Chapter 1:
Leadership in Health Care

Overview

- Leadership—how is it different from management?
- Management—how is it different than leadership?
- Leaderships styles and relevant theories and research
- Emotional intelligence in nurse leaders and their outcomes

LEARNING OBJECTIVE 1

Distinguish between leadership and management.

CONCEPTS FOR LECTURE

1. Management
    a. A process that involves directing activities within an organization
    b. Managers carry formal authority with respect to the work of others in that organization.
    c. "Handling things"
2. Leadership
    a. A process that involves influencing the thinking and actions of others
    b. Means to achieving a goal
    c. Individuals can be leaders without having the formal authority of a management position.
    d. Considered to be a skill, behaviour, or a role
    e. Can be demonstrated by all nurses in some aspect of their work

QUESTIONS FOR LECTURE DISCUSSION

1. What traits do you think a leader should possess? A manager?
2. What types of leadership roles could nursing students take on?

SUGGESTIONS FOR LECTURE ACTIVITIES

1. Have the president of the nursing student society (nursing council) discuss their role
2. Shadow the nurse manager on the clinical unit where you are doing clinical practice. Which activities do they complete that are considered managerial? Which are considered leadership activities?

LEARNING OBJECTIVE 2

Discuss the evolution of theories of leadership.

CONCEPTS FOR LECTURE

1. Historical underpinnings
    a. Discussed since biblical times and considered by philosophers in ancient Greece
    b. Great man and trait theories
        i. "Born" or "natural" leaders
        ii. Provided little definitive knowledge about leadership
        iii. No universal and enduring sets of qualities or traits that one can attribute to leaders
2. Evolved into other theories
    a. Behavioural Theories
        i. Beginning in 1920s
        ii. Research focus was style of leadership
        iii. Task orientation-goals and structures OR people orientation
        iv. Divides to autocratic, democratic, and laissez-faire
        v. Viewed the style of leadership as fixed in an individual
    b. Contingency Theories
        i. Variation in leadership depending on situations
        ii. Context can determine what is effective.
        iii. Style should vary depending on the situation and ranges from directive to supportive to participative to achievement-oriented
        iv. Important in the context of health care: pace of change and technological developments
        v. "Innovation leadership—process of creating the context for innovation to occur"
    c. Interactional Theories
        i. Builds on previous theories
        ii. Focus on ability or style in bringing about change through interaction between leaders and followers
        iii. Transactional Leadership: Conventional approach, exchange relationship with those who report to them. Reward or punishment as motivators
        iv. Transformational Leadership: Inspirational, based on motivating followers to achieve a high level of performance
        v. Full-range Leadership: Builds on transactional and transformational leadership. Nine behavioural factors

vi. Resonant/Dissonant Leadership: Moves between six styles of leadership: coaching, visionary, affiliative, and democratic are the resonant styles. The dissonant styles that may create more conflict are pace setting and commanding.

vii. Charismatic Leadership: Similar to transformational leadership—stems from personal ability of the leader to inspire others to achieve a mission infused with values and meaning. More focused on the leader than follower.

d. Value-focused theories: Models of leadership where values are even more central than in interactional theories. Integrity is considered to be important in leadership.

i. Authentic leadership

ii. Servant leadership

iii. Spiritual leadership

iv. Ethical leadership

QUESTIONS FOR LECTURE DISCUSSION

1. Which type of leadership would you like to work with as a follower? As a leader?
2. Why? Defend your position with a person who has an alternate choice.

SUGGESTIONS FOR LECTURE ACTIVITIES

1. Debate the following argument: Emotional intelligence training for managers has been overemphasized and is unnecessary

LEARNING OBJECTIVE 3

Describe the role and behaviour of followers of an organization.

CONCEPTS FOR LECTURE

1. Followership
    a. Followers have a responsibility in leadership style as well.
    b. Attention should be paid to followers; the interaction between the leaders and followers
    c. Need to focus on process of leadership as opposed to individual leaders
    d. Term “subordinate” has been replaced by “follower”, and “superior” has been replaced with “leader”
    e. Definition:
        i. Followers are subordinates who have less power, authority, and influence than do their superiors and who therefore usually, but not invariably, fall into line”
    f. Basic tenets of active followership theory:
        i. Followers and leaders are roles, not people with inherent characteristics.
        ii. Followers are active, not passive.

iii. Followers and leaders share a common purpose.
iv. Followers and leaders must be studied in the context of their relationship.

2. Types of followers:
    a. Followers support the ideas and views of another, think about these in a critical way (not blindly), and they give feedback, working to accomplish group goals and make the achievement of those goals possible.
    b. Classification Scheme (Kellerman, 2008)
        i. Isolates: Detached from and indifferent to leaders, do not know them or respond to them
        ii. Bystanders: Decide not to participate and disengage from leader and group; a declaration of neutrality
        iii. Participants: Engaged and either favourable or opposed to leader, group or organization, so they are invested in trying to have an effect
        iv. Activists: Feel strongly about leaders and act accordingly; eager, energized, engaged, and heavily invested; working hard to either support or undermine the leader
        v. Diehards: Deeply devoted to leaders or ready to remove them from power/ influence by any means; ready to sacrifice themselves for a person, an idea, or both

QUESTIONS FOR LECTURE DISCUSSION

1. As you begin your nursing career, what types of follower roles do you think you will be taking on?
2. In each of these roles, which classification (according to Kellerman) would you see as the most appropriate for these situations?

SUGGESTIONS FOR LECTURE ACTIVITIES

1. Consider your last clinical shift. Write a reflection on what leadership role you played and when you were a follower during this period of time. How might you have improved upon in order to facilitate your participation in both roles? What would you have like to have seen from others involved? (Discuss in small groups, written assignment-focused reflection.)

LEARNING OBJECTIVE 4

Debate the strengths and weaknesses of different styles of leadership in various health care settings.

CONCEPTS FOR LECTURE

1. **Strengths** of leadership styles:
    a. Visionary
        i. Can be used when change requires a new vision or clear direction
        ii. Articulates big picture; employees/team have freedom of innovation
        iii. Improves climate and commitment

b. Coaching
    i. Helps an employee improve performance and build long term
    ii. Employees identify their talents and areas to develop
c. Affiliative
    i. Bolsters and heals a team, strengthens connections
    ii. Focus is on emotional needs over teamwork goals; boosts morale in difficult or stressful times
    iii. Exhibits empathy, but also deals with conflicts to create harmony
d. Democratic
    i. Gets employee input and ideas when direction is unclear and build consensus or support for directions
    ii. Gets ideas about how to implement vision
    iii. Needs to be open to feedback, to listen
e. Pacesetting
    i. Gets good results from a team that is already motivated and competent
    ii. Sets and models high standards, expects employees to rise to challenge and perform
f. Commanding
    i. Can be used in a crisis to change a situation, also with problem employees
    ii. Useful in short term to turn things around
    iii. Done well in limited time frame

2. **Weaknesses** of leadership styles:
    a. Visionary
        i. May be difficult to reach the goals of all team members
    b. Coaching
        i. Involves delegating, giving challenges, mentoring, tolerating failure
    c. Affiliative
        i. Focus is on emotional needs of team over goals
    d. Democratic
        i. Need to be open to feedback, to listen
    e. Pacesetting
        i. Should be used sparingly, for example when a deadline must be met. Continual use can lead to a dissonant workplace
    f. Commanding
        i. Least effective style in most cases, as it leads to dissonance if it sets an intimidating tone

QUESTIONS FOR LECTURE DISCUSSION

1. Debate one of the following:
    a. Autocratic leaders are the most effective in a health care organization
    b. Participative leaders are the most effective in a health care organization
    c. Laissez-faire leaders are the most effective in a health care organization

SUGGESTIONS FOR LECTURE ACTIVITIES

1. Have students interview their clinical instructor about their leadership style. If they are an actively practicing staff nurse, ask them to inquire about their role as a follower when working in this capacity.

LEARNING OBJECTIVE 5

Analyze the components of emotional intelligence.

CONCEPTS FOR LECTURE

1. Definition: Refers to the abilities, skills, and personality traits and/or competencies that enable you to recognize your own feelings and emotions and those of others, and to manage those emotions in your decisions, relationships, and adaptation to daily work and life.
    a. Four domains of EI:
        i. Self-awareness
        ii. Self-management
        iii. Social awareness
        iv. Relationship management
2. Three common theories pursued:
    a. Those who see EI as an ability to process emotional information and use core abilities related to emotion
    b. Those who view EI as a set of personality traits and abilities that predict emotional and social adaptation
    c. Those who view EI as a set of learned skills and competencies enabling one to understand self and others and manage emotions

QUESTIONS FOR LECTURE DISCUSSION

1. If a person possess less than all four of the domains of emotional intelligence, can they be deemed emotionally intelligent?
2. Discuss why it is important for a nurse to be emotionally intelligent.

SUGGESTIONS FOR LECTURE ACTIVITIES

1. Consider the following scenario: Kim Night is a staff nurse working on a medical-surgical unit. Her patient is a confused gentleman who is 75 years old and underwent a esophageal surgery three days ago. He has very dirty fingernails and Kim decides to clip his nails and clean them properly. The patient pulls away as she is clipping them and she cuts one too short; the patient bleeds. The patient's wife has been very involved in his care and shouts at Kim saying, "If you can't do your job properly, why do you do it at all?" Kim responds by saying, "It was not my intention to hurt your husband. I realize you are under a considerable amount of stress right now and are angry. Would you like to discuss your concerns, or would you like me to leave you alone with your husband?"
    a. If Kim was deficient in one or more of the domains required for emotional intelligence, how might her reaction to the situations have been different?
    b. How might Kim be supported by a co-worker and manager that demonstrate emotional intelligence?
    c. How might Kim not be supported by a co-worker and manager who does not demonstrate emotional intelligence?

LEARNING OBJECTIVE 6

Identify leadership behaviours in the various communities in which you participate (clinical work, educational institution, student organizations) and identify characteristics of leadership styles.

CONCEPTS FOR LECTURE

1. Characteristics of leadership styles
    a. Autocratic
        i. Authoritarian
        ii. Directive
        iii. Focused on task or production
        iv. Focused on performance
        v. Control authority, power and decision making
    b. Participative
        i. Democratic
        ii. Consultative
        iii. People-oriented/employee-centred
        iv. Group decision-making
    c. Laissez-faire
        i. Uninvolved in day-to-day activities
        ii. Passive
        iii. Not visible

QUESTIONS FOR LECTURE DISCUSSION

1. Divide the class into nine groups. Provide for each group an example of a scenario where the following factors contributed to a leadership behaviour in a positive way:
    a. Older age and experience
    b. Previous leadership experience
    c. Relational competencies and style
    d. Practising and modelling leadership behaviour
    e. Transformational leadership style
    f. Openness and extroversion
    g. Contact between leader and staff nurse
    h. Facilitative leadership style rather than control
    i. Participation in formal and informal leadership education

SUGGESTIONS FOR LECTURE ACTIVITIES

1. As a large group, discuss possible challenges with each of the above leadership behaviours. How might each scenario discussed be altered with these challenges?

LEARNING OBJECTIVE 7

Discuss the potential effects of leadership behaviour on nurses and on patient outcomes.

CONCEPTS FOR LECTURE

1. Leadership behaviour and outcomes for nurses:
    a. Studies show that hospital culture and structure, rather than hierarchical cascades, determine leadership style in organizations.
    b. Positive outcomes such as job satisfaction, accountability, decreased job tension, organizational commitment, trust, and perceived unit care-quality are seen with transformational leadership and transactional leadership (with transformational leadership in a greater amount).
    c. Those who work in dissonant management environments report negative outcomes. These include emotional exhaustion and lower emotional health.
    d. In summary, it can be said that leadership styles that focus on people and relationships were associated with higher nurse job satisfaction, whereas the styles that focused on tasks were associated with lower job satisfaction.
2. Leadership behaviour and outcomes for patients:
    a. Research (Cummings et al. 2010) demonstrated that hospitals with high resonant leadership styles had the lowest 30-day mortality after controlling for patient demographics, co-morbidities, and characteristics of hospitals and nurses. Dissonant styles were the next lowest, followed by mixed types of leadership styles.

b. Research (Squires et al., 2010) concluded that resonant leadership and fairness enhanced nurse leader–nurse relationships and that these relationships were associated with a positive safety climate. Trusting and high-quality relationships between nurses and nurse leaders improved both patient and nurse outcomes, such as medication errors, nurse emotional exhaustion and intentions to leave.

QUESTIONS FOR LECTURE DISCUSSION

1. What are some of the positive outcomes you have seen from leadership styles in the clinical practice area? For staff? For patients?
2. What are some of the negative outcomes you have seen from leadership styles in the clinical practice area? For staff? For patients?

SUGGESTIONS FOR LECTURE ACTIVITIES

1. Have a representative from the Canadian Patient Safety Institute speak to the students about leadership styles and safety outcomes in patient care
2. Have a specialist in compassion fatigue speak to the students about leadership styles and their effects on healthcare staff.