AN INQUIRY INTO NURSING LEADERSHIP STYLE IN A HOSPITAL

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ABSTRACT: Leadership style has been shown to be an important determinant of organisational success. The aim of this preliminary study was to develop an understanding of leadership style of three employees with leadership responsibility in a hospital. All the participants were interviewed using a structured questionnaire around a framework on leadership behaviours followed by self administered T-P leadership questionnaire and voluntary completion of a leadership perception survey by each of the participant's colleagues.

The results suggest that whilst individuals are aspiring to be transformational in style, key barriers such as organisational culture, inter-professional dynamics and lack of leadership development meant responses more characteristic of a transactional style were encountered. There is a need to have joint responsibility between developing the individual leadership style and the organisation that facilitates such development for their leaders. The author concludes that a more analytical approach to leadership and mentorship opportunities for developments is required. *(JUMMEC 2007; 10(2):37-42)*

KEYWORDS: Leadership style, transformation, transactional.

Introduction

With increasing evidence to suggest that leadership style is key to success of an organisation (1), there is a need to understand the leadership style of those with leadership responsibility. This paper reports findings of leadership style of three senior leaders within a hospital. To present the data in a meaningful way a descriptive account of the key findings with concurrent discussion of the relevant literatures will be presented. This allows for emergence of themes and identification of areas for development.

Aim

The aim of this study is to develop an understanding of leadership style of three employees with leadership responsibility in a hospital.

The objectives are to:
1. investigate the leadership style of three employees with leadership responsibility within a hospital;
2. integrate findings with emergent literature; and to
3. make recommendations for leadership development.

Context and Background Information

Many theories that consider leadership style from the perspectives of individual traits (2), behaviour (3) and contingency (4) were found in existing leadership literatures. It has also been suggested that this developed thinking is about management rather than leadership (5, 6). More recently, there is evidence to suggest that a transformational leadership style is positively correlated with increased organisational productivity and positive subjective evaluations (7). This means there is a need to move away from focusing on the management exchange relationship which is characteristics of transactional approaches, to a follower focus that empowers and facilitates leadership in others.

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The hospital where the study was conducted provides specialist services to a population of one million people. All the participants have been in their existing posts for more than twelve months and had significant leadership experiences.

Methodology

It has been suggested that leadership style reflects the values, beliefs and assumptions about the fundamental nature and behaviour of their followers (8). The methodology of this investigation identifies the characteristics displayed by individuals engaged in leadership activities and their underlying beliefs and attitudes that inform their decisions. Consequently, a mix of ethnographic and survey methods were used and described below. As the aim is to understand leadership within an organisation, the selection of the participants was criterion-based, and purposeful sampling was used. Purposeful sampling is used in order to target individuals who have primarily a leadership role and to consider style from different perspectives within the organisation (9). All nursing staff that hold leadership positions in the identified hospital was approached (N= 10). However, only three (3) gave their consent and participated in this inquiry.

A thumbnail sketch of each participant follows:

Leader 1: Male senior manager with leadership responsibility for the whole organisation. Professional management background, non-clinical background

Leader 2: Female, senior consultant with leadership responsibility for clinical specialism. No direct line management responsibility.

Leader 3: Female, senior professional lead with key responsibilities for professional leadership. Line manager for 25 staff.

Structure of Investigation
Phase 1: Individual semi structured interview
Individual interviews were chosen as it has the advantage of gathering a rich response, and the ability to clarify ambiguity. It also allows flexibility, scope and depth (10). The interview schedule was constructed following the stages which consider focus, form and sequencing (9). Questions were structured around a framework on leadership behaviours (11).

This interview was piloted with a senior manager from a different organisation, which provided helpful feedback and enabled minor modifications to be made for clarity to some of the questions.

Phase 2: Self-administered completion of T-P Leadership Questionnaire.
The 'T-P Leader Questionnaire :An assessment of style' (12) was used to determine the two dimensions of task orientation and people orientation as it has been found to be a valid and reliable measurement.

Phase 3: Voluntary completion of a leadership perception survey by one of each leader's colleagues.
The Leadership Perception survey was adapted from a similar survey that was found in the London Leadership Programme (13). It consists of four statements about the leaders behaviour in each of the categories identified, giving a total of 28 statements. An ordinal scale was used to rate the behaviour (9). This questionnaire was completed voluntarily by one colleague of each leader (n=3). This was to assess how their colleagues viewed the leadership style. It also allowed for comparison with the data obtained from the interview. This was also piloted with several independent participants who provided helpful feedback.

In designing this investigation other methods were considered, such as the Transformational Leadership Questionnaire (14) to assess style. However, as this remains at an early stage of development, it would be worth considering in a future study.

Data analysis
The three phased approach helps to achieve triangulation of the findings and to neutralise any weakness of different methods thus strengthening the results (9).

Once the interview and questionnaire data had been received from each leader, they were combined and subjected to a thematic analysis to identify characteristics suggestive of a particular leadership style.

Ethical considerations
It is important to ensure that the methodology used is based on sound ethical principles. The study underpinned the sensitivity that emphasises on caring and respect for all respondents. The participants were provided with full information of the study and asked to provide consent to participate in the study. Anonymity and confidentiality of data was assured to the participants.

Findings and Discussion
Leader 1
As the person in one of the most senior positions within the organisation, Leader 1 emphasised the immediate

political influence on his role and style. He was very clear that enacting the political vision for the whole organisation was key to its ongoing success in providing an effective service to its users. Terms such as 'articulating direction' and 'having a big picture', were used to describe such activity, with the notion of enacting a new reality for people to pursue. He went further to describe such activity as 'exciting' and 'having a buzz feeling'. He was also quick to delegate or 'task people' in order to secure, as early as possible, a 'buy in' or 'having ownership' to the process.

For him, what was also essential to his inspirational style was to convey such values as openness, honesty and integrity in order to build trust. Through this process, he wanted to 'bind people together' in a common pursuit, which would also empower others to lead.

Role modeling was used to convey the message that it was safe and acceptable to take calculated risks whilst optimism was identified as the single most important element that 'conveyed confidence' that change was both possible and desirable. This appears to reflect 'inspirational motivation' and the essence of charisma which are components of transformational leadership (1). Through such modeling he was using transformational elements to inspire followers to transcend their self-interests.

There were indications that Leader 1 would adapt his style to fit the situation and would resort to more autocratic measures when time scales were too short to achieve commitment of the common vision, particularly, if this meant the differences of success or failure for the organisation. For example '*there are occasions when things have to be done, it isn't a choice, and it is directed from on high*' This echoed the contingency theories (15) that suggest effective leaders vary their style to suit the situation.

There was also a determination to challenge perceived professional intransigence of doing things differently or working across boundaries. Leader 1 admitted that this had at times meant fighting battles and having '*lively debate*' to convey an impression of '*little concern*' for personal criticisms. What was expressed seemed to be a more ideological perspective of how the organisation should function. This echoed the description of leaders who demonstrate strong determination but whose style is perceived as more distant from their colleagues and peers (16).

Such determination was also conveyed in his statements about change 'I embrace it', and the reactions of others, 'I have seen the consequences for those that resist.' Whilst acknowledging the possibility of 'casualties', Leader 1 added that it was sometimes necessary in the

pursuit of something better: I'm aware there's going to be a certain level of resistance, however, it has to be done' In some ways, this perspective is supported by the results of the 'T-P leadership questionnaire (12) data for Leader 1 (*see* Table 1) which showed a greater task orientation towards achieving the organisation's goals. This was also reflected in his view of decision-making demonstrating that he had considerable experiences and certainly gave the impression that he did not shrink from the responsibility of making unpopular decisions.

The results of the leadership perception survey summarised in Box 1 are in many ways affirming of the interview data which suggest a predominantly transformational style.

It could be argued that he would need to develop the individualised consideration component in order to move closer to the transformational ideal (1).

Table 1. Result of the T-P Leadership Questionnaire for Leader 1

Leader	Task	Person
1	11	8

Box 1. Summary of the Leadership perception survey for leader 1

- A strong and determined but slightly distant leader
- Perceived as being responsive to organisation's goals and had a good reputation outside of the organisation
- Communicated visionary ideas
- Not afraid to make unpopular decisions and take risks
- Need to demonstrate more concern for individuals and teams
- Should value others' ideas even when they do not match their own
- Need to be more consistent in approach

Leader 2

Being a senior consultant clinician, Leader 2 felt her key drivers were clinical as well as political. What she experienced was often more complex than sometimes painted by senior colleagues and so key to this process was the interpretation of other's vision to make it 'more palatable' for her clinical colleagues to follow. This impacted significantly on her style whilst wanting to be an 'inspirational and visionary leader'. Due to the relentlessness of change in the organisation, she felt her role had become, out of necessity, a more stabilising

influence. The purpose was to provide some predictability for both staff and service users and to maintain morale which was key to the retention of an 'ever dwindling' staff resource. 'There is no point being a leader if there is no one to lead'. This approach has echoes of the transactional leader (17) that seeks to promote order. Rather than being seen negatively, it has been pointed out that transactional approaches remain of crucially important to complex organisations (5).

Much of the motivation for Leader 2's behaviour appeared to stem from the need to have 'clinical credibility.' For her, this was the embodiment of 'knowing' which she felt led to acceptance as a clinician and a leader. Therefore a dominant characteristic of her style was the formation of strong relationships within the network of her clinical specialty. It was evident from the interview, when compared to components of emotional intelligence (18) that she demonstrated particular strengths in the areas of self-awareness, self-regulation, empathy and social skill. Much of this had been derived from the many years of clinical supervision, which she was committed to maintain. Understanding her own strengths and weaknesses enabled her to motivate and value people. She emphasised the need to foster a flexible style due to the different requirements of each situation. This she argued could only be achieved through reflection in order to learn from decisions made and peoples' reactions to them. One of her concern was that much of her supervision and mentorship was received from 'like-minded individuals' who may not be sufficiently challenging and may maintain a rather inward-looking approach to her role.

In some ways her style or approach reflects description of a close or nearby leader (16). Perhaps this begins to indicate the need for a different emphasis in style according to the location or source of power within the organisation. Thus Leader 1, who has ultimate responsibility for the performance of the organisation, sustained a distance in order to maintain an ideological perspective that requires further interpretation and enactment by others. For Leader 2, shaping the future requires a greater emphasis on her clinical role and the relationships with her team. This is supported by the T-P leadership Questionnaire data revealing greater person orientation (Table 2).

Shaping the future for her clinical specialty implies change, which was an acknowledged anxiety that she felt, inhibited her style. Such inhibition was sometimes perceived as 'frustrating' for those around but 'very necessary when taking clinical risks'. When it came to decision-making, she described her style as 'calculated' with an emphasis on inclusion. She had also learnt that it was 'impossible to make the perfect decision'. For her, the skill was to demonstrate, as far as possible, there had been a democratic process although she remained anxious about critical feedback. This again appears to reinforce the impression of someone who fosters individualised consideration (1), but remains largely inward looking and rather keen to maintain the status-quo.

Once again the results of leadership perception survey in Box 2 demonstrate remarkable congruence between self and colleagues' assessments. Whilst there are similarities to Leader 1 in that there are transformational elements these are mixed with transactional behaviours which appear to be in response to the need to make sense of the future and inhibitions about change.

Table 2. Result of the T-P Leadership Questionnaire for Leader 2

Leader	Task	Person
2	8	10

Box 2. Summary of the Leadership perception survey for leader 2

- Perceived as a close/nearby and inclusive leader
- Valuing others and a good motivator
- High level of emotional intelligence with close relationship with peers and professionals
- Good communicator, confident and self-aware
- Need to be more decisive
- Need to take more risks in order not to miss opportunities
- Need to be more confidence in her decisions.

Leader 3
The role of a leader for a single professional group had presented particular challenges for Leader 3, and throughout the interview there was an overriding sense of an individual working through some difficult issues. These had largely stemmed from frustration at being unable to enact her profession's vision due to the influence of more powerful professional groups. Consequently, she was more critical of the environment and of the realities of the leadership role than either of the others but attempted to present these in a constructive way. She viewed her style as democratic and inclusive but frustrated at the constraints placed upon her.

She also expressed cynicism toward transformational approaches when working in a 'tribal' professional health care environment where power is unevenly distributed and one group dominates the vision - 'sometimes you are the boss and at other times and at different situation, you are not'. This is an issue which suggests that the type of power that the leader can exercise will determine leadership influence (8). Therefore, if Leader 3 is to be empowered to lead, the organisation will need to address these 'tribal' problems and overcome these barriers to change (11).

Whilst there were clearly organisational barriers, it was apparent from the interview there were also personal barriers which would impact on her style. These were reflected in her values and beliefs about the superiority of her own profession which were likely to be perceived as inflammatory. Whilst this could be attributed to a lack of self-awareness, it was also clear that she had not received the developmental opportunities that she may need to undertake her leadership role and work more effectively across boundaries. It has been suggested that support mechanism need to be established to enable people to evolve (19). Where such structures are absent, as suggested here, resistance is likely and a process of dissociation may occur.

This was in many ways reflected in her sense of frustration that 'preoccupation with the superficial' meant that the organisation had 'lost touch' with employees 'further down the hierarchy.' Whilst this was seemed as possible for those 'at the top' to vision, the reality for others was to maintain a reasonable service where 'the risks of failure and harm were high.' Again, similar to Leader 2, this conveyed a rather inward looking manager's response with echoes of transactional leadership behaviours. This was reflected in her comments about a lost image of the past 'when leaders had strong values' that reflected rigid codes of moral behaviour and 'professional values to which practitioners should inspire.' These appear to be in conflict with current notions of leadership being assigned authority from followers (14).

In the context of low morale and difficulties recruiting and retaining staff, strategies for acknowledging and valuing the contribution of staff were seen by Leader 3, as important for motivation. 'Rewarding' staff through training, developmental opportunities and promotions were important issues. Where change was complex or outcome uncertain the there was a need to allow people the time to assimilate the transitions and be supported throughout the process. This suggested a higher person orientation, which was reflected in the T-P leadership questionnaire rating (Table 3). Most revealing were the results of the leadership perceptions survey, which did not appear to reflect the personal struggles that she faced (Box 3).

What is perhaps important from a self-evaluative perspective is the view that she may need to be more actively involved in communicating the vision and in promoting innovation.

Table 3. Result of the T-P Leadership Questionnaire for Leader 3

Leader	Task	Person
3	9	11

Box 3. Summary of the Leadership perception survey for leader 3

- Good at organising and seeing a project through
- Open and honest with people
- Gets to know the staff and acts as a good advocate
- Need to be more clearer about where they are going
- Need to be more receptive to new ideas and different ways of doing things.

Conclusion

The findings of this investigation are in many ways supportive of the initial hypothesis that primarily transactional leadership roles would be most evident. Whilst all three displayed transformational components and high levels of emotional intelligence, the differences in style identified were influenced by their power and position within the organisation, personality characteristics, and the level of support available, their professional values and the prevailing culture. Arguably it was only the most senior, and most powerful individual, who displayed behaviours closest to the transformational ideal, but even he was perceived as distant and not always valuing others' involvement.

Whilst all three invested considerable energy to be effective, the apparent lack of unifying vision meant that their energy was wasted on a vision, possibly perceived as inspiring to one tribe, but perceived very differently by another. The conflict apparently highlights the reality, that with few exceptions, the success of any leader relies almost entirely on the symbiotic relationship with their followers (20).

Whilst there is no doubt about the interpersonal skills of each of the participants, what appeared to be hindering and frustrating them was an appreciation of the whole context of their leadership role. This lack of awareness was clearly inhibiting and resulting in behaviours that maintain the status-quo. There is a need to have joint responsibility between the individual to network and develop their leadership style and the organisation facilitating such development for their leaders.

It is perhaps also important to remember that leadership is only the authority assigned by followers (14). As was evident from this inquiry, it places particular demands on individual leaders and requires a style that can transcend and look beyond not only their own values but possibly even those of their professional group or team.

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