem Self-actualization
Herzberg, 1959	Two factors for influence motivation. The absence of hygiene factors can create job dissatisfaction, but their presence does not motivate or increase satisfaction. 1. Hygiene factors: Company policy, supervision, interpersonal relations, working conditions, salary 2. Motivators: Achievement, recognition, the work itself, responsibility, advancement
McClelland, 1961	Motivation results from three dominant needs. Usually, all three needs are present in each individual but vary in importance depending on the position a person has in the workplace. Needs are also shaped over time by culture and experience. 1. Need for achievement: Performing tasks on a challenging and high level 2. Need for affiliation: Good relationships with others 3. Need for power: Being in charge

Source: Adapted from Hersey, P., & Campbell, R. (2004). *Leadership: A behavioral science approach*. Calif.: Leadership Studies Publishing.

Various responses to the effects of the aging society during the population transition, as well as elderly population policy, are very clearly population policy in itself. It is necessary to take into account the aging society and the elderly population, as well as the elderly population, in order to achieve the goal of the aging society. It is necessary to take into account the aging society and the elderly population, as well as the elderly population, in order to achieve the goal of the aging society.

[illegible]

Box 1-2 summarizes a few of the more distinctive leadership styles most of which come up to the eight theories just discussed.

Caring Leadership comes from two primary sources: servant leadership and emotional

Box 1-3 Distinctive Styles of Leadership

- [illegible]

delivered from Stockholm 1 April 2004; 13 weeks of feeding or a water–AC mixture 74–75.

intelligent' in the management literature, and is regarded as a foundational value in nursing (Carr-Saunders, 2008; McNamara, 2012; Rhodes, Morris and Leach, 2008; Spence, 2010). While it is undoubtedly important to nursing leadership, it is hard to imagine a situation in which an uncaring leader would be successful as a caring leader.

preferred over a more caring approach. Servant leaders choose to serve first and lead second, making sure that people's needs within the work setting are met (Greenleaf, 2008). Emotionally intelligent leaders are especially aware of not only their own feelings but others' feelings as well (see Box 1-1). Combining these leadership and management theories and the philosophy of caring in nursing, you can see that caring leadership is fundamentally people-oriented. The following are the characteristics and behaviors of caring leaders:

- They respect their coworkers as individuals.
 - They listen to other people's opinions and preferences, giving them full consideration.
 - They maintain awareness of their own and others' feelings.
 - They empathize with others, understanding their needs and concerns.
 - They develop their own and their team's capacities.
- They are *competent*, both in leadership and in clinical practice. This includes both knowledge and skill in leadership and clinical practice.

As you can see, caring leadership cuts across the leadership theories discussed so far and encompasses some of their best features. An authoritarian leader, for example, can be as caring as a democratic leader (Dorn, 2011). Caring leadership is attractive to many nurses because it applies many of the principles of working with patients and working with nursing staff to the interdisciplinary team.

Qualities of an Effective Leader

If leadership is seen as the ability to influence, what qualities must the leader possess in order to be able to do that? Integrity, courage, positive attitude, initiative, energy, optimism, perseverance, generosity, balance, ability to handle stress, and self-awareness are some of the qualities of effective leaders in nursing (Fig. 1.1):

Integrity: Integrity is expected of health-care professionals. Patients, colleagues, and



Figure 1.1 Keys to effective leadership.

employers all expect nurses to be honest, law-abiding, and trustworthy. Adherence to both a code of personal ethics and a code of professional ethics (Appendix 1, American Nurses Association Code of Ethics for Nurses) is expected of every nurse.

Would-be leaders who do not exhibit these characteristics cannot expect them of their followers. This is an essential component of moral leadership.

- **Courage.** Sometimes, being a leader means taking some risks. In the story of Billie Thomas, for example, Billie needed some courage to speak to her nurse manager about a problem she had observed.
- **Positive attitude.** A positive attitude goes a

many outstanding leaders cite negative attitude as the single most important reason for not hiring someone (Maxwell, 1993, p. 98).

- **Initiative.** Good ideas are not enough. To be a leader, you must act on those good ideas. No one will make you do this; this requires initiative on your part.

- **Energy.** Leadership requires energy. Both leadership and followership are hard but satisfying endeavors that require effort. It

Chapter 1 ■ Leadership and Followership 9

- **Optimism.** When the work is difficult and one crisis seems to follow another in rapid succession, it is easy to become discouraged. It is important not to let discouragement keep you and your coworkers from seeking ways to resolve the problems. In fact, the ability to see a problem as an opportunity is part of the optimism that makes a person an effective leader. Like energy, optimism is “catching.” Holman (1995) called this being a *runner instead of a tubino* (Table 1-3).
- **Persistence.** Effective leaders do not give up easily. Instead, they persist, continuing their efforts when others are tempted to stop trying. This persistence often pays off.
- **Generosity.** Freely sharing your time, interest, and assistance with your colleagues is a trait of a generous leader. Sharing credit for successes and support when needed are other ways to be a generous leader (Buchanan, 2013; Disch, 2013).
- **Balance.** In the effort to become the best nurses they can be, some nurses may forget that other aspects of life are equally important. As important as patients and colleagues are, family and friends are important, too. Although school and work are meaningful activities, cultural, social, recreational, and spiritual activities also have meaning. You need to find a balance between work and play.
- **Ability to handle stress.** There is some stress in almost every job. Coping with stress in as positive and healthy a manner as possible helps to conserve energy and can be a model for

table 1-3

A winner says: "We have a real challenge here." "I'll give it my best." "That's great!" "We can do it!" "Yes!"	A whiner says: "This is really a problem." "Do I have to?" "That's nice, I guess." "That will never succeed." "Maybe . . ."
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Source: Adapted from Holman, L. (1995) *Eleven lessons in self-leadership: Insights for personal and professional success*. Lexington, KY: A lesson in leadership Book.

others. Maintaining balance and handling stress are reviewed in Chapter 11.

■ **Self-awareness.** How does your ability to intelligence? People who do not understand themselves are limited in their ability to understand people with whom they are working. They are far more likely to fool themselves than to be fair with a coworker. It is much easier to be fair with a coworker you like than with one you do not like. Recognizing that you like some people and dislike others is the first step in avoiding unfair treatment based on personal likes and dislikes.

Behaviors of an effective leader

Leadership requires action. The effective leader chooses the action carefully. Important leadership behaviors include setting priorities, communicating a vision for the future, and developing oneself and others.

■ **Setting priorities.** Whether planning care for a group of patients or creating a strategic plan for an organization, priorities continually shift and demand your attention. As a leader you will need to remember the three Es of prioritization: evaluate, eliminate, and estimate. Continually evaluate what you need to do, eliminate tasks that someone else can do, and estimate how long your top priorities will take you to complete.

■ **Thinking critically.** Critical thinking is the careful, deliberate use of reasoned analysis to reach a decision about what to believe or what to do (Feldman, 2002). The essence of critical thinking is a willingness to ask questions and to be open to new ideas or new assumptions and biases of your own or others, asking yourself frequently, "Do I have the information I need? Is it accurate? Am I prejudging a situation?" (Jackson, Ignatavicius, & Case, 2004).

■ **Solving problems.** Patient problems, paperwork problems, staff problems, these and others occur frequently and need to be solved. The effective leader helps people identify problems and work through the problem-solving process to find a reasonable solution.

Respecting and valuing the individual.

Although people have much in common, each individual has different wants and needs and has had different life experiences. For example, some people really value the psychological rewards of helping others; other people are more concerned about earning a decent salary. There is nothing wrong with either of these points of view; they are simply different. The effective leader recognizes these differences in people and helps them find the rewards in their work that mean the most to them.

■ **Skilled communication.** This includes listening to others, encouraging exchange of information, and providing feedback:

1. **Listening to others.** Listening is separate from talking with other people; listening involves both giving and receiving information. The only way to find out people's individual wants and needs is to watch what they do and to listen to what they say. It is amazing how often leaders fail simply because they did not listen to what other people were trying to tell them.

2. **Encouraging exchange of information.** Many misunderstandings and mistakes occur because people fail to share enough information with each other. The leader's role is to make sure that the channels of communication remain open and that people use them.

3. **Providing feedback.** Everyone needs some information about the effectiveness of their performance. Frequent feedback, both positive and negative, is needed so people can continually improve their performance. Some nurse leaders find it difficult to give negative feedback because they fear that they will upset the other person. How can the person know where improvement is needed? Negative feedback can be given in a manner that is neither hurtful nor resented by the individual receiving it. In fact, it is often appreciated. Other nurse leaders, however, fail to give positive feedback, assuming that coworkers will know when they are doing a good job. This is also a mistake because everyone appreciates positive feedback. In fact, for some people, it is the most important reward they get from their jobs.

Communicating a vision for the future.

The effective leader has a vision for the future. Communicating this vision to the group and involving everyone in working toward that vision generate the inspiration that keeps people going when things become difficult. Even better, involving people in creating the vision is not only more satisfying for employees but also has the potential to produce the most creative and innovative outcomes (Kerfoot, 2000). It is this vision that helps make work meaningful.

■ **Developing oneself and others.** Learning does not end upon leaving school. In fact, experienced nurses say that school is just the beginning; that school only prepares you to continue learning throughout your career. As new and better ways to care for patients are developed, it is your responsibility as a professional to critically analyze them and decide whether they would be better for your patients than current ones. Effective leaders not only continue to learn but also encourage others to do the same. Sometimes, leaders function as teachers. At other times, their role is primarily to encourage others to seek more knowledge.

Anderson, Manno, O'Connor, and Gallagher (2010) invited five nurse managers from Penn Presbyterian Medical Center who had received top ratings in leadership from their staff to participate in a focus group on successful leadership. They reported that visibility, communication, and the values of respect and empathy were the key elements of successful leadership. The authors quoted participants to illustrate each of these elements (p. 186):

Visibility: "I try to come in on the off shifts even for an hour or two just to have them see you."
Communication: "Candid feedback." A lot of rounding." (Note: this could also be visibility.)
Respect and Empathy: "Do I expect you to take seven patients? No, because I wouldn't be able to do it." (punctuation adjusted).

These three key elements draw on components from several leadership qualities and behaviors: skilful communication, respecting and valuing the individual, and energy. Visibility is not as prominent in many of the leadership theories but

Followership

Followership and leadership are separate but complementary roles. The roles are also reciprocal: without followers, one cannot be a leader. One also cannot be a follower without having a leader (Lyons, 2002).

It is as important to be an effective follower as it is to be an effective leader. In fact, most of us are followers: members of a team, attendees at a meeting, staff of a nursing care unit, and so forth.

Followership Defined

Followership is not a passive role. On the contrary, the most valuable follower is a skilled, self-directed professional, one who participates actively in determining the group's direction, invests his or her time and energy in the work of the group, thinks critically, and advocates for new ideas (Grossman & Valiga, 2000).

Imagine working on a patient care unit where all staff members, from the unit secretary to the assistant nurse manager, willingly take on extra tasks without being asked (Speitzer & Quinn, 2001), come back early from coffee breaks if they are needed, complete their charting on time, support ways to improve patient care, and are proud of the high-quality care they provide. Wouldn't it be wonderful to be a part of that team?

Becoming a Better Follower

There are a number of things you can do to become a better follower:

- If you discover a problem, inform your team leader or manager right away.
- Even better, include a suggestion for solving the problem in your report.
- Freely invest your interest and energy in your work.
- Be supportive of new ideas and new directions suggested by others.
- When you disagree, explain why.
- Listen carefully and reflect on what your leader or manager says.
- Continue to learn as much as you can about your specialty area.
- Share what you learn.