

Leadership: behind the mask

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Abstract

The aim of this study was to discuss the significance of a leadership theory to support the development of clinical leadership in the specialist area of operating theatres. Leadership theories, particularly transformational leadership, have developed primarily from management paradigms. However, these theories may be ineffective in helping nurses to gain insights into clinical leadership or to develop and implement clinical leadership skills, particularly in specialist areas such as in operating rooms. Congruent leadership theory, based on a match between the clinical leaders' actions and their values and beliefs about care and nursing, may offer a more suitable theoretical foundation on which operating room nurses can build an understanding and capacity to implement clinical leadership or become clinical leaders in this specific environment.

The paper draws information from a contemporary literature review and is based on an extensive research study conducted by the author. It is concluded that clinical leadership can be better understood when an appropriate theoretical foundation is employed. Congruent leadership is proposed as the most appropriate theory for nurses in specialist clinical fields. It is important to recognise that leadership theories based on the management paradigm may not be appropriate for all clinical applications. Education should be aimed specifically at clinical leaders, recognising that clinical leaders are followed not for their vision or creativity (even if they demonstrate these), but because they translate their values and beliefs into action, are approachable and open, visible, effective communicators, are positive clinical role models and empowered decision makers, and are clinically competent and knowledgeable.

Introduction

The concept of clinical leadership has appeared more commonly in nursing publications over the past few years, although it remains a poorly understood idea^{1,2}. The concept is best understood based on a specific theoretical foundation, yet previous leadership theories have been inadequate in helping nurses to understand and develop clinical leadership capabilities. This paper outlines a new theory of 'congruent leadership' that has been developed from extensive research undertaken in the clinical setting. This theory can better support and develop nurses' understanding of clinical leadership.

Background

In 1993 Rafferty³ undertook a review of nursing leadership approaches for the then Kings Fund Centre and recommended that, "more attention needed to be paid to leadership training, management development and clinical leadership". Since then, clinical nurse leadership has slowly become more prominent as an aspect of nursing leadership study. This has coincided with more research on the theories and concepts of nursing leadership, and much has been achieved.

However, a considerable quantity of the research and literature has supported the exploration of leadership within what Antobus & Kitson⁴ call the "academic, political and management domains". Many studies and articles have focused on nursing leaders who held senior posts either within organisations, nursing divisions, wards and/or departments³⁻¹¹. Clinical leadership is often mentioned, but it is rarely the subject of research because of its low status when compared with the academic, political and management domains⁴. For this reason, the uniqueness of clinical leadership has remained largely unrecognised and under-valued. Research specifically focusing on clinical leadership has also been sparse and the term 'clinical leadership' is commonly used interchangeably and inappropriately, alongside or in conjunction with the terms 'nursing management' or 'nursing leadership'^{1,2,12}.

Because of this, much of the literature relating to nursing leadership has been developed to support nurses in management positions or

with management responsibilities. This has meant that literature and research to support one concept (e.g. nursing management) has been accepted as transferable when seeking insights or understanding of clinical leadership. However, it is also argued that this is not the case, and that clinical leadership and management are clearly different concepts^{2,13-16}. Therefore, if nurses, particularly those in specialist areas of practice such as in operating theatres, are to understand and apply clinical leadership principals, more needs to be done to outline what clinical nurse leadership is and frame it. This will enable nurses engaged in clinical practice roles to recognise it in themselves and their colleagues as they work towards developing their skills as clinical nurse leaders.

Theories offer a philosophical foundation and a common basis for understanding nursing curricula and healthcare delivery systems. Patterns of care are developed in keeping with a particular philosophical view. Nursing theories – such as Roy's adaption model, Nightingale's environmental theory, Orem's general theory of nursing, Watson's human caring theory and many others¹⁷ – have been developed to support and help nurses understand the rationale behind a particular approach to patient care. Nursing theories help nurses contextualise their practice, giving it meaning or a base on which they can build their care and develop therapeutic relationships with their patients.

Likewise, clinical leadership is best explained, understood and implemented if it is based on a theory that also supports its most effective deployment. In research undertaken of clinical leadership between 2001 and 2004^{1,14,15}, it became apparent that conventional leadership theories failed to adequately describe or offer a framework within which nurses could recognise the characteristics and qualities associated with clinical leadership.

To understand clinical leadership and help theatre nurses develop and implement clinical leadership characteristics, the development of a more suitable theory is required. Current nursing leadership development is based on contemporary leadership theories and

frameworks, most of which have grown from the management domain. These theories and models have developed from, and are best suited to, business and management functions, and appear simply to be superimposed on nursing and clinical nursing activities. Research into the characteristics, theories and practice underpinning clinical leadership^{1, 14, 15} suggested that current leadership theories might not be the most effective or appropriate models to employ.

Leadership theories

There are a number of prominent leadership theories identified in relation to nursing leadership and nursing management. These include transformational leadership, transactional leadership, authentic leadership, contingency theory, servant leadership and many others. Of these, the most commonly cited as a theory capable of supporting nurses' insights into clinical leadership is transformational leadership.

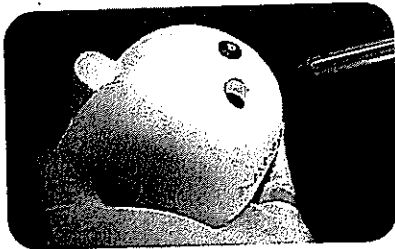
Transformational leadership is a theory where the interdependence of followers and leaders is linked. Transformational leadership is seen as a process that changes and transforms individuals¹⁶. It involves emotions, motives, ethics, long-term goals and an exceptional form of influence that moves the followers to accomplish more than is usually expected of them, incorporating both charismatic and visionary leadership¹⁶. It involves setting directions, establishing a vision, developing people, organising and building relationships. According to Bennis & Nanis¹⁹, its deployment requires vision, effective communication, trust and self-knowledge.

As such, it has found favour in care-related fields. According to Welford²⁰, "transformational leadership is arguably the most favourable leadership theory for clinical nursing in the general medical or surgical ward setting". Thyer²¹ also feels it is "... ideologically suited to nurses", Sofarelli & Brown²² indicate that it is a suitable leadership approach for empowering nurses, while the National Health Service (NHS) has indicated that transformational leadership is, in their view, best suited to the modern leadership of the NHS. Transformational leadership is connected to the process of addressing the needs of followers so that the motivation and energy of both leaders and followers is increased^{11, 23, 24}. It also supports the adaption of transformational leadership for nurses as it "has a more positive effect on communication and team building". For these reasons, transformational leadership has gained favour in health-related literature because it is related to the establishment of a vision and adaptation to change.

Research design

The methodology employed in the study was fundamentally qualitative in nature, although an eclectic approach towards data collection and analysis was maintained. The two principle methods employed to generate data were a questionnaire and interviews, although casual observations were also made of the four clinical areas involved in the second and third phases of the study. Grounded theory²⁵⁻²⁶ was considered the most appropriate approach to the study because it was developed as a form of systematic enquiry that leads to

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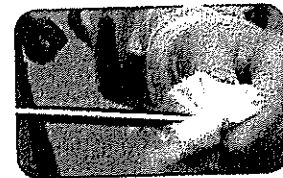
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the development of theories and was concerned with understanding human beings and the nature of their relationships with each other and their environment^{26, 28}.

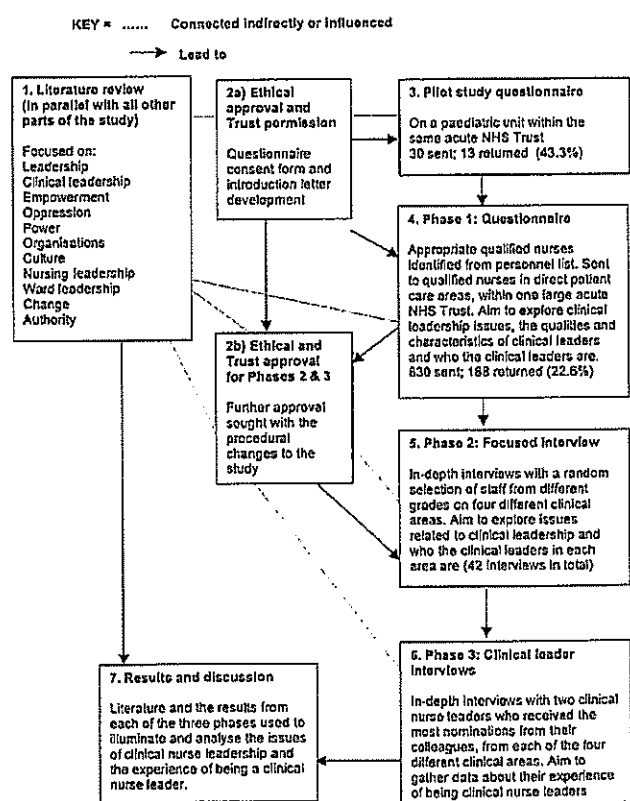
The organisation recruited to the study was selected because it appeared to characterise the common features of any large acute NHS Trust. It had 1671 qualified and 621 unqualified nursing staff at the time of the study and was made up of three large hospitals spread across one county. The Trust was able to cater for 955 inpatients in a wide variety of clinical specialities; it also offered an extensive range of outpatient, diagnostic and support facilities.

Following the literature review and the selection of an appropriate NHS Trust, the study was divided into three phases (Figure 1). Phase 1 involved a questionnaire which was sent to qualified nurses. In total, 830 questionnaires were distributed, with 188 being returned (22.6%). The aim of the questionnaire was to identify the qualities and characteristics associated with clinical leaders and identify the clinical leaders in each of the clinical areas surveyed.

Phase 2 of the study involved interviews with a random selection of qualified nurses in four different clinical areas. Semi-structured, focused interviews explored issues related to perceptions of clinical leadership and sought to explore which staff were seen as clinical leaders in these specific clinical areas. In total, 42 qualified registered nurses (across all staff levels) were interviewed.

Phase 3 of the research involved identifying two of the clinical leaders nominated by a majority of the participants interviewed in Phase 2 from each of the four clinical areas and interviewing them for data about their experience of being a clinical nurse leader.

Figure 1. Research design summary.



The data analysis began with the transcription of each interview. Initially each transcription was re-read and notes made about the broad categories and key elements. A journal was used to record any significant comments or themes from each interview. These were explored and developed further with subsequent interviews. Data analysis continued when all Phase 2 and 3 interviews were reviewed and copied into a computer-assisted qualitative data analysis software (CAQDAS) program (in this case NVivo 2.0) and analysed for themes and categories.

Ethical approval was provided by the Local Research Ethics Committee (LREC) and permission to use the Trust was secured from the senior nursing manager, the head of research and development within the Trust and individual ward managers when interviews with specific clinical nurses took place. All interviews were confidential and participants were assured of their anonymity. Consent forms were used with all interviews and the data collected were coded and stored in accordance with the *Data Protection Act* (1998).

Findings

Clinical leader characteristics

The results indicated that the characteristics generally associated with transformational leadership (specifically creativity and vision) were not prominent on the list of characteristics that followers (i.e. nurses in a range of clinical settings), or indeed those identified as being clinical leaders, saw as being affiliated with clinical leadership.

With vision and creativity omitted from the list, the suitability of transformational leadership was brought into question as a theory to explain or support the role and function of clinical leaders. It also brought into the question the promotion of transformational leadership^{11, 20, 21, 29, 30} as the best theory suited for understanding and developing future clinical nurse leaders. However, if clinical nurse leadership and clinical nurse leaders are to be understood and supported, identifying the attributes with which they are associated is vital. The characteristics and attributes identified in this author's study^{1, 13, 14} clearly indicated that clinical nurse leaders appeared to be chosen because they display the following attributes and qualities, namely that they are:

- Approachable and open.
- Seen to be displaying their values and beliefs – they live out what they believe to be important to them. They know where they stand and hold fast to their guiding principles.
- Effective communicators.
- Positive clinical role models.
- Empowered / decision makers.
- Visible.
- Clinically competent and clinically knowledgeable (usually within the specific area in which they work).

Clinical leaders were identifiable and recognised by their colleagues because of where they stood and how they behaved when dealing with patients and colleagues. When facing challenges in the clinical arena they were recognisable because they displayed their principles about the quality of care. They dealt with patients in a 'hands on' fashion and lived out their values in their care-based activities. They stood apart from novice clinicians, poor decision makers, staff who are 'hidebound' (sat in the office all the time) and managers who were tied up with administrative functions and those who were less visible in the clinical environment. Many were experts in their

clinical field, but they were identified and recognised not necessarily because of their expert practice. When faced with challenges and critical problems, their actions were directed, and their leadership was defined, by the values and beliefs they held about care, clinical practice and respect for others.

The study results prompted a fresh look at clinical leadership. When the study began it was imagined that clinical leaders would fit the description of a transformational leader. That they would be seen as enthusiastic, motivated, creative and visionary. They would have elaborate visions of where they wanted care to go and their colleagues, inspired by the clinical leaders descriptions of these visions, would be willing followers.

Nursing has looked for, and to, leaders with their eye on the horizon; leaders who are academically, politically and managerially aware, visionaries who can take the profession forward^{3,4,11}. Clinical leaders, however, were found to be present at all levels of nursing. Individuals were often not even aware that they were identified as clinical leaders and that they were nominated specifically because of their passion for patient care and high quality clinical nursing, not their vision. They were seen as motivational, enthusiastic and strongly connected to the process of addressing the needs of their colleagues and, in this sense, reflected elements of transformational leadership. However, clinical leadership and clinical leaders appeared at odds with the principal aspects of transformational leadership, where the transformational leader possesses an idealised influence, inspirational motivation and a vision of some future state^{23,24}. A gap appeared to exist between the transformational leadership theory and the attributes actually identified as being associated with clinical leaders.

Results from the study where 'doing' rather than 'creating' was valued^{1,13,14} indicated that transformational leadership failed to fulfil its place as a suitable leadership theory for nurses. Being 'visionary' and 'creative' were not regarded as qualities strongly associated with clinical leadership – as a result, a new theory, congruent leadership, was proposed as a fledgling framework or theory that satisfied and demonstrated all the qualities and characteristics recognised as attributable to clinical leaders. It also met the needs of clinical nurse leaders to be seen and valued for the often invisible but vital contribution they make behind the mask.

Congruent leadership

Congruent leadership can be seen when the activities, actions and deeds of the leader are matched by and driven by a leader's values and beliefs about (in this case) clinical care and nursing. Congruent leaders may have a vision and idea about where they want to go, but this is not why they are followed. Congruent leadership is based on the leader's values, beliefs and principles. It is about where the leader stands, not where they are going. Congruent leaders are motivational, inspirational, organised, effective communicators and relationship builders. Congruent leaders are often found throughout an organisation's structure and they are commonly not in managerial positions.

For clinical leaders who are at the bedside, by the operating table, in recovery, based in clinics, community care environments and hospital wards and units, congruent leadership may offer a better theoretical framework to explain how and why they function. Transformational leadership appears to resonate with nurses who occupy positions assigned as leadership or management, where they have hierarchical power, titled positions or fulfil a leadership role as an expectation of their job description with change, goals and targets built into their post.

Congruent leaders appear to be guided by passion, compassion and by qualities of the heart. They build enduring relationships with others, stand the test of their principles and they are more concerned with empowering others than with their own power or their own prestige. Congruent leadership explains why and how nurses and other non-titled leaders at all levels can function and be effective without formal influence. A clinical leader summed this up, saying:

I think people know that I am quite passionate about what I do and I also like to support others to achieve the best they can achieve and very strongly centred on patient care and good standards of care.

Interviews undertaken with clinical leaders and with nurses talking about what they looked for in a clinical leader indicate that not all leadership is about changing people's vision of the future. Some nurses were seen as leaders because they demonstrated where their values sat and were followed because others identified with their values and stood with them. This is reinforced by the following comments:

I think you've got to have respect for that person (clinical leader) because of the way they nurse, you identify with them, identify with the way they nurse and agree with that.

I am not only able to empathise with patients and their relatives, but with staff as well... trying to think "what would they be going through?"... it makes my ability to communicate with them much better.

Clinical leaders made it clear that they led with their values first and were successful because their values were demonstrated for others to see, even if they were not aware that this was the case. Clinical leaders had their values supported and matched by their actions – this congruence formed the basis for their success as a clinical leader. In many cases this type of values-based leadership brought about 'cultural change' because the leader's values were used to identify a contradiction between the espoused culture and culture in practice. Followers and colleagues indicated that they were influenced by the clinical leader's actions as they lived out their values. As a result, other practitioners became aware of their own values and beliefs and this promoted a positive change in the culture of the clinical environment.

Discussion

If nursing is to develop effective clinical nursing leaders, it needs to do so without losing the core values and principles that guide nursing. Congruent leadership establishes a foundation from which all good or effective nursing leaders can start, because it grounds the leader's principles within the core values of the nursing profession. It ensures that the dominant cultural narrative of nursing is one of patient-centred care, with nursing values and care-centred attributes placed ahead of those associated with the dominant groups of managers and physicians. Transformational leaders, in an effort to achieve their vision, may at times move from positions of influence and power to positions of control in an effort to achieve their goals. Unwittingly, they run the risk of losing their connection to their core values and guiding principles, or at best becoming embroiled in a state of conflict between their managerial role (controlling) and their professional, and often personal, desire to remain focused on patient care.

The power of congruent leadership comes from unifying groups and individuals around common values and beliefs. This is not a strategy as such, but the results from the research^{1,13,14} appear to demonstrate that nurses seek out or follow clinical leaders who are more inclined to display or hold values and beliefs that they themselves hold.

In relation to transformational leadership, power and influence arise from being able to articulate a vision that is accepted and acted upon by

the majority of the followers. The leader is held in high regard because they are trusted and because their own self-belief is evident. Change is the goal and, as the new vision is worked toward, the leader is able to take the followers forward. In relation to congruent leadership, the leader's power and influence is derived from being able to articulate and display their values, beliefs and principles. Followers and others recognise or align themselves with these same values or beliefs. This supports and promotes these values and beliefs, increases the leader's credibility and worth, promoting the significance of 'this' leaders values and beliefs over any others. Change, although often not the intention, results when new values and beliefs are displayed, promoted and then adopted.

Understanding and promoting clinical leadership depends on grounding nurses' insights in a theory that nurses can identify with and relate to. It is argued here that clinical leaders employ congruent leadership as it is based on their ability to live out their values and beliefs in their actions, on being approachable and open, because they are effective communicators, positive clinical role models, empowered decision makers, visible in clinical practice and are seen as clinically competent and clinically knowledgeable.

Conclusion

Theories are vital if common understanding is to prevail. They act like a platform on which understanding, explanation and implementation are built. In the case of clinical leadership, it has been suggested that contemporary theories of leadership, in particular transformational

leadership theory, fails to offer a base capable of supporting and building nurses' understanding of clinical leadership.

It is proposed instead that the successful development of clinical leadership, in all clinical environments, rests on the development of the theory of congruent leadership that is based on leaders who respond to challenges and critical problems with actions and activities in accordance with (congruent with) their values and beliefs. It is vital to recognise that bedside/tableside leaders (in clinical practice) are followed not for their vision or creativity (even if they demonstrate these), but because they translate their values and beliefs about care, nursing and respect for others into actions. They can be the heart of an organisation, department or unit and they need their managers' support and understanding to remain focused on their values.

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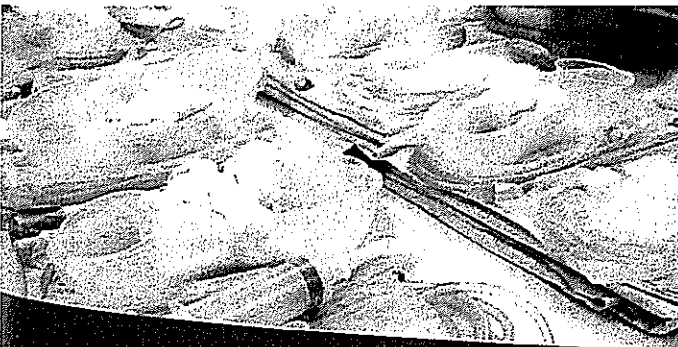


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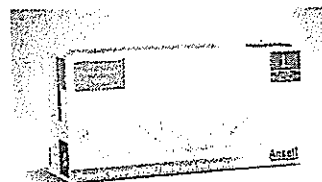
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Volume 22 Number 1

AUTUMN 2009

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1 May 2009

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