Leadership styles in health – books, chapters, articles, websites, reports – refs sorted newest to oldest

Follow the Get it @ SMHS button to connect to full text where available.  

Healthcare professionals’ perspectives on working conditions, leadership, and safety climate: a cross-sectional study.  

BACKGROUND: Promoting patient and occupational safety are two key challenges for hospitals. When aiming to improve these two outcomes synergistically, psychosocial working conditions, leadership by hospital management and supervisors, and perceptions of patient and occupational safety climate have to be considered. Recent studies have shown that these key topics are interrelated and form a critical foundation for promoting patient and occupational safety in hospitals. So far, these topics have mainly been studied independently from each other. The present study investigated hospital staffs’ perceptions of four different topics: (1) psychosocial working conditions, (2) leadership, (3) patient safety climate, and (4) occupational safety climate. We present results from a survey in two German university hospitals aiming to detect differences between nurses and physicians.  

METHODS: We performed a cross-sectional study using a standardized paper-based questionnaire. The survey was conducted with nurses and physicians to assess the four topics. The instruments mainly consisted of scales of the German version of the COPSOQ (Copenhagen Psychosocial Questionnaire), one scale of the Copenhagen Burnout Inventory (CBI), scales to assess leadership and transformational leadership, scales to assess patient safety climate using the Hospital Survey on Patient Safety Culture (HSPSC), and analogous items to assess occupational safety climate. RESULTS: A total of 995 completed questionnaires out of 2512 distributed questionnaires were returned anonymously. The overall response rate was 39.6%. The sample consisted of 381 physicians and 567 nurses. We found various differences with regard to the four topics. In most of the COPSOQ and the HSPSC-scales, physicians rated psychosocial working conditions and patient safety climate more positively than nurses. With regard to occupational safety, nurses indicated higher occupational risks than physicians. CONCLUSIONS: The WorkSafeMed study combined the assessment of the four topics psychosocial working conditions, leadership, patient safety climate, and occupational safety climate in hospitals. Looking at the four topics provides an overview of where improvements in hospitals may be needed for nurses and physicians. Based on these results, improvements in working conditions, patient safety climate, and occupational safety climate are required for health care professionals in German university hospitals - especially for nurses.

PMID:30665401  
Pericival A, Best S.

**Does leadership development alter the perspectives of NHS managers?**


Leadership and leadership development are widely discussed topics in the NHS, and common agreement on the best way forward is rarely agreed upon. Examining the experiences of NHS managers undertaking leadership development offers an insight into the impact training these leaders can have. Five non-clinical managers, who had recently completed a leadership development programme, were interviewed to explore their perceptions of the benefits and challenges associated with leadership development. The study respondents cited personal benefits to their participation in the Leadership Development Programme, and how they were able to bring this learning into their workplace. However, limited evidence that personal benefits are translated into organisational gains was found. Translation barriers were explored, and a key obstacle was the lack of involvement of senior managers in the programme. Areas for future study are identified, including the need for longitudinal research to determine the value of leadership development in an organisation.


Miles JM, Scott ES.

**A New Leadership Development Model for Nursing Education.**


BACKGROUND: Leadership competency is required throughout nursing. Students have difficulty understanding leadership as integral to education and practice. A consistent framework for nursing leadership education, strong scholarship and an evidence base are limited. PURPOSE: To establish an integrated leadership development model for prelicensure nursing students that recognizes leadership as a fundamental skill for nursing practice and promotes development of nursing leadership education scholarship. METHOD: Summarizing definitions of nursing leadership, conceptualizing leadership development capacity through reviewing trends, and synthesizing existing leadership theories through directed content analysis. DISCUSSION: Nine leadership skills form the organizing structure for the Nursing Leadership Development Model. Leadership identity development is supported via dimensions of knowing, doing, being and context. CONCLUSION: The Nursing Leadership Development Model is a conceptual map offering a structure to facilitate leadership development within prelicensure nursing students, promoting student ability to internalize leadership capacity and apply leadership skills upon entry to practice. PMID:30709465


Lemoine GJ, Hartnell CA, Leroy H.

**Taking Stock of Moral Approaches to Leadership: An Integrative Review of Ethical,**
Moral forms of leadership such as ethical, authentic, and servant leadership have seen a surge of interest in the 21st century. The proliferation of morally based leadership approaches has resulted in theoretical confusion and empirical overlap that mirror substantive concerns within the larger leadership domain. Our integrative review of this literature reveals connections with moral philosophy that provide a useful framework to better differentiate the specific moral content (i.e., deontology, virtue ethics, and consequentialism) that undergirds ethical, authentic, and servant leadership, respectively. Taken together, this integrative review clarifies points of integration and differentiation among moral approaches to leadership and delineates avenues for future research that promise to build complementary rather than redundant knowledge regarding how moral approaches to leadership inform the broader leadership domain.

Green CA.

**Workplace incivility: Nurse leaders as change agents.**

PMID:30601385


Goemaes R, Decoene E, Beeckman D, Verhaeghe S, Van Hecke A.

**Where is leadership in nursing and midwifery: activities and associated competencies of advanced practice nurses and advanced midwife practitioners.**


[http://hdl.handle.net/1854/LU-8599646](http://hdl.handle.net/1854/LU-8599646)

Turner P.

**Leadership in Healthcare: Delivering Organisational Transformation and Operational Excellence.**

Cham, SWITZERLAND: Palgrave Macmillan US; 2018

This innovative book analyses the evolving nature of leadership, exploring an ever-increasing range of theoretical concepts and applying these to practices within healthcare organisations. A wide range of theories are covered, from behavioural to attitudinal, socio-cognitive to contingency, and social exchange to team. By identifying the common underlying characteristics that are present in leadership styles and approaches, the author successfully crafts a useful model that is adaptable to different scenarios and contexts within the realms of healthcare management. Offering a series of detailed case studies from around the world, this book proposes three crucial concepts for leadership within the health sector: leadership credibility, professional credibility and organisational dynamics. Both scholars and practitioners will find the theoretical framework provided in this book
insightful and applicable in real-life situations.

Smith JG, Morin KH, Lake ET.

**Association of the nurse work environment with nurse incivility in hospitals.**

AIM: To determine whether nurse coworker incivility is associated with the nurse work environment, defined as organisational characteristics that promote nurse autonomy.

BACKGROUND: Workplace incivility can negatively affect nurses, hospitals and patients. Plentiful evidence documents that nurses working in better nurse work environments have improved job and health outcomes. There is minimal knowledge about how nurse coworker incivility relates to the United States nurse work environment.

METHODS: Quantitative, cross-sectional. Data were collected through online surveys of registered nurses in a southwestern United States health system. The survey content included the National Quality Forum-endorsed Practice Environment Scale of the Nursing Work Index and the Workplace Incivility Scale. Data analyses were descriptive and correlational.

RESULTS: Mean levels of incivility were low in this sample of 233 staff nurses. Incivility occurred 'sporadically' (mean = 0.58; range 0.00-5.29). The nurse work environment was rated highly (mean = 3.10; range of 1.00-4.00). The nurse work environment was significantly inversely associated with coworker incivility. The nurse manager qualities were the principal factor of the nurse work environment associated with incivility.

CONCLUSIONS: Supportive nurse managers reduce coworker incivility.

IMPLICATIONS FOR NURSING MANAGEMENT: Nurse managers can shape nurse work environments to prevent nurse incivility.

PMID:28990326

McCay R, Lyles AA, Larkey L.

**Nurse Leadership Style, Nurse Satisfaction, and Patient Satisfaction: A Systematic Review.**

The purpose of this systematic review was to synthesize current evidence on nursing leadership styles, nurse satisfaction, and patient satisfaction. Results suggest that relational leadership traits contribute to greater nurse satisfaction whereas task-oriented styles may decrease nurse satisfaction. Minimal information for the connection between nursing leadership and patient satisfaction was found.

PMID:29266044


**Development and psychometric testing of the clinical leadership needs analysis (CLeeNA) instrument for nurses and midwives.**
AIM: The aim of this study is to report the development and psychometric testing of the clinical leadership needs analysis instrument (CLeeNA). BACKGROUND: Limited emphasis is placed on the clinical leadership needs of nurses and midwives that are fundamental to supporting the delivery of high quality, safe patient care. METHODS: A development and validation study of CLeeNA was undertaken using cross-sectional data. A sample of 324 registered nurses and midwives completed the questionnaire using a 7-point adjectival scale. Principal component analysis was conducted to explore scale grouping of items (n = 103 items). RESULTS: Principal component analysis, item reduction and parallel analysis on the items of the instrument resulted in seven factors consisting of 56 items. These factors were identified as: Staff and Care Delivery; Technology and Care Initiatives; Self and Team Development; Standards of Care; Financial and Service Management; Leadership and Clinical Practice; Patient Safety and Risk Management. CONCLUSION: The identified factors are reflective of an ever-changing health care environment. IMPLICATIONS FOR NURSING MANAGEMENT: Potentially, after further testing, this instrument could be used by nursing management and educators to measure clinical leadership needs, inform the design of clinical leadership training programmes and provide valuable information about health care leadership development.


AIM: To determine the relationship between ethical leadership, organisational commitment of nurses and their perception of patient safety culture. BACKGROUND: Patient safety, organisational commitment and ethical leadership styles are very important for improving the quality of nursing care. METHODS: In this descriptive-correlational study, 340 nurses were selected using random sampling from the hospitals in Tehran in 2016. Data were analysed using descriptive and inferential statistics in SPSS v.20. RESULTS: There was a significant positive relationship between the ethical leadership of nursing managers, perception of patient safety culture and organisational commitment. The regression analysis showed that nursing managers’ ethical leadership and nurses’ organisational commitment is a predictor of patient safety culture and confirms the relationship between the variables. CONCLUSION: Regarding the relationship between the nurses' safety performance, ethical leadership and organisational commitment, it seems that the optimisation of the organisational commitment and adherence to ethical leadership by administrators and managers in hospitals could improve the nurses' performance in terms of patient safety. IMPLICATIONS FOR NURSING MANAGEMENT: Implementing ethical leadership seems to be one feasible strategy to improve nurses’ organisational commitment and perception of patient safety culture. Efforts by nurse managers to develop ethical leadership reinforce
organisational commitment to improve patient outcomes. Nurse managers' engagement and performance in this process is vital for a successful result.
PMID:29527753

Mobilising evidence to improve nursing practice: A qualitative study of leadership roles and processes in four countries.
BACKGROUND: The approach and style of leaders is known to be an important factor influencing the translation of research evidence into nursing practice. However, questions remain as to what types of roles are most effective and the specific mechanisms through which influence is achieved. OBJECTIVES: The aim of the study was to enhance understanding of the mechanisms by which key nursing roles lead the implementation of evidence-based practice across different care settings and countries and the contextual factors that influence them. DESIGN: The study employed a qualitative descriptive approach. SETTINGS: Data collection was undertaken in acute care and primary/community health care settings in Australia, Canada, England and Sweden. PARTICIPANTS: 55 individuals representing different levels of the nursing leadership structure (executive to frontline), roles (managers and facilitators), sectors (acute and primary/community) and countries. METHODS: Individual semi-structured interviews were conducted with all participants exploring their roles and experiences of leading evidence-based practice. Data were analysed through a process of qualitative content analysis. RESULTS: Different countries had varying structural arrangements and roles to support evidence-based nursing practice. At a cross-country level, three main themes were identified relating to different mechanisms for enacting evidence-based practice, contextual influences at a policy, organisational and service delivery level and challenges of leading evidence-based practice. CONCLUSIONS: National policies around quality and performance shape priorities for evidence-based practice, which in turn influences the roles and mechanisms for implementation that are given prominence. There is a need to maintain a balance between the mechanisms of managing and monitoring performance and facilitating critical questioning and reflection in and on practice. This requires a careful blending of managerial and facilitative leadership. The findings have implications for theory, practice, education and research relating to implementation and evidence-based practice.
PMID:30551080

Günzel-Jensen F, Jain AK, Kjeldsen AM.
Distributed leadership in health care: The role of formal leadership styles and organizational efficacy.
Management and health care literature is increasingly preoccupied with leadership as a
collective social process, and related leadership concepts such as distributed leadership have therefore recently gained momentum. This paper investigates how formal, i.e. transformational, transactional and empowering, leadership styles affect employees’ perceived agency in distributed leadership, and whether these associations are mediated by employees’ perceived organizational efficacy. Based on large-scale survey data from a study at one of Scandinavia’s largest public hospitals (N = 1,147), our results show that all leadership styles had a significant positive impact on employees’ perceived agency in distributed leadership. Further, organizational efficacy related negatively to employees’ perceived agency in distributed leadership; however, a mediatory impact of this on the formal leadership styles-distributed leadership relationship was not detected. These results emphasize the importance of formal leaders to enhance employee involvement in various leadership functions; still, employees might prefer to participate in leadership functions when they perceive that the organization is struggling to achieve its goals.

Ebrahim S.

Multi-professional approved clinicians’ contribution to clinical leadership.


Purpose The purpose of this paper is to explore how multi-professional approved clinicians (MPACs), responsible for the care of patients detained under the Mental Health Act (2007), can enable clinical leadership in mental health settings. Design/methodology/approach A questionnaire was completed by clinical psychology and mental health nursing practitioners in a mental health trust in the UK working towards or having gained approved clinician (AC) status, identifying barriers to implementation of the roles and enablers. Qualitative interview data were also gathered with psychiatrists, clinical psychologist and Mental Health Nurse ACs (three in each group). Findings There are a number of barriers and enablers of distributed leadership promoted by the MPAC role. Themes identified focused on enabling person-centred care, clinical leadership and culture change more broadly within mental health care. The AC role is supporting clinical leadership by a range of professionals, promoting patient choice by enabling access to clinicians with the appropriate skills to meet needs. Clinical leadership roles are promoting links between organisational priorities, teams and patient care, fostering distributed leadership in practice. Research limitations/implications This project reflects the views of a limited number of practitioners within one organisation which limits generalisability. Practical implications Organisations need clear strategies linked to workforce development and implementation of the roles to capitalise on their potential to support clinical leadership and person-centred care. Originality/value This study provides initial qualitative data on potential benefits and challenges of implementing the role.
BACKGROUND AND PURPOSE: A valid and reliable Authentic Leadership (AL) measurement instrument is paramount as nursing leadership research grows. The purpose of this study was to analyze the reliability and construct validity of the Authentic Leadership Inventory (ALI) among nurses. METHODS: This study was a cross-sectional, prospective design that explored the relationship between registered nurses' (RNs) perceptions of AL qualities in nurse managers in a random sample of RNs working in an acute care setting. RESULTS: A Cronbach alpha 0.96 confirmed reliability. Exploratory factor analysis determined a one-factor structure. Confirmatory factor analysis utilized the one-factor structure for a final best-fit model (χ^2 = 107.3, df = 70, p = .003; TLI = 0.95, CFI = 0.96, RMSEA = 0.08). CONCLUSIONS: This study gives support to using the ALI with the nursing profession. PMID:30567949

BACKGROUND: Leadership is critical in building quality work environments, implementing new models of care, and bringing health and wellbeing to a strained nursing workforce. However, the nature of leadership style, how leadership should be enacted, and its associated outcomes requires further research and understanding. We aimed to examine the relationships between various styles of leadership and outcomes for the nursing workforce and their work environments. METHODS: The search strategy of this systematic review included 10 electronic databases. Published, quantitative studies that examined the correlations between leadership behaviours and nursing outcomes were included. Quality assessments, data extractions and analysis were completed on all included studies by independent reviewers. RESULTS: A total of 50,941 titles and abstracts were screened resulting in 129 included studies. Using content analysis, 121 outcomes were grouped into six categories: 1) staff satisfaction with job factors, 2) staff relationships with work, 3) staff health & wellbeing, 4) relations among staff, 5) organizational environment factors and 6) productivity & effectiveness. Our analysis illuminated patterns between relational and task focused leadership styles and their outcomes for nurses and nursing work environments. For example, 52 studies reported that relational leadership styles were associated with higher nurse job satisfaction, whereas 16 studies found that task-focused leadership styles were associated with lower nurse job satisfaction. Similar trends were found for each category of outcomes. CONCLUSIONS: The findings of this systematic review provide strong support for the employment of relational leadership styles to promote positive nursing workforce outcomes and related organizational outcomes. Leadership focused solely on
task completion is insufficient to achieve optimum outcomes for the nursing workforce. Relational leadership practices need to be encouraged and supported by individuals and organizations to enhance nursing job satisfaction, retention, work environment factors and individual productivity within healthcare settings.

PMID:29807190
https://www.ncbi.nlm.nih.gov/pubmed/?t=29807190

Alilyyani B, Wong CA, Cummings G.
Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review.
Int J Nurs Stud. 2018;83:34-64.

BACKGROUND: Leaders are essential in every organization to achieve patient safety and healthy work environments. Authentic leadership is a relational leadership style purported to promote healthy work environments that influence staff performance and organizational outcomes. Given recent growth in authentic leadership research in healthcare and the importance of new knowledge to inform leadership development, there is an obligation to determine what is known about the antecedents and outcomes of authentic leadership in healthcare settings and clarify mechanisms by which authentic leadership affects healthcare staff and patient outcomes. OBJECTIVES: The aim of this systematic review was to examine the antecedents, mediators and outcomes associated with authentic leadership in healthcare. DESIGN: Systematic review. DATA SOURCES: The search strategy included 11 electronic databases: ABI Inform Dateline, Academic Search Complete, Cochrane Database of Systematic Reviews, PubMed, CINAHL, Embase, ERIC, PsycINFO, Scopus, Web of Science, and ProQuest Dissertations & Theses. The search was conducted in January 2017. Published English-only quantitative research that examined the antecedents, mediators and outcomes of authentic leadership practices of leaders in healthcare settings was included. REVIEW METHODS: Quality assessment, data extractions, and analysis were completed on all included studies. Data extracted from included studies were analyzed through descriptive and narrative syntheses. Content analysis was used to group antecedents, outcomes and mediators into categories which were then compared to authentic leadership theory. RESULTS: 1036 titles and abstracts were screened yielding 136 manuscripts for full-text review which resulted in 21 included studies reported in 38 manuscripts. Significant associations between authentic leadership and 43 outcomes were grouped into two major themes: healthcare staff outcomes with 5 subthemes (personal psychological states, satisfaction with work, work environment factors, health & well-being, and performance) and patient outcomes. There were 23 mediators between authentic leadership and 35 different outcomes in the included studies and one antecedent of authentic leadership. CONCLUSIONS: Findings of this review provide support for authentic leadership theory and suggest need for additional testing in future studies using longitudinal and interventional designs in more varied healthcare settings with diverse and interprofessional healthcare samples. Knowledge generated through this systematic review provides a more comprehensive understanding of authentic leadership, which can be used to educate future
Top Nursing.

**Leadership Styles in Nursing for Improved Quality of Care.** Top Nursing; 2017

A nurse manager needs to work as a leader who guides every single person that contributes to the welfare of the patients in a particular nursing unit. Being a manager it is his/her responsibility to regulate each and everything that can directly or indirectly affect the quality of services and care provided to the patients in any organization. The poor performance of the one who synchronizes and balances all the nurses, patients, and their families, and other health care professionals can lead to substandard patient outcomes. Actually, it puts adverse effects on the morale and productivity of the staff members which results into poor performance of the whole clinical setting. If you are a nurse manager and are confused about what style you should adopt in order to gain success both as a leader and a nurse, go through this article. We are here with different types of leadership styles in nursing. Choose the one that combines well with your personality traits, working environment, type of organization you work for, etc.

https://www.topnursing.org/leadership-styles-in-nursing/

Stanley D.

**Clinical Leadership in Nursing and Healthcare.** Chichester, West Sussex: John Wiley & Sons, Incorporated; 2017.


Sfantou DF, Laliotis A, Patelarou AE, Sifaki-Pistolla D, Matalliotakis M, Patelarou E.


Effective leadership of healthcare professionals is critical for strengthening quality and integration of care. This study aimed to assess whether there exist an association between different leadership styles and healthcare quality measures. The search was performed in the Medline (National Library of Medicine, PubMed interface) and EMBASE databases for the time period 2004-2015. The research question that guided this review was posed as: "Is there any relationship between leadership style in healthcare settings and quality of care?" Eighteen articles were found relevant to our research question. Leadership styles were found to be strongly correlated with quality care and associated measures. Leadership was considered a core element for a well-coordinated and integrated provision of care, both from the patients and healthcare professionals.

PMID:29036901
Saxena A, Desanghere L, Stobart K, Walker K.  
**Goleman’s Leadership styles at different hierarchical levels in medical education.**  

**BACKGROUND:** With current emphasis on leadership in medicine, this study explores Goleman's leadership styles of medical education leaders at different hierarchical levels and gain insight into factors that contribute to the appropriateness of practices. **METHODS:** Forty two leaders (28 first-level with limited formal authority, eight middle-level with wider program responsibility and six senior- level with higher organizational authority) rank ordered their preferred Goleman's styles and provided comments. Eight additional senior leaders were interviewed in-depth. Differences in ranked styles within groups were determined by Friedman tests and Wilcoxon tests. Based upon style descriptions, confirmatory template analysis was used to identify Goleman’s styles for each interviewed participant. Content analysis was used to identify themes that affected leadership styles. **RESULTS:** There were differences in the repertoire and preferred styles at different leadership levels. As a group, first-level leaders preferred democratic, middle-level used coaching while the senior leaders did not have one preferred style and used multiple styles. Women and men preferred democratic and coaching styles respectively. The varied use of styles reflected leadership conceptualizations, leader accountabilities, contextual adaptations, the situation and its evolution, leaders' awareness of how they themselves were situated, and personal preferences and discomfort with styles. The not uncommon use of pace-setting and commanding styles by senior leaders, who were interviewed, was linked to working with physicians and delivering quickly on outcomes. **CONCLUSIONS:** Leaders at different levels in medical education draw from a repertoire of styles. Leadership development should incorporate learning of different leadership styles, especially at first- and mid-level positions.

**PMID:28927466**  

Pidgeon K.  
**The Keys for Success: Leadership Core Competencies.**  
Providing leaders with skills resulting in positive behaviors, specifically increasing quality performance improvement projects and leadership style, ultimately may deliver an increase in professional development. Consisting of the topic leadership, this article consists of core competencies specifically targeted for learning leadership skills. The purpose of this article is to assist the leader with developing leadership skills, which promotes professional development. This article reviews leadership skills and describes in detail the elements of some core competencies that can enable the leader to develop skills, including strategic thinking, organizational skills, time management, decision-making, leadership skills, conflict resolution, and strategies to enhance performance improvement. The article provides the
leader with insight and strategies to develop leadership skills, which can be invaluable to any leader, health care worker, or institution.

PMID:29117047

Morsiani G, Bagnasco A, Sasso L.

**How staff nurses perceive the impact of nurse managers' leadership style in terms of job satisfaction: a mixed method study.**


AIM: To describe staff nurses' perceptions related to the leadership styles adopted by their nurse managers, identify which leadership style ensured job satisfaction in staff nurses and describe which behaviours nurse managers should change. BACKGROUND: Empirical literature suggests that leadership styles of nurse managers significantly influence staff satisfaction. However, few studies investigate how staff nurses perceive the leadership styles of their nurse managers, and how these impact upon the staff nurses' job satisfaction.

METHODS: This was a mixed method study, which included the administration of the Multi-factor Leadership Questionnaire and three focus groups. RESULTS: Ward nurse managers mostly adopted a transactional leadership style ('Management by exception active') aimed at monitoring errors and intervening to correct errors and punish, which had a negative impact on staff nurses' levels of job satisfaction. In contrast, the transformational leadership style, which is mostly correlated with satisfaction ('Idealized Influence Attributed', which staff nurses perceived as 'respect', 'caring for others', 'professional development' and 'appreciation'), was rarely practiced by nurse managers. CONCLUSIONS: The transformational leadership skills of Italian nurse managers need to be improved through behaviours based on greater respect, caring for others, professional development and appreciation. The present study could also serve as model to improve the leadership style of nurse managers in other countries.

IMPLICATIONS FOR NURSING MANAGEMENT: The themes of transformational leadership could serve as a guide for nurse managers to help them improve their leadership style, and improve the levels of job satisfaction in staff nurses. Owing to the complexity and the importance of this issue, classroom educational interventions would not be sufficient: it should be dealt as a strategic priority by nursing directors.

PMID:27917561

Masood M, Afsar B.

**Transformational leadership and innovative work behavior among nursing staff.**

*Nurs Inq. 2017;24(4).*

The importance of innovation within organizations has been demonstrated on numerous occasions, which has subsequently led to the identification of effective leadership as a potential catalyst. Most of us would acknowledge that effective leadership plays a pivotal role to engender innovativeness among nursing staff. Although research has identified
some leadership styles to foster a nurse's innovative work behavior, a comprehensive model explaining the effect of transformational leadership on nurses' innovative work behavior is still unclear. This research built and tested a theoretical model linking transformational leadership and innovative work behavior via several intervening variables. Data were collected from 587 nurses and 164 doctors (nursing supervisors) through structured questionnaires from public sector hospitals in Pakistan. Results of the study indicated that, as anticipated, transformational leadership positively affected psychological empowerment of nurses, which in turn influenced both intrinsic motivation and knowledge sharing behavior. These latter two variables then had a positive influence on innovative work behavior. Empowerment role identity moderated the link between transformational leadership and psychological empowerment, whereas willingness to rely on leader (reliance-based trust) and willingness to share sensitive information with leader (disclosure-based trust) moderated the connection between knowledge sharing behavior and innovative work behavior. These results imply that transformational leadership through psychological empowerment, knowledge sharing, and intrinsic motivation fosters nurse's innovative work behavior. The results also show that the relationship between transformational leadership and innovative work behavior is stronger among nurses who frequently share their knowledge about best practices and mistakes with co-workers.

PMID: 28150910


Lean Keng S, AlQudah HN.
Assessment of cognitive bias in decision-making and leadership styles among critical care nurses: a mixed methods study.

AIMS: To raise awareness of critical care nurses' cognitive bias in decision-making, its relationship with leadership styles and its impact on care delivery. BACKGROUND: The relationship between critical care nurses' decision-making and leadership styles in hospitals has been widely studied, but the influence of cognitive bias on decision-making and leadership styles in critical care environments remains poorly understood, particularly in Jordan. DESIGN: Two-phase mixed methods sequential explanatory design and grounded theory. SETTING: critical care unit, Prince Hamza Hospital, Jordan. Participant sampling: convenience sampling Phase 1 (quantitative, n = 96), purposive sampling Phase 2 (qualitative, n = 20). METHODS: Pilot tested quantitative survey of 96 critical care nurses in 2012. Qualitative in-depth interviews, informed by quantitative results, with 20 critical care nurses in 2013. Descriptive and simple linear regression quantitative data analyses. Thematic (constant comparative) qualitative data analysis. RESULTS: Quantitative - correlations found between rationality and cognitive bias, rationality and task-oriented leadership styles, cognitive bias and democratic communication styles and cognitive bias and task-oriented leadership styles. Qualitative - 'being competent', 'organizational structures', 'feeling self-confident' and 'being supported' in the work environment identified as key factors influencing critical care nurses' cognitive bias in decision-making and leadership styles.
Two-way impact (strengthening and weakening) of cognitive bias in decision-making and leadership styles on critical care nurses' practice performance. CONCLUSION: There is a need to heighten critical care nurses' consciousness of cognitive bias in decision-making and leadership styles and its impact and to develop organization-level strategies to increase non-biased decision-making.

PMID:27601180

Kaiser JA.
The relationship between leadership style and nurse-to-nurse incivility: turning the lens inward.
AIM: The aim of this study was to examine the impact of leadership styles on the reported rates of lateral hostility in nurses. BACKGROUND: Previous explanations of horizontal incivility point to oppressed group behaviour and socialisation of nurses. Leadership and organisational culture are known to have a profound impact on workplace behaviour, yet few studies have examined the relationship between leadership style and nurse-to-nurse incivility. METHODS: A survey was used to assess the perceived levels of incivility and the leadership styles experienced by 237 participants defined as 'staff nurses'. RESULTS: Transformational leadership style had the strongest correlation with low levels of incivility. Staff input and leader/staff teamwork also influence staff incivility. CONCLUSIONS: Leadership style is not a definitive factor of incivility, but leader behaviours impact the level of incivility between staff nurses. The relationship between leaders and staff and the empowerment of staff have the strongest impact on nurse incivility. IMPLICATIONS FOR NURSING MANAGEMENT: The factors found to correlate with incivility in this study are under the influence of nurse leaders. Relationships and interpersonal dynamics must be attended to. Leaders can also instil the structures known to foster nurse empowerment, which are discussed.

PMID:27896878

Hill B.
Does leadership style of modern matrons contribute to safer and more effective clinical services?
At the time of writing, the author was a modern matron in a surgical division of an NHS teaching hospital in London. This article considers the differences between leadership and management, and discusses the skills required by modern matrons to lead safe and successful clinical services. It also examines three leadership styles - transactional, transformational and situational - and their relevance to the role of modern matron.

PMID:28357936
Guerrero EG, Fenwick K, Kong Y.

Advancing theory development: exploring the leadership-climate relationship as a mechanism of the implementation of cultural competence.


**BACKGROUND:** Leadership style and specific organizational climates have emerged as critical mechanisms to implement targeted practices in organizations. Drawing from relevant theories, we propose that climate for implementation of cultural competence reflects how transformational leadership may enhance the organizational implementation of culturally responsive practices in health care organizations. **METHODS:** Using multilevel data from 427 employees embedded in 112 addiction treatment programs collected in 2013, confirmatory factor analysis showed adequate fit statistics for our measure of climate for implementation of cultural competence (Cronbach’s alpha = .88) and three outcomes: knowledge (Cronbach’s alpha = .88), services (Cronbach’s alpha = .86), and personnel (Cronbach’s alpha = .86) practices. **RESULTS:** Results from multilevel path analyses indicate a positive relationship between employee perceptions of transformational leadership and climate for implementation of cultural competence (standardized indirect effect = .057, bootstrap p < .001). We also found a positive indirect effect between transformational leadership and each of the culturally competent practices: knowledge (standardized indirect effect = .006, bootstrap p = .004), services (standardized indirect effect = .019, bootstrap p < .001), and personnel (standardized indirect effect = .014, bootstrap p = .005). **CONCLUSIONS:** Findings contribute to implementation science. They build on leadership theory and offer evidence of the mediating role of climate in the implementation of cultural competence in addiction health service organizations. 

PMID:29137668


Fischer SA.

Transformational Leadership in Nursing Education: Making the Case.


Transformational leadership is a trending style and competency that has been embraced by many industries and nursing practice settings. Similar positive influence on follower engagement, teamwork, and solidarity might be experienced if transformational leadership is employed by administration and faculty as a guiding framework for nursing education. The impact of embedding a teamwork culture in basic nursing education could be significant on students and ultimately on the nursing profession. Further research is needed to develop and test application of the transformational leadership framework in nursing education. 

PMID:28899244


Farag A, Tullai-McGuinness S, Anthony MK, Burant C.
Do Leadership Style, Unit Climate, and Safety Climate Contribute to Safe Medication Practices?


**OBJECTIVES:** This study aims at: examining if leadership style and unit climate predict safety climate; and testing the direct, indirect, and total effect of leadership style, unit climate, and safety climate on nurses' safe medication practices. **BACKGROUND:** The Institute of Medicine and nursing scholars propose that safety climate is a prerequisite to safety practices. However, there is limited empirical evidence about factors contributing to the development of safety climate and about the association with nurses' safe medication practices. **METHOD:** This cross-sectional study used survey data from 246 RNs working in a Magnet(R) hospital. **RESULTS:** Leadership style and unit climate predicted 20% to 50% of variance on all safety climate dimensions. Model testing revealed the indirect impact of leadership style and unit climate on nurses' safe medication practices. **CONCLUSION:** Our hypothesized model explained small amount of the variance on nurses' safe medication practices. This finding suggests that nurses' safe medication practices are influenced by multiple contextual and personal factors that should be further examined. **PMID:** 27893496


Echevarria IM, Patterson BJ, Krouse A.

**Predictors of transformational leadership of nurse managers.**


**AIM:** The aim of this study was to examine the relationships among education, leadership experience, emotional intelligence and transformational leadership of nurse managers. **BACKGROUND:** Nursing leadership research provides limited evidence of predictors of transformational leadership style in nurse managers. **METHODS:** A predictive correlational design was used with a sample of nurse managers (n = 148) working in varied health care settings. Data were collected using the Genos Emotional Intelligence Inventory, the Multi-factor Leadership Questionnaire and a demographic questionnaire. Simple linear and multiple regression analyses were used to examine relationships. **RESULTS:** A statistically significant relationship was found between emotional intelligence and transformational leadership (r = 0.59, P < 0.001) explaining 34% variance in transformational leadership. **CONCLUSIONS:** Nurse managers should be well informed of the predictors of transformational leadership in order to pursue continuing education and development opportunities related to those predictors. **IMPLICATIONS FOR NURSING MANAGEMENT:** The results of this study emphasise the need for emotional intelligence continuing education, leadership development and leader assessment programmes. **PMID:** 27910229


Cope V, Murray M.

**Leadership styles in nursing.**
Nurses are often asked to think about leadership, particularly in times of rapid change in healthcare, and where questions have been raised about whether leaders and managers have adequate insight into the requirements of care. This article discusses several leadership styles relevant to contemporary healthcare and nursing practice. Nurses who are aware of leadership styles may find this knowledge useful in maintaining a cohesive working environment. Leadership knowledge and skills can be improved through training, where, rather than having to undertake formal leadership roles without adequate preparation, nurses are able to learn, nurture, model and develop effective leadership behaviours, ultimately improving nursing staff retention and enhancing the delivery of safe and effective care.

Yeh SJ, Yuan KS, Chen SS, Lo YY, Chou HC, Huang S, et al.

The moderating effect of leadership on the relationship between personality and performance.


AIM: To examine how personality and leadership influence efficiency in the nursing service environment. BACKGROUND: Leadership and personality contribute to the success and failure of a unit. However, how they interact to influence performance is still understudied.

METHODS: We used matched pairs sample design to survey 135 head nurses and 1353 registered nurses on validated instruments of demographic characteristics, leadership styles and personality during June and July of 2014. Efficiency was calculated using Data Envelopment Analysis. Tobit regression was used for analysis.

RESULTS: High conscientiousness and low neuroticism were significantly associated with higher efficiency. Particularly, under the initiating structure leadership style, high conscientiousness, high extraversion, high agreeableness, high openness and low neuroticism were related to higher efficiency. Openness would improve efficiency under a low consideration leadership style.

CONCLUSIONS: Most personality traits were related to higher efficiency under the initiating leadership style. Only openness would improve leaders' efficiency under a high initiating structure and a low consideration leadership style.

IMPLICATIONS FOR NURSING MANAGEMENT: Considering personality as one factor of selecting head nurses, selecting the right person can improve the fit between individuals and organisations, which in turn, improves job performance. Training head nurses to develop better leadership styles in nurses is another way to enhance efficiency.

PMID: 27137702

Spano-Szekely L, Quinn Griffin MT, Clavelle J, Fitzpatrick JJ.

Emotional Intelligence and Transformational Leadership in Nurse Managers.

OBJECTIVE: This study describes the relationship between emotional intelligence (EI) and transformational leadership (TL) in nurse managers (NMs). BACKGROUND: Effective NM leadership is important as they have direct influence over RN performance and patient outcomes. Research has demonstrated that a TL style generates greater commitment from followers than other leadership styles. EI is 1 potential characteristic of TL. METHODS: A descriptive exploratory research study was conducted to correlate EI and TL practices of NMs. RESULTS: EI was significantly positively correlated with TL and outcome measures of extra-effort, effectiveness, and satisfaction and significantly negatively correlated with laissez-faire leadership. A positive relationship was found between TL and NMs with advanced education and administrative certification. CONCLUSION: Nursing administrators should consider EI characteristics when hiring NMs and lead efforts to advance education to align with organization needs for business and strategic essentials necessary for NM effectiveness.

PMID:26796823

McCallmont C, Bailey E.
Enhancing and developing leadership in midwifery.
Leadership is a word often heard in any workplace, and healthcare services are no different. Much has been written about leadership styles and theories, with a search of one online retailer revealing 153,589 books available on the subject. How many midwives have those books on their shelves? In a time when maternity services are rising to meet new pressures and demands, many commentators are calling for leadership to drive the profession on. How do we, as midwives, reflect on our own leadership style and the impact it has on others? Here we discuss the importance of leadership in midwifery as a profession, and to individuals, regardless of grade or position. We use an example of a project within our service to illustrate the opportunities for leadership to flourish throughout a whole team in order to achieve an end goal.

PMID:27008753

Marshall ES, Broome ME, editors.
Transformational Leadership in Nursing: From Expert Clinician to Influential Leader. 2 ed.

Manning J.
The Influence of Nurse Manager Leadership Style on Staff Nurse Work Engagement.
BACKGROUND: Nursing literature supports the importance of an engaged nursing workforce as a means to positively influence performance. Nurse manager leadership style plays a critical role in engaging staff nurses. These relationships have been minimally studied in nurse managers and staff nurses. OBJECTIVE: The aim of this study is to evaluate the influence of nurse manager leadership style factors on staff nurse work engagement. METHODS: Using a descriptive correlational research design, 441 staff nurses working in 3 acute care hospitals were surveyed. Survey instruments included the Utrecht Work Engagement Scale and the Multifactorial Leadership Questionnaire 5X short form. RESULTS: Transactional and transformational leadership styles in nurse managers positively influenced staff nurse work engagement. Passive-avoidant leadership style in nurse managers negatively influenced staff nurse work engagement. CONCLUSIONS: Nurse managers who provide support and communication through transformational and transactional leadership styles can have a positive impact on staff nurse work engagement and ultimately improve organizational outcomes.

PMID:27496584
https://www.ncbi.nlm.nih.gov/pubmed/?t=27496584

Henrick S, Brennan B, Monturo C.
Leadership, defined: What’s your style, and how’s it actually perceived?
PMID:27683166
https://www.ncbi.nlm.nih.gov/pubmed/?t=27683166

Fowler J.
Clinical leadership part 2: leadership styles.
PMID:27172500
https://www.ncbi.nlm.nih.gov/pubmed/?t=27172500

Fowler J.
From staff nurse to nurse consultant. Clinical leadership part 3: developing your leadership style.
PMID:27281602
https://www.ncbi.nlm.nih.gov/pubmed/?t=27281602

Leadership and Teamwork in Trauma and Resuscitation.
INTRODUCTION: Leadership skills are described by the American College of Surgeons' Advanced Trauma Life Support (ATLS) course as necessary to provide care for patients during resuscitations. However, leadership is a complex concept, and the tools used to

SMHS Library    26 February 2019
assess the quality of leadership are poorly described, inadequately validated, and infrequently used. Despite its importance, dedicated leadership education is rarely part of physician training programs. The goals of this investigation were the following: 1. Describe how leadership and leadership style affect patient care; 2. Describe how effective leadership is measured; and 3. Describe how to train future physician leaders. METHODS: We searched the PubMed database using the keywords "leadership" and then either "trauma" or "resuscitation" as title search terms, and an expert in emergency medicine and trauma then identified prospective observational and randomized controlled studies measuring leadership and teamwork quality. Study results were categorized as follows: 1) how leadership affects patient care; 2) which tools are available to measure leadership; and 3) methods to train physicians to become better leaders. RESULTS: We included 16 relevant studies in this review. Overall, these studies showed that strong leadership improves processes of care in trauma resuscitation including speed and completion of the primary and secondary surveys. The optimal style and structure of leadership are influenced by patient characteristics and team composition. Directive leadership is most effective when Injury Severity Score (ISS) is high or teams are inexperienced, while empowering leadership is most effective when ISS is low or teams more experienced. Many scales were employed to measure leadership. The Leader Behavior Description Questionnaire (LBDQ) was the only scale used in more than one study. Seven studies described methods for training leaders. Leadership training programs included didactic teaching followed by simulations. Although programs differed in length, intensity, and training level of participants, all programs demonstrated improved team performance. CONCLUSION: Despite the relative paucity of literature on leadership in resuscitations, this review found leadership improves processes of care in trauma and can be enhanced through dedicated training. Future research is needed to validate leadership assessment scales, develop optimal training mechanisms, and demonstrate leadership’s effect on patient-level outcome.

Leadership style has influence on staff retention.

A study highlighting the importance of leadership in hospitals for retaining and motivating nursing staff could have a wider global impact, according to the RCN head of policy.

Emotional intelligence (EI) and nursing leadership styles among nurse managers.
Less than 12.5% of nurses aspire to leadership roles, noting lack of support and stress as major factors in their decision not to pursue this area of practice. Psychological resiliency, described as the ability to properly adapt to stress and adversity, is key to successful nurse
managers. Emotional intelligence (EI) is a related concept to resiliency and is another noteworthy predictor of leadership and management success. This study was undertaken to determine the level of and relationship between EI and leadership style of nurse managers employed in Wisconsin and Illinois facilities. A descriptive, exploratory study design was utilized, with a convenience sample of nurse managers working in 6 large Midwestern health systems. Nurse managers were invited to participate in the study by their employer, completing the online consent form and the demographic, Multifactor Leadership Questionnaire (MLQ) Form 5X and the Emotional Quotient Inventory (EQ-i 2.0) surveys. Statistically significant positive relationships were noted between EI and transformational leadership and the outcomes of leadership (extra effort, effectiveness, and satisfaction). No statistically significant relationships were noted between EI and transactional or laissez-faire leadership styles.

PMID:25714956


PURPOSE: To summarize the characteristics of tools used to assess leadership in health care action (HCA) teams. HCA teams are interdisciplinary teams performing complex, critical tasks under high-pressure conditions. METHOD: The authors conducted a systematic review of the PubMed/MEDLINE, CINAHL, ERIC, EMBASE, PsycINFO, and Web of Science databases, key journals, and review articles published through March 2012 for English-language articles that applied leadership assessment tools to HCA teams in all specialties. Pairs of reviewers assessed identified articles for inclusion and exclusion criteria and abstracted data on study characteristics, tool characteristics, and validity evidence. RESULTS: Of the 9,913 abstracts screened, 83 studies were included. They described 61 team leadership assessment tools. Forty-nine tools (80%) provided behaviors, skills, or characteristics to define leadership. Forty-four tools (72%) assessed leadership as one component of a larger assessment, 13 tools (21%) identified leadership as the primary focus of the assessment, and 4 (7%) assessed leadership style. Fifty-three studies (64%) assessed leadership at the team level; 29 (35%) did so at the individual level. Assessments of simulated (n = 55) and live (n = 30) patient care events were performed. Validity evidence included content validity (n = 75), internal structure (n = 61), relationship to other variables (n = 44), and response process (n = 15). CONCLUSIONS: Leadership assessment tools applied to HCA teams are heterogeneous in content and application. Comparisons between tools are limited by study variability. A systematic approach to team leadership tool development, evaluation, and implementation will strengthen understanding of this important competency.

PMID:26200585

OBJECTIVE: The purpose of this study was to explore the relationship between nurse manager (NM) leadership style and safety climate. BACKGROUND: Nursing leaders are needed who will change the environment and increase patient safety. Hospital NMs are positioned to impact day-to-day operations. Therefore, it is essential to inform nurse executives regarding the impact of leadership style on patient safety. METHODS: A descriptive correlational study was conducted in 41 nursing departments across 9 hospitals. The hospital unit safety climate survey and multifactorial leadership questionnaire were completed by 466 staff nurses. Bivariate and regression analyses were conducted to determine how well leadership style predicted safety climate. RESULTS: Transformational leadership style was demonstrated as a positive contributor to safety climate, whereas laissez-faire leadership style was shown to negatively contribute to unit socialization and a culture of blame. CONCLUSIONS: Nursing leaders must concentrate on developing transformational leadership skills while also diminishing negative leadership styles. PMID:26010281

https://www.ncbi.nlm.nih.gov/pubmed/?t=26010281

Australian College of Nursing. Nurse leadership: a white paper. Deakin, ACT: Australian College of Nursing; 2015

Australia’s health care system faces a number of complex and interconnected challenges in providing high-quality, innovative and cost-effective care into the future. These include an ageing population increasingly affected by chronic disease, rising health care costs, technological change and the need to improve the equity and accessibility of the health care system, including for Aboriginal and Torres Strait Islander people. The need to maintain and, in some cases, improve safety and quality will be an ongoing priority. These issues are likely to play out within a context of economic uncertainty and nursing workforce challenges, as health care organisations and governments seek ways to contain the costs of care delivery, improve productivity, and recruit and retain skilled staff. This will require change in the way health care is delivered, models of care and the role of all members of the health workforce.


This study investigated the potential impact of leadership style on leaders' emotional regulation strategies and burnout. Drawing on the full-range model of leadership and Conservation of Resources (COR) theory, we tested whether transformational, contingent
reward, management by exception-active and -passive, or laissez-faire leadership exert direct effects on leaders’ reported use of surface acting, deep acting, and genuine emotion. In turn, we hypothesized and tested the indirect effect of leadership on burnout through surface acting. Three waves of data from 205 leaders were analyzed using OLS regression. Transformational leadership predicted deep acting and genuine emotion. Contingent reward predicted both surface and deep acting. Management by exception-active and -passive predicted surface acting, and laissez faire predicted genuine emotion. The indirect effects of management by exception-active and -passive on burnout through surface acting were not significant. Indirect effects of transformational leadership and laissez-faire on burnout through genuine emotion, however, were significant. This study provides empirical evidence for the hypothesized relationships between leadership style, emotion regulation, and burnout, and provides the basis for future research and theory building on this topic. PMID:25844908

BACKGROUND: Nurse managers leadership behaviors influence the job satisfaction of staff nurses. Transformational leadership is 1 of the 5 components associated with the Magnet Recognition Program(R). OBJECTIVE: The aim of this study was to examine the relationship between staff nurse perception of nurse manager leadership behavior and staff nurse job satisfaction in a hospital on the Magnet(R) journey and the influence of nurse manager leadership style on staff nurse job satisfaction. METHODS: A descriptive, correlational design using a self-report survey with convenience sampling was used for this quantitative research study. Staff nurses completed the Multifactor Leadership Questionnaire 5X Short Form, the Abridged Job Descriptive Index survey, and a demographic questionnaire. Pearson correlations and regression analyses were completed to explore the relationship and influence of nurse manager leadership style on staff nurse job satisfaction. RESULTS: Transformational and transactional leadership styles of nurse managers were positively related to staff nurse overall job satisfaction and satisfaction with opportunity for promotion. Passive-avoidant leadership style of nurse managers was negatively related to staff nurse satisfaction with work, promotion, supervision, and coworker. Satisfaction with nurse manager leadership was a positive influence on overall nurse job satisfaction when separately controlling for the influence of each leadership style. CONCLUSION: Transformational and transactional leadership styles should be taught and encouraged among nurse managers to positively influence the job satisfaction of staff nurses. PMID:24662691

American Association of Nurse Assessment Coordination (AAANAC).
Nursing leadership. Management and leadership styles.
Denver, CO: American Association of Nurse Assessment Coordination (AANAC); 2014.

Giltinane CL.
Leadership styles and theories.
It is useful for healthcare professionals to be able to identify the leadership styles and theories relevant to their nursing practice. Being adept in recognising these styles enables nurses to develop their skills to become better leaders, as well as improving relationships with colleagues and other leaders, who have previously been challenging to work with. This article explores different leadership styles and theories, and explains how they relate to nursing practice.
PMID:23905259

Cleary M, Horsfall J, Deacon M, Jackson D.
Leadership and Mental Health Nursing.
This discussion paper argues for the critical importance of successful leadership for effective mental health nursing, observing that nursing leadership has long been regarded problematically by the profession. Using empirical and theoretical evidence we debate what leadership styles and strategies are most likely to result in effective, recovery-orientated mental health nursing. Models of transformational and distributed leadership are found to be highly congruent with mental health nursing values, yet the literature suggests it is a type of leadership more often desired than experienced. We note how the scholarly literature tends to ignore the ?elephant in the room? that is organizational power, and we question whether transformational leadership pursued within a specific clinical context can influence beyond those confines. Nevertheless it is within these contexts that consumers experience nursing, effective or otherwise, thus we should advocate what is known about effective leadership wherever it is required.

Casida J, Parker J.
Staff nurse perceptions of nurse manager leadership styles and outcomes.
AIM: To explore the correlations of leadership styles of nurse managers (NMs) and outcomes. BACKGROUND: Little is known about the linkages among leadership styles [transformational (TFL), transactional (TRL)] of NMs and outcomes [a leader's extra effort
(LEE), leadership satisfaction (LS) and effectiveness (LE)) using the full-range leadership theory. Methods An exploratory correlational design was employed using data from a 2007 study in which staff nurses (n = 278) from four hospitals in the Northeastern US were asked to rate the leadership styles of NMs (n = 37) and outcomes using the Multifactor Leadership Questionnaire Form 5x-Short. Data were analysed using descriptive and inferential statistical methods. RESULTS: TFL leadership has strong correlations to LEE, LS and LE, and was a predictor for leadership outcomes. Conversely, TRL leadership has week correlations to LEE, LS and LE and did not predict leadership outcomes. CONCLUSION: NMs who frequently display TFL leadership styles will probably achieve goals in a satisfying manner, warranting further research. IMPLICATION FOR NURSING MANAGEMENT: TFL leadership training should be a basic competency requirement of NMs. Placing successful and effective TFL leaders in nursing units are the professional and moral obligations of nurse executives. PMID:21569144


Azaare J, Gross J.
The nature of leadership style in nursing management.
The purpose of this study was to explore the nature of leadership styles used by nurse managers, and describe staff nurses' perceptions of leadership styles. Effective leadership among nurse managers has been associated with staff nurse job satisfaction and retention. Twenty staff nurses from two hospitals in Ghana responded to tape-recorded interview questions. Four themes emerged from inductive analysis of the data. Findings suggest that nurse managers employed intimidation and minimal consultation to control their employees. The study further indicated that nurse managers were perceived as 'figure-heads', who are weak and inarticulate at the level of policy planning and implementation. It was therefore concluded that staff nurses in the study site hospitals lack confidence, trust and satisfaction with the current style of leadership. Staff nurses preferred a more proactive, articulate and independent nursing leadership at the top level. It is recommended that effective leadership training be instituted for prospective nurse managers before appointments are made into management and administrative positions. PMID:21727853


Grunderman RB.
Style of leadership
2009.
In: Leadership in Healthcare [Internet].
London: Springer-Verlag; [65-85].
Skinner C, Spurgeon P.

Valuing empathy and emotional intelligence in health leadership: a study of empathy, leadership behaviour and outcome effectiveness.


This article examines the relationship between health managers' self-assessed empathy, their leadership behaviours as rated by their staff, and staff's personal ratings on a range of work satisfaction and related outcome measures. Empathy was conceived of as four distinct but related individual dispositions, namely empathic concern (EC), perspective taking (PT), personal distress (PD) and empathic matching (EM). Results showed three empathy scales (EC, PT and EM) were, as postulated, positively related to transformational behaviour (inspiring followers to achieve more than expected). The same three measures, also as expected, showed no relationship to transactional behaviour (motivating followers to achieve expected results) and were negatively associated with laissez-faire leadership (an absence of leadership style). Relationships between empathy scales and outcome measures were selective and moderate in size. Strongest empathy association was evident between the PT scale and most outcome measures. Conversely, the extra effort outcome appeared most sensitive to the range of empathy scales. Where significant relationships did exist between empathy and outcome, leadership behaviour was in all cases a perfect mediator.

Whilst not denying the smaller dispositional effects on leadership outcomes, leadership behaviour itself, rather than individual traits such as empathy, appear to be major influencing factors in leadership effectiveness.

PMID:15807976