The Transformative Power of Personal and Organizational Leadership

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Transformational leadership has both personal and professional domains. Key concepts and research related to transformational leadership are explored, as well as a framework for personal and professional leadership, in relation to leadership of self, leadership in relation to others, and leadership in relation to systems. A review of the issues and trends facing nurse executives results in identification of the research gaps in personal and professional leadership as it impacts nursing practice, and suggestions about potential research agenda items for executive nurse leadership in practice are discussed. **Key words:** *nursing administration, research agenda, transformational leadership*

THE PACE AND fundamental shifts in health care delivery models and systems that are currently facing health care providers call for increased focus and emphasis on executive nursing leadership. Executive nurses and administrators will need evidence-based leadership methods and processes to meet future needs of patients across the continuum of care. This article recaps the remarks presented at the June 16, 2011, North Star Summit held at the University of Pennsylvania School of Nursing about transformational leadership and the personal and professional domains of leadership. The article shares insights about 4 key points:

1. Key concepts and research related to transformational leadership
2. A framework for personal and professional leadership, in relation to leadership of self, leadership in relation to others, and leadership in relation to systems (Figure 1)
3. Identification of the research gaps in personal and professional leadership as it impacts nursing practice
4. Suggestions about potential research agenda items for executive nurse leadership in practice

KEY CONCEPTS AND RESEARCH RELATED TO TRANSFORMATIONAL LEADERSHIP

The Great Man theory of leadership was the primary concept guiding all leadership literature prior to the 1900s and was based on the thought that the masses were led by a superior few leaders.[1] These leaders shaped the institutions and organizations they led, and it was only through their high degree of intelligence, energy, and moral force that the masses were led. As a response to Great Man theories, trait and behavioral theories began to emerge, followed by theorists analyzing situational and environmental factors in leadership.[2,3] More recently in the latter half of the 1900s, integrative theories that include goal attainment, change theory, contingency theories, and people and situations have been developed.[4,5] This article focuses on the transformational leadership

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Figure 1. Conceptual framework for personal and professional leadership. Copyright 2011 American Nurses Credentialing Center. All rights reserved.

theory, an integrative theory that is transformational and value-based. Burns[6] and later Bass and Avolio[7] are considered the seminal theorists of transformational leadership. Burns defined *transformational leadership* as a "process whereby leaders and followers raise one another to higher levels of morality and motivation."[6(p19)]

Burns was one of the first leadership theorists to further the notion that true transformative change occurred as a result of the relationship between the leader and a follower. "The genius of leadership lies in the manner in which leaders see and act on their own and their followers' values and motivations."[6(p19)] The evolution of transformational leadership emerged from an understanding of leadership based on transactions, where an exchange of incentives occurs for desired accomplishments.[8] This movement from transactional leadership to transformational leadership is based on an exploration of characteristics that move beyond the transactional mode of relationship. Transactional leadership was defined by Burns as having an emphasis on work standards, assignments, task orientation, and task completion. Transactional leadership style included rewards and punishments based on this compliance-based form of working. While Burns proposed that leadership is both a transactional and transformational process, it was Bass, followed by other researchers,[6] who identified the characteristics of transformational leadership. Transformational leadership is formally defined as "a leadership process that is systematic,

consisting of purposeful and organized search for changes, systematic analysis, and the capacity to move resources from areas of lesser to greater productivity to bring about a strategic transformation."[8(p34)] Burns describes transforming leadership as "transcending leadership that is dynamic leadership in the sense that the leaders throw themselves into a relationship with followers who will feel 'elevated' by it and often become more active themselves."[6(p20)] The qualities of transformational leadership, as described by researchers, include the following:

1. *Individualized consideration*—the ability of a leader to treat each person equally, but differently, to give personal attention; functioning as a coach or mentor.[9]

2. *Intellectual stimulation*—the ability of the leader to ask questions and find ways to problem solve, to encourage followers to create solutions and try new ideas; questioning assumptions, reframing problems, and approaching old situations in new ways[10]; including the followers in the generation of solutions.

3. *Charisma*—a leader's ability to generate excitement and provide vision and a sense of direction.

4. *Inspirational motivation*—the communication of the shared vision on the part of the leader to the follower; motivating and inspiring others by providing meaning and challenge to followers' tasks.[11]

5. *Idealized influence*—a leader's ability to behave as a role model and emulate high ethical standards.

In an unpublished research study conducted in 2005 (K.D., unpublished data, 2003), the relationship of the transformational leadership variables of idealized influence, intellectual stimulation, individualized consideration, and inspirational motivation was examined in inpatient nurse managers to determine the impact of leadership characteristics on anticipated turnover of RN staff nurses. The tools used to assess transformational leadership characteristics were the Multi-Factor Leadership Questionnaire (MLQ-5X)[12] and the Anticipated Turnover Scale.[13] A stratified, random sample of 1500 RNs across the United States was surveyed. Data analysis included a 28% response rate. The only demographic variable that was statistically significant was whether the organization was Magnet designated or seeking Magnet status, as the nurses in those work settings had a lower anticipated turnover rate than those organizations that were not Magnet designated or seeking Magnet status. The transformational leadership characteristic that had the strongest correlation to reduced anticipated turnover score was idealized influence ($r = -0.39$, $P < .0001$), the ability of the leader to provide vision and a sense of mission, instilling pride, respect, and trust in the workplace. Anticipated turnover decreased as the presence of transformational leadership characteristics increased. The higher the score on the leadership assessment of the nurse manager, the less likely the staff nurse was to think about leaving. In practice, the implications include screening and coaching and mentoring leaders to demonstrate skills of idealized influence, including acting in ways that build respect, talking about values and beliefs about patient care, emphasizing the importance of the mission in daily work, and considering moral and ethical consequences of decision making. In this study, staff nurses were less likely to leave when they had more transformational leadership styles evident in their nurse manager, providing evidence that the leadership style of nurse managers is an important factor in reducing staff turnover.

FRAMEWORK FOR PERSONAL AND PROFESSIONAL LEADERSHIP

Personal leadership: Leadership of self

Socrates said "Know thyself." Without knowledge of ones' own leadership traits and behaviors, it is difficult to understand what gaps or complementary skill sets might be needed to create a highly effective leadership style. In this context, to "know thyself" means

recognizing and distinguishing between what you know and what you do not know. There are many assessment tools in the literature that can adequately help nurse leaders assess their skills and strengths, as well as personality characteristics. Whether it is the Meyers-Briggs or some other assessment tool, having data about personal leadership traits and behaviors is essential to being an effective leader.

Professional leadership: Leadership in relation to others

Burns[6] was the first theorist to link the traits and behaviors of a leader to those of the follower, and it was this partnership between the two that is the basis for understanding leadership in relation to others. Leadership of organizations takes place both in relation to others and in relation to the system. One of the most interesting perspectives about leadership of organizations in relation to others is the concept of managerial partnerships. In "The Psychodynamics of Organizations," Krantz[14] shares the concept of the managerial partnership. Krantz suggests including the superior-subordinate relationship as a unit of analysis. He shares that both members of the managerial couple must accomplish a job, but neither can control that job individually. Therefore, each must trust each other while coping with feelings of dependence on the other. Krantz suggests that the managerial couple as a unit of analysis is generally underrepresented, understudied, and not well understood. Krantz explains characteristics of successful managerial couples, as well as factors that influence and impact success of this 2-person field within an organization. We know this has implications for nurse managers and their effectiveness on improving patient outcomes. Only through a strong managerial unit will shared objectives be achieved. This should be a consideration in developing a research agenda within the world of nurse executives, and the often-times neglected role of the number 2 spot in nursing executive practice.

In addition to managerial partnerships, mentorship and succession planning are key components of leadership in relation to others. There are multiple leadership roles that can be taken on both to serve as a mentor and to create a system that supports succession planning. For example, an individual nurse executive can serve as a role model, could demonstrate coaching behavior, or serve as an informal mentor. The demonstration of appreciation and recognition can range from informal support to the creation and development of more formal recognition programs in organizations. The role of serving as a formal mentor is a possibility that would assist the next generation of nurse executives in planning career transitions more carefully.

Professional leadership: Leadership in relation to systems

The ultimate outcome of strong personal leadership is the ability of the leader to work within a system to create transformational change. This transformative power is unleashed only through the partnership of the leader with the team, and moving large systems through change is critical to creating a transformed practice environment. Nurse executives must become effective change agents and create a space where innovation can occur. We need to move to demonstrating actual effectiveness through improved patient and organizational outcomes based on leadership characteristics. It is no longer enough to work within the system as it is; in health care today, transformative changes need to happen for the future requirements of quality, cost, and service excellence. Nurse executives must have the skills and capability to transform the system, to take it to a place where it may not want to go. One system change that many hospital nurse executives have taken on is to transform their nursing services through the process of the Magnet Recognition journey.

Becoming a transformational leader requires thoughtfulness, inclusivity, good listening skills, flexibility, and resiliency. Whether convincing

others to create a healthy work environment, or justifying the resources to become a Magnet® facility, these qualities—plus a large dose of courage—are what transform vision into reality."[15(p32)]

The Magnet model (Figure 2) is based on the quality model of Donabedian[16] linking structure, process, and outcomes. There are 88 sources of evidence, or standards, that are based on research that lead to positive patient, nurse, and clinical outcomes. Within the component of transformational leadership, the standards for the Magnet model include the need for dramatic change within health care systems. The sources of evidence require a new way of thinking from the leadership and transformational changes, not incremental reform. This leadership style requires a transcendence beyond self-interest and an ability to share vision and create a sense of belonging to the entire nursing team. Often, this requires managing controlled destabilization, as change occurs with an increasingly rapid pace. The key areas that are required from leadership in Magnet organizations include the following:

- Strategic planning, to include the creation of a nursing vision, mission, and values, and a strategic plan that has identified outcomes.
- Advocacy and influence from the chief nurse executive, including evidence of an organization-wide change led by the chief nurse and innovation that includes the bedside clinicians.
- Visibility, accessibility, and communication channels that result in outcomes being impacted by input from everyone on the care team.

In addition, the structure requirements include that the chief nurse is an active participant in the highest governing, decision-making, and strategic planning body of the organization and that resources are allocated with input from direct care nurses. Educational requirements for the chief nurse include a graduate degree, with either a bachelor's or the master's degree held in nursing. These requirements all lead to a strong and participative nursing service, and key patient outcomes are impacted as a result.

Within the context of transforming systems, new skills for leadership include courage, tolerance for ambiguity, risk taking, creativity, business acumen, political savvy, and strong influencing skills. The creation of a safe space where inquiry and reflection can occur is the work of the leader of the future. These skills will be necessary to create a culture where the fast paced changes can be embraced and the power of the whole team can be unleashed to create new systems of care delivery.

Identification of the research gaps in personal and professional leadership as it impacts nursing practice

The need for our executive practice to be evidence based is critical and so the research on nursing leadership and executive practice is especially relevant. To begin with personal leadership, models and characteristics of leadership need to be studied. Traits such as "comfort with ambiguity" and "sense making"[17] need definition and better understanding so that nurse leaders can learn and hone skills necessary to function in complex environments. The research on emotional intelligence and courage could be expanded to understand the impact on health care environments and the relationship between these
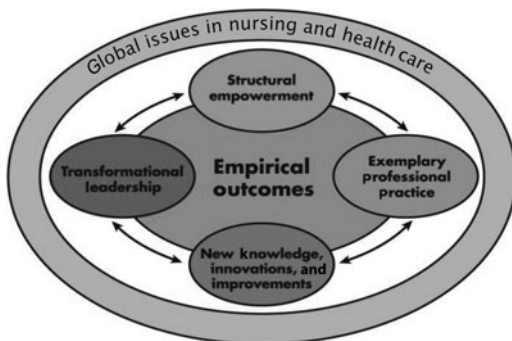

Figure 2. The Magnet model. Copyright 2010 American Nurses Credentialing Center. All rights reserved.

skills of the leader and the work environment. Quantum leadership characteristics such as being fluid and flexible, reflecting synthesis, and coordinating the intersection will serve as concepts that will need further understanding as we move to a quantum world where change is constant.

Organizational leadership and the relationship of the leadership characteristics of the nurse executive to outcomes in systems is a key area for study. Areas for consideration might include the transformational leadership characteristics of nurse executives and the impact on patient care outcomes. As described in the Magnet model, the role of communication, visibility, and advocacy of the chief nurse could be better explored to describe the actions that contribute to involvement and engagement of staff.

In both of these areas, interventional research is needed in nursing administration to better understand what types of leadership styles, skill sets, and leadership processes actually make a difference to impacting patient care outcomes.

Suggestions about potential research agenda items for executive nurse leadership in practice

Understanding that leadership is a social influence process[18] can help guide the potential for future research for executive nurse leadership. Methodologic challenges in designing longitudinal studies and the complexity of care environments and multiple variables are obstacles to building a robust evidence portfolio for the impact of leadership on patient care outcomes. Many studies are small in scope and not often replicated. Interventional studies are complex and often not attempted. Observational and qualitative research helps to inform the questions, but more rigorous study design is the challenge for researchers of the future. Areas that might be considered for potential research include understanding the drivers of leadership effectiveness. What are the characteristics that actually make a difference in patient care? A longitudinal, in-

terventional research study that links leadership characteristics to outcomes, such as organizational outcomes of turnover or vacancy rates, or patient outcomes is an area for consideration. One researchable area that is rich with possibilities includes the Magnet sources of evidence related to transformational leadership. In research, Magnet recognition has stood as a rough proxy for some underlying characteristics of interest that might better be measured directly. Researchers could develop and test many more measures for assessing the degree to which dimensions of Magnet practice environments related to leadership practices are present and what they contribute to patient outcomes. The transformational leadership sources of evidence could be identified as independent variables and the contribution that they make to dependent variables of patient outcomes, quality, and safety could be studied.

Other key concepts for leadership research include the role of women in top executive leadership positions, the effectiveness of career planning and mentoring models,[19] leadership assessment tools and their effectiveness in building effective teams, and the effectiveness of educational models to educate nurse executives.

One key area in understanding nurse executive educational effectiveness is to evaluate the methods of teaching and learning.[20] Increased experiential learning in a safe, educational environment for nurse executives is a key component in nurse executive educational programs for the future.[21] Criteria for preceptorships, simulation planning for executive decision making, financial management,[22] and scenario planning are areas that need to be explored as future nurse executives are prepared to take on leadership roles. Research to determine which teaching methods are most effective will be critical as new programs are developed.

SUMMARY

Research shows that strong nurse leadership is critical to building a positive

workplace.[23-27] Personal leadership skills are foundational to effectiveness. The relationship of personal leadership style to the ability to impact and lead system change and improved outcomes will be critical as health care systems change to meet future challenges.[28] Key elements of nursing leadership practice for the future will include serving as a leader to transform care models, the ability to foster autonomy of practice in care areas, creating systems of care based on evidence-based practice, collaboration, fostering lifelong learning among nurses, and strategically managing resources. Leadership skills that move beyond telling people what they want to hear to taking people where they need to be will be the skills that nurse executives need to position themselves as the leaders of the future. A strong evidence base for nurse executive practice is vital so that our limited resources to educate and mentor the next generation of nurse executives are used wisely.

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