

Part I

Theories of Leadership and Management

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Theories and Styles of Leadership

CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Critically analyze one leadership situation
- List environmental and organizational trends
- Describe four leadership theories
- Differentiate transformational leadership from authentic leadership
- Describe two leadership theories that are especially important to nursing
- Assess your own transformational and authentic leadership qualities
- Discuss an emerging view of leadership
- Evaluate your own ability to be an adaptable leader
- Apply leadership theories to a simulated clinical setting

Advanced nurses will be able to:

- Teach at least three advanced nursing students about four leadership theories
- Design a problem statement for a research study focused on one leadership theory
- Develop a research design to answer your problem statement

Introduction

Nurse leaders empower themselves and others to help achieve organizational goals. Nurse leaders at all levels, from students to the chief executive officer, are in key positions to participate in decision making that affects client care. This means you have the opportunity to exhibit nursing leadership qualities in your clinical work. This book will help you begin to broaden your outlook from a single client to a nursing unit and beyond.

Effective nurse leaders use leadership theory and principles to guide their actions. This chapter introduces such theories and suggests ways to use them in nursing situations to empower staff.

This chapter, and all others, begins with a short “Leadership in Action” vignette of a real-life nursing situation and contains a series of leadership challenges, tips, and development exercises to help you understand theories and apply them in clinical settings. When you come to a challenge question, take a moment to think about what you just read, and answer it. This will help you anchor leadership information in your mind, making it accessible for use later on.

LEADERSHIP IN ACTION

Mrs. Moore, an LPN, has been working in an outpatient clinic for 15 years. Head nurses, physicians, and administrators have come and gone, but Mrs. Moore has stayed. She is a verbal, well-organized, and defiant member of the nursing team. Mrs. Moore does things her way and rarely follows policy. She has helped many staff members and has friends throughout the city who keep her apprised of upcoming changes. As an informal leader with a great deal of influence, she typifies the reality that exists in many nursing arenas. Although she has little formal power or influence, she can be thought of as a nurse leader and part of a sphere of healthcare influence.

LEADERSHIP CHALLENGE What kind of leadership challenges might Mrs. Moore present for a new nurse leader?

What Is Creative Nursing Leadership?

Leadership is one of the major factors, sometimes the only factor, that determines whether an organization succeeds or fails (Simkins, 2005). As a nurse leader, you will be called on to use all your knowledge and problem-solving skills to find creative solutions to healthcare situations, such as the one presented by Mrs. Moore.

Creative leadership involves not just imitating what is already in effect; it includes producing or inventing new solutions to challenging situations and using imagination and skill to apply relevant theory and concepts.

Environmental trends make creative nursing leadership a necessity. As nursing situations and the world itself become more complex, so does being a leader. To function as a creative nurse leader, you must familiarize yourself with the many theories and forms of leadership.

As you've probably noticed, leaders don't necessarily have to be formally appointed. Mrs. Moore, the LPN at the beginning of this chapter, is a good example. You can be an informal and creative leader in whatever position you are in—even if you are a student. You can demonstrate creative leadership when you use your knowledge, personal power, and individual traits to teach a client a skill, to show a family how to do aftercare, to help a client communicate effectively with a physician, or to petition politicians to promote health and wellness.

To be a creative nurse leader, you need to be aware of healthcare trends that can affect your practice. What are some of these trends? Consider the following:

- Advances in information technology
- A focus on quality
- Globalization
- Growth in service-based organizations

Organizational changes also demand creative nursing leadership. Some of the changes that can challenge you are the increased diversity of staff and clients, the movement from formal leadership to self-managed teams, and nurse leaders who also serve as sponsors, team leaders, and internal consultants.

What kind of creative nursing leadership do these trends and organizational changes require? Nurse leaders who hope to succeed may need to be especially creative when they assume roles that demonstrate the following competencies:

- Technology master
- Problem solver
- Ambassador
- Change maker
- Great communicator
- Team player

KEY TERM

Creative leaders produce or invent new solutions by using imagination, skill, and relevant theory and concepts.

LEADERSHIP CHALLENGE Which of these roles, if any, does Mrs. Moore, the LPN, exemplify?

As you witness these changes, rather than mourning what has been lost, seize the moment to facilitate staff and consumers into the 21st-century healthcare climate. A knowledge of leadership theories can help you understand what you observe and prepare you to become a creative nursing leader.

Leadership Theories

Although in the real-world leadership and management skills may intertwine, this chapter focuses on nursing leadership. Take a look at the various theories of leadership that have been put forth over the years, and see what ideas they provide for nursing leadership in this century. The most well-known leadership theories are:

- The great man theory
- Trait theory
- Behavioral theory
- Role theory
- The leadership grid
- Lewin's leadership styles
- Likert's leadership styles
- Hersey and Blanchard's situational leadership theory
- Vroom and Yetton's normative leadership
- Path-goal theory of leadership
- Leader-member exchange theory
- Transformational leadership
- Authentic leadership
- Collective leadership (Syque, 2006)

The Great Man Theory

KEY TERM

The **great man theory** states that leaders are born, not made.

Theories of leadership began with the **great man theory**. This theory was formulated after studying men who were already leaders. Most of them were rich and born into leadership. The main tenet of this theory is that leaders are born, not made (Syque, 2006).

KEY TERM

Trait theory assumes that leaders are born with traits particularly suited to leadership.

Trait Theory

The next leadership theory to find followers was **trait theory**. Tenets of this theory are:

- People are born with inherited traits.
- Some traits are particularly suited to leadership.
- People who make good leaders have the right (or sufficient) combination of traits.

Stogdill (1974) reviewed 163 studies conducted between 1949 and 1970. The negative trait findings he unearthed caused leadership researchers to reject the relevance of traits and turn to other theories. In 1983, McCall and Lombardo returned to trait theory and found four primary traits by which leaders could succeed or “derail,” including:

1. Staying calm under pressure
2. Admitting errors and owning up to mistakes rather than covering them up
3. Persuading others without resorting to negative or coercive tactics
4. Being an expert in a broad range of areas rather than having a narrow-minded approach

LEADERSHIP CHALLENGE What can you take from contemporary trait theory to help you with Mrs. Moore?

Behavioral Theory

Behavioral theory proponents assume that leaders are made, not born. These theorists believed anyone can learn to be a leader. Rather than study capabilities or inborn traits, behavioral theorists study what leaders do. This approach opened the floodgates to leadership development once these researchers showed that simple assessment procedures weren't the only way to examine leadership ability (Syque, 2006).

KEY TERM

Behavioral theory proponents assume leaders are made, not born.

Role Theory

Role theory (Merton, 1957; Pfeffer & Salancik, 1975) was based on the assumptions that individuals:

- Define roles for themselves and others based on social learning and reading
- Form expectations about the roles that they and others will play
- Subtly encourage others to act within role expectations
- Will act within the role they adopt

KEY TERM

Role theory describes how expectations frame behavior.

Within organizations, formal and informal information about leadership values, culture, training, and modeling shapes expectations and behavior. When expectations do not match behavior, **role conflict** can occur. For example, when a nursing student steps out of the student role to become a staff nurse or when a nurse struggles to take over the head nurse role, conflict can result until these people learn new behavior patterns.

KEY TERM

Role conflict occurs when expectations don't match behavior.

The Leadership Grid

Back in 1961, Blake and Mouton developed a grid to chart leaders' concern about the work to be done compared to their concern for their people. The task-versus-person preference grid appeared in many other studies, including the Michigan and Ohio State leadership studies. Although these are important dimensions, they have one shortcoming: they don't address all aspects of leadership. The next theory that was developed, participative leadership, focused on more aspects of the leadership role.

KEY TERM

Autocratic leaders cause the worst level of discontent because they make decisions without consulting anyone.

KEY TERM

Democratic leaders involve others in their decisions.

LEADERSHIP TIP

When using the democratic style of leadership, provide staff with examples of specific ways to reach a decision.

Lewin's Leadership Styles

A group of psychologists led by Lewin (1939) focused their theory on leadership styles. They identified three leadership styles: autocratic, democratic, and laissez-faire.

Autocratic leaders make decisions without consulting anyone. In Lewin's experiments, this approach caused the worst level of discontent and can lead to revolution.

Autocratic leadership sometimes happens in healthcare situations when the administration decides on a change without consulting nursing. Revolution may not result, but low morale, bad feelings, and undercover retaliation can occur.

Democratic leaders involve people in their decisions, although they may make the final decision. Participants in settings that have a democratic leader may appreciate being consulted, but they may be confused when confronted by a wide range of opinions with no clear way to reach a decision.

LEADERSHIP IN ACTION

Roberta M., a nurse leader, decided to implement democratic leadership because she believed it would help her staff grow more independent and would help them stop complaining about staffing assignments. When she announced that the staff would now fill out the staffing assignments, some of the staff members cheered while others looked shocked and unsure. At the end of the week, when Roberta asked for the staffing assignments, she was surprised to find the sheet had not been filled out.

LEADERSHIP CHALLENGE How do you think Roberta could have averted problems in implementing a democratic leadership style?

Laissez-faire leaders are minimally involved in decision making. This style of leadership works best when people are capable and motivated to decide and are not hindered by a central coordinator. When laissez-faire leadership is used, people may not work in a coherent manner or put in the energy they would if they were actively led.

KEY TERM

Laissez-faire leaders are minimally involved in decision making.

LEADERSHIP CHALLENGE Which one of Lewin's leadership styles may help you with Mrs. Moore, the LPN in the Leadership in Action vignette at the beginning of this chapter?

Likert's Leadership Styles

In 1967, Likert published his leadership findings. He identified four main styles of leadership for decision making. In the **exploitative authoritative style**, the leader uses threats and other fear-based methods to achieve conformance. People's concerns are ignored, and communication comes from the top down. Adam is an example.

KEY TERM

In the **exploitative authoritative style**, the leader uses threats and fear to achieve conformance.

LEADERSHIP IN ACTION

Adam, a new nurse leader, was worried that his staff might not provide enough education for clients. As a result, he tightened up their job descriptions and told them that they'd have to keep detailed records of their performance or they would not progress to the next level of achievement. His staff didn't think that Adam supported them, and some even thought of his words as a threat. When they asked for more information, they were ignored.

LEADERSHIP CHALLENGE What could Adam do to begin to reverse the pattern that he has established? Give a theoretical rationale for your answer.

In the **benevolent authoritative style**, the leader is concerned for people and forms a benevolent dictatorship. Rewards are dispensed, and appropriate performance is praised. The leader listens to people's concerns, although what others hear is often rose colored. Some decisions may be delegated, but most are still made by the leader. Martha T. exemplifies the benevolent authoritative style.

KEY TERM

In the **benevolent authoritative style**, the leader shows concern but sugarcoats information and maintains control of decisions.

LEADERSHIP IN ACTION

Martha T., a nurse leader, showed a high degree of concern for her staff and gave them verbal and nonverbal rewards for their progress. When administration decided to change the performance appraisal method, Martha sugarcoated the decision and told staff that it would be a small change that would work to their benefit. When the staff tried out the new system and found that it required much more time and effort without additional compensation, they were angry at Martha, and several of them quit.

KEY TERM

A **consultative leader** listens to everyone but still makes the major decisions.

Another type of leadership is exemplified by the consultative style. A **consultative leader** makes the major decisions and offers somewhat rose-colored information, but information flows upward from the staff and the leader listens to people. Lucy C.'s leadership style provides an example.

LEADERSHIP IN ACTION

Lucy C., a seasoned nurse leader, believed in being a consultant to her staff. She listened to them and let the administration know where her staff stood on various issues. She prided herself on telling staff members that what they said counted. When a new administrator took over, he no longer listened to Lucy C.'s reports of staff wishes. She decided not to mention that fact to staff members because she believed they had enough to worry about with client care.

Staff members were shocked when they found out that they no longer had the hospital administrator's ear. More than that, they felt that their nurse leader had made a decision not to tell them about the change in administration. They complained that what Lucy did affected them and that she should have told them about the change.

Although Lucy tried to smooth over the bad feelings, several staff members harbored resentment toward her, and the new administrator countered with increasing noncooperative behaviors.

LEADERSHIP CHALLENGE What suggestions would you have for Lucy to help restore staff trust in her?

KEY TERM

A **participative leader** increases collaboration, and seeks to involve other workers in the process of decision making.

Another kind of leadership style focuses on staff participation. A **participative leader** makes maximum use of participative methods, engages people in making decisions, and helps make sure everyone works well together at all levels (Likert, 1967; Syque, 2006).

LEADERSHIP IN ACTION

Kimberly T., a nurse leader, believed in the participative leader model and put it into action with her staff. She encouraged everyone to be involved in decisions that affected them and regularly asked how people were getting along, what obstacles they faced, and how she could involve staff even more in decision making.

The level of participation may vary depending on the type of decision being made. For example, deciding how to reach goals may be highly participative; decisions about performance evaluations may not. The downside of participative leadership is that it can lead to feelings of betrayal and cynicism when managers ask for input and then ignore it (Coch & French, 1948; Syque, 2006; Tannenbaum & Schmidt, 1958).

LEADERSHIP CHALLENGE Explain how participative leadership may help you with Mrs. Moore.

LEADERSHIP CHALLENGE Which one of Likert's leadership styles may help you with Mrs. Moore, the LPN in the Leadership in Action vignette at the beginning of this chapter? Give a theoretical rationale for your answer.

Hersey and Blanchard's Situational Leadership Theory

Hersey and Blanchard (1999) realized that encouraging staff to participate in leadership may not solve all problems. In some cases, a situational leadership approach may work best. Before choosing a response, a **situational leader** takes into account:

- The motivation and capability of followers
- The situation in which decisions take place
- The fact that followers may affect leaders and vice versa
- Stress and mood
- Available resources and support
- Distant events, such as a family argument (Maier, 1963; Tannenbaum & Schmidt, 1958)

According to Hersey, Blanchard, and Johnson (2008) leaders should adapt their style to their followers' development levels or maturity, based on those followers' competence and motivation. Hersey and Blanchard described four leadership styles that matched followers' development levels. They believed leaders

KEY TERM

A **situational leader** takes into account followers' motivation and capability and other factors within a particular situation.

should put greater or less focus on the task or the relationship between the leader and follower depending on the follower's development level. The developmental levels they focused on were:

- *High-task, low-relationship focus.* When the follower cannot do the job and is unwilling or afraid to try, the leader steps in and tells the person what to do, providing a working structure for the follower, and determines the source of the lack of motivation.

LEADERSHIP IN ACTION

Linda K., a nurse leader, noticed that one of her staff members was having difficulty finishing the assigned tasks and diagnosed the problem as high task, low relationship. Linda stepped in and asked the nurse what was preventing her from completing her assignments. It became clear that the nurse was new to the unit and needed more structure and direction. Linda paired the new nurse with a more seasoned nurse who gave the newcomer specific directions. Within a day, the new nurse had learned the procedures and was able to complete her assignments.

- *High-task, high-relationship focus.* When the follower can do the job to some extent but is overconfident, the leader listens, advises, and coaches.

LEADERSHIP IN ACTION

Laura F., a nurse leader, noticed that one of the staff members took on a task for which he was not prepared. She diagnosed the problem as a high-task, high-relationship focus. Laura spoke with the staff member and reported her observations. She suggested that the staff member attend a continuing education class that afternoon to prepare him to take on the task in a more prepared fashion. The staff member thanked the nurse leader the next day and told her that he hadn't realized all that was involved with the procedure.

- *Low-task, high-relationship focus.* When the follower can do the job but refuses to do it, the leader listens, praises, and makes the follower feel good when he or she shows the necessary commitment.

LEADERSHIP IN ACTION

Leslie O., a nurse leader, noticed that a staff member who had been working on the unit for a long time was a very skilled nurse but that he refused to complete certain tasks. Leslie diagnosed the problem as a low-task, high-relationship focus. The nurse

leader spoke with the staff member and asked him what prevented him from doing the tasks. The staff member told her that the previous nurse leader had yelled at him for the way he'd done the tasks even though he'd followed accepted procedures. Leslie told him that she was confident he could do the procedures and encouraged him to try a dry run. She praised him when he completed the tasks efficiently and safely. After that, the staff member stopped refusing to complete the tasks. The nurse leader continued to praise the staff member monthly just to ensure that he didn't revert to his earlier pattern.

- *Low-task, low-relationship focus.* When the follower can do the job and is motivated, the leader gets out of the way and doesn't interfere except to provide occasional recognition and praise.

LEADERSHIP IN ACTION

Gloria U., a nurse leader, was pleased with the nursing staff. One nurse was especially excellent. She worked well and appeared to be highly motivated. Gloria didn't interfere with the staff nurse's tasks except to compliment her work at least once a week.

LEADERSHIP CHALLENGE Which of Blanchard and Hersey's leadership styles may help you with Mrs. Moore, the LPN in the Leadership in Action vignette at the beginning of this chapter? Give a theoretical rationale for your answer.

Normative Leadership

Normative leadership is a variant of situational leadership. Vroom and Yetton (1973) noted that situational factors could yield unpredictable leader behavior, so they defined the norms, or rules, of leader behavior using rational logic and didn't spend long hours observing leader behavior.

They defined different decision procedures based on the theory that participation increases acceptance of a decision and that, when there are many alternatives, the selection procedure—including autocratic, consultative, and group-based methods—is important. This model is most apt when opinions about the decision are clear and accessible.

- *Autocratic decision procedures.* In this format, the leader decides alone and does not share the problem with followers. There are two cases for autocratic

KEY TERM

A **normative leader** chooses a decision procedure, ranging from autocratic to group-based, depending on decision acceptance and follower knowledge.

decision procedures: one is when followers do not have useful information and the leader does; the other is when followers possess useful information and the leader asks for it but still decides alone. Neither of these are good choices when followers are unlikely to accept an autocratic decision, when the leader sees decision quality as important but the followers don't, or when followers aren't given an opportunity to resolve their differences.

LEADERSHIP IN ACTION

Kim G., a new nurse leader, learned that the hospital administrator planned to institute a new procedure. She called a staff meeting and asked for staff feedback on the procedure but then decided how to institute the procedure on her own. When the staff found out that Kim had made an autocratic decision, they were upset because they didn't get a chance to resolve their differences. Later, Kim found the previous nurse leader had never made an autocratic decision with this group and that the staff were unlikely to accept one.

LEADERSHIP CHALLENGE Why do you think Kim's action backfired? Give a theoretical rationale for your answer.

- *Consultative decision procedures.* In this category, the leader shares the problem either with people individually or with the group, listens to ideas, and then decides alone. Individual sharing is not appropriate when staff members are apt to disagree with one another because it doesn't offer people a chance to resolve differences.

LEADERSHIP IN ACTION

Kelly A., a seasoned nurse leader, usually allowed her group to come to consensus on decisions, but when the administration decided on a new procedure and there was no hope of changing it, she shared the problem with staff members individually and then made a consultative decision.

LEADERSHIP CHALLENGE Did Kelly make the right decision? Give a theoretical rationale for your answer.

- *Group-based decision procedures.* In this category, the leader either shares problems with followers as a group and then decides alone or seeks and

GUIDED LEADERSHIP TIP

Use the following guidelines to be an effective leader:

- Provide clear and in-depth written or verbal directions for staff who are fearful or not motivated.
- Listen to and coach staff to try the task or to learn more about the procedure (e.g., by reading a suggested article or attending an in-service learning experience) when they're overconfident.
- Use praise when staff approximate the goal. Encourage them with comments such as "That's right, you almost have it" or "Let's try a dry run with this procedure; I have confidence you can do it."
- Provide regular praise and recognition for staff who can do the job, but then get out of the way and let them do it.

accepts a consensus. Group-based decisions work especially well when decision acceptance and/or decision quality are important or when the leader lacks the information or skills to make the decision alone.

LEADERSHIP IN ACTION

Denise F., a novice nurse leader, was just learning about making leadership decisions. When the hospital administrator sent her a memo about implementing a new electronic charting system, she called the whole staff together to help decide the best way to implement this system.

LEADERSHIP CHALLENGE Did Denise make a good decision? Give a theoretical rationale for your answer.

Path-Goal Theory of Leadership

Path-goal theory helps leaders:

- Clarify the path toward the goal
- Remove roadblocks
- Increase rewards along the way (House & Mitchell, 1974)

This theory offers three leadership styles depending on follower needs:

1. *Supportive leadership is the best choice when work is stressful, boring, and/or hazardous.* Making the environment more friendly is the goal. The leader strives to increase followers' self-esteem and make the job more interesting.

KEY TERM

Path-goal theory helps clarify the path to a goal, removes roadblocks, and increases rewards along the way.

2. *Directive leadership is the best choice when the task is unstructured and/or complex and followers are inexperienced.* Telling followers what needs to be done and giving appropriate guidance along the way are the goals. Rewards are increased as needed, and role ambiguity is decreased by providing clear instructions, which strengthens followers' sense of security and control of the situation.

LEADERSHIP CHALLENGE Which of the path-goal leadership styles may help you with Mrs. Moore, the LPN in the Leadership in Action vignette at the beginning of this chapter?

3. *Achievement-oriented leadership is the best choice when the task is complex.* With this style, the leader knows the right and best way of achieving a goal; the follower is dependent but is believed to be able to succeed. This style also assumes the leader and follower are completely rational, which may be a big assumption.

KEY TERM

Leader-member exchange theory explains how group leaders maintain their position by exchanging informal agreements with their members.



Leader-Member Exchange Theory

Leader-member exchange theory, also called LMX or vertical dyad linkage theory, explains how group leaders maintain their position by exchanging informal agreements with their members. In this approach:

- Leaders have an inner circle of trusted assistants and advisers whom they give responsibility, decision influence, and access to resources, but leaders ensure that those consulted do not strike out on their own.
- The in-group works harder, is more committed to task objectives, and shares more administrative duties.
- The out-group is given low levels of influence or choice.

Successful in-group members are similar to the leader, and they are good at seeing situations from the leader's viewpoint. The out-group may react aggressively to the leader's treatment of the in-group but limit complaining to conversations in the restroom and at the water cooler.

The theory is useful when trying to understand the inner workings of a team. To be successful as a team member:

- Work hard to join the inner circle by seeking to understand and support the leader's viewpoint. Be loyal.
- Take on more than your share of administrative and other tasks.
- Pick your arguments carefully. (Graen & Uhl-Bien, 1995)

If you are the leader, pick your inner circle with care, and reward members' loyalty (Graen & Uhl-Bien, 1995).

LEADERSHIP CHALLENGE Which portions of leader-member exchange theory may help you with Mrs. Moore, the LPN in the Leadership in Action vignette at the beginning of this chapter?

Leadership in the Nursing Context

It is clear so far that the definition of leadership depends on whom you ask. Attempts to define leadership in a nursing context first focused on the traits of the nurses involved (McBride, Fagin, Franklin, Huba, & Quach, 2006). Two executive nurse fellows in the Robert Wood Johnson Foundation's Executive Nurse Fellows Program interviewed a dozen nurse leaders and concluded that the nurse leaders did share common characteristics (Houser & Player, 2004). Those characteristics were as follows:

- Thoughtful
- Responsive
- Committed
- Creative
- Resilient
- Visionary
- Scholarly
- Courageous
- Innovative

Positive traits may not be enough. The idea that leadership means influencing followers to do what is necessary to achieve organizational and societal goals may even be archaic (Tan, 2006). Two types of leadership are particularly relevant for nurse leaders: transformational leadership and authentic leadership.

The Importance of Transformational Leadership

Fagin (2000) applauded nurse leaders' ability to respond capably to managerial challenges but bemoaned their lack of vision and ability to shape a changing environment through a transformational process.

Transformational Leadership Defined

Transformational leadership follows three assumptions:

1. People will follow a leader who inspires them.

KEY TERM

Transformational leaders use vision, passion, personal integrity, ceremonies, rituals, and enthusiasm to shape a changing social architecture by being proactive, serving as a catalyst for innovation, functioning as a team member, and encouraging organizational learning.

2. A leader with vision and passion can achieve great things but must maintain personal integrity, be willing to stand up and be counted, and use ceremonies, rituals, and other types of cultural symbolism to maintain motivation.
3. The best way to get things done is to inject enthusiasm and energy into the effort.

Some of the negatives of transformation leaders are:

- They may believe that passion and enthusiasm are more important than truth and reality.
- Their energy can wear out their followers.
- They may see only the big picture, not the details.
- They may become frustrated when an organization doesn't want to be transformed. (Syque, 2006)

Burns's (1978) view of transformational leadership is that it appeals to social values and encourages people to collaborate, rather than work as individuals who compete with one another. Transformational leaders give people an uplifting sense of being connected to a higher purpose, enhancing their sense of meaning and identity.

How Transformation Happens

According to the Institute of Medicine (2004), nurse leaders transform the work environment for nurses by:

- Balancing the tension between production and efficiency
- Creating and sustaining trust through the organization
- Managing the process of change
- Involving workers in decision making
- Establishing the organization as a learning organization

Research backs up this model. Findings from focus groups and a review of literature on healthy work environments indicated that nursing leaders must prioritize efforts to improve the culture in the work environment. Three elements emerged to help nursing leaders set the tone and standard of practice for healthy work environments:

1. Effective communication
2. Collaborative relationships
3. Shared decision making among nurses (Heath, Johanson, & Blake, 2004)

LEADERSHIP CHALLENGE Which portions of transformational theory may help you with Mrs. Moore, the LPN in the Leadership in Action vignette at the beginning of this chapter?

The Emergence of Authentic Leadership

Authentic leadership is another kind of positive leadership that is genuine, trustworthy, credible, reliable, and believable (George, 2003; Kouzes & Posner, 1991, 2003; Luthans & Avolio, 2003; Shirey, 2006). Authentic leaders have:

- Purpose
- Values
- Heart
- Positive relationships
- Self-discipline (George, 2003; Shirey, 2006)
- Credibility (Kouzes & Posner, 1991, 2003)
- Ability to encourage others

Purpose for an authentic leader includes developing a better understanding of one's personal passion and finding a way to express it in the work setting (Covey, 2004). Values are exemplified through an authentic leader's actions, including speaking the truth. Actions are based on doing right despite the challenges that result (Shirey, 2006).

Heart is exemplified by authentic leaders who show they care for themselves and for others. Authentic leaders know that workers flourish when they are encouraged again and again. Heart is about encouraging others so that they will actually achieve higher levels of performance, not just dream about doing so. Authentic leaders recognize and reward the good in people because it keeps hope alive. Such leaders have courage and impart it to others, train and coach people to exceed their current capacities, give specific feedback, and publicly recognize a job well done, always pointing out that people's work is important and has meaning (Kouzes & Posner, 1991).

Relationships are close between authentic leaders and those followers who believe in them. This psychological engagement is key to a healthy work environment (Shirey, 2006) and can reduce chronic stress and burnout in the workplace (Maslach, Schaufeli, & Leiter, 2001).

Self-discipline means authentic leaders find a balance between their personal and professional lives. They engage in personal renewal and reflective practices (meditation, prayer, personal hobbies, etc.) that make them a better person first and a better leader second (Shirey, 2006).

Credibility means authentic leaders do what they expect others to do. They model the way, inspire a shared vision through their own action, and enable others to act (Kouzes & Posner, 2003).

The heart of leadership is encouragement. Authentic leaders encourage people to perform at their best. Authentic leaders realize that people are starving for recognition, and they hone their encouraging skills by:

KEY TERM

Authentic leadership is positive, genuine, trustworthy, credible, reliable, and believable.

- *Setting clear standards.* An authentic leader knows that commitment flows from personal values in action. Goals become concentrated in our minds and shape who we are and what we do. Feedback about our goals and how we attain them keeps us engaged.
- *Expecting the best.* An authentic leader holds high expectations of each and every person. An authentic leader talks about and provides positive images that create positive possibilities.
- *Paying attention.* An authentic leader pays attention to others and puts them first, spending time with them by being physically present. An authentic leader looks for the good in others, not for problems.
- *Personalizing recognition.* An authentic leader realizes recognition can hurt when it is not personalized. An authentic leader is thoughtful, knows what achievers like, and provides a personalized sign of recognition.
- *Telling the story.* An authentic leader knows the story of the work is the reality that teaches, mobilizes, and motivates. An authentic leader is a great storyteller.
- *Celebrating together.* An authentic leader celebrates when goals are achieved. An authentic leader knows that celebrations build community and reinforce values.
- *Setting the example.* An authentic leader goes first and shows the way. An authentic leader lives out the motto “Do what you say you will do” and finds a caring voice. (Kouzes & Posner, 2003)

LEADERSHIP CHALLENGE Which traits of authentic leadership, if any, does Mrs. Moore, the LPN in the Leadership in Action vignette at the beginning of this chapter, demonstrate?

Authentic Leadership and Healthy Work Environments

In 2005, the American Association of Critical-Care Nurses (AACN) made a commitment to promote healthy work environments that are:

- Safe
- Healing
- Humane
- Respectful for patients, their families, and nurses

Becoming an authentic leader is not an easy task. It requires positive organizational supports that encourage this kind of leadership. To that end, a 2005 AACN document identified authentic leadership as one of the six standards that are crucial to creating and sustaining healthy work environments in nursing. (The other standards were skilled communication, true collaboration, effective decision making, appropriate staffing, and meaningful recognition.)

So important is authentic leadership that the president of AACN called it the “glue” that holds together a healthy work environment (McCauley, 2005). The

American Organization of Nurse Executives (2002) also supports healthy work environments and produced a two-volume series of exemplars. A total of 21 hospitals and 61 individuals participated in the organization's survey, contributing experiences, best practices, and lessons for strengthening the nursing work environment. The resulting report focuses on six key organizational success factors: leadership development and effectiveness, empowered collaborative decision making, work design and service delivery innovation, values-driven organizational culture, recognition and reward systems, and professional growth and accountability.

Alternative Leadership Models

The **traditional model of leadership** holds that:

- Leadership resides in individuals.
- Leadership is hierarchically based and linked to office.
- Leadership means doing things to followers.
- Leadership is different from and more important than management.
- Leaders are different from followers.
- Leaders make a crucial difference to organizational performance.
- Effective leadership is generalizable to other situations.

KEY TERM

The **traditional model of leadership** holds that leadership resides in individuals, is linked to office, involves doing things to followers, is different from management, and changes organizational performance.

An emerging view of **collective leadership** provides new thinking about what leadership is. In this view:

- Leadership is a property of social systems, which means it influences and is influenced by other properties (e.g., resources, healthcare workers and their relationships, clients, cultural values, organizational purposes and objectives, and information and knowledge).
- Leadership is a process of creating something significant, like a vision or common understanding.
- Leadership is a complex process of mutual influence.
- Leadership is within everyone's grasp; the designated leader is a participant in the process of leadership.
- Leadership is only one of many factors that can influence organizational performance.
- Context emerges as crucial; it's important to know the setting in which leadership occurs.
- Leadership development involves the whole community, and everybody takes responsibility. (Simkins, 2005)

KEY TERM

In the **collective** view, **leadership** is a property of a social system, can occur anywhere, is a complex process of mutual influence, is within everyone's grasp, is only one factor influencing organizational performance, and is viewed in context.

Context includes such things as autonomy, professional control, and accountability. Leadership helps nurses become more autonomous, in control, and

accountable. But leadership is not a linear, easily understood process. It is complex and ever changing, and it interacts with other parts of the healthcare system.

To make sense of leadership in nursing:

- Make sense of the role and purposes of the healthcare organization within a dynamic and conflicting policy environment
- Make sense of the ways leadership roles are changing and should change
- Make sense of the ways power and authority are and should be constituted and distributed across the organization
- Make sense of other worlds, those that lie outside of our interprofessional and organizational boundaries
- Use leadership development to understand the process of sense-making itself (Simkins, 2005)

LEADERSHIP CHALLENGE Does Mrs. Moore, the LPN in the Leadership in Action vignette at the beginning of this chapter, demonstrate any of the qualities of alternative leadership models?

None of these processes can be easily resolved. Each needs to be addressed through a complex view of what works, of what is practical and ethical, which always depends on the values of and wisdom of the group involved.

Summary

This chapter explored leadership theories and suggested ways you can use this information as a nurse leader. Once you finish the leadership development exercises that follow, you will have critically analyzed one leadership situation, identified environmental and organizational trends, differentiated between transformational and authentic leadership, chosen several leadership theories that are especially important to you, assessed your own transformational and authentic leadership qualities, discussed an emerging view of leadership, evaluated your ability to be an adaptable leader, and applied leadership theories to a simulated clinical setting.

Looking Ahead

The rest of this book helps you explore some of these leadership issues. Part 2 delves into basic skills to creative leadership and management, and Part 3 explores advanced leadership and management skills. Part 4 focuses on creatively managing human resources. Key terms and leadership development exercises are listed here and in the other chapters of this book to help you integrate knowledge.

Key Term Review

- **Authentic leadership** is leadership that is positive, genuine, trustworthy, credible, reliable, and believable.
- **Behavioral theory** proponents assume that leaders are made, not born, and that anyone can learn to be a leader.
- In the **collective view of leadership**, leadership is a property of a social system, can occur anywhere, is a complex process of mutual influence, is within everyone's grasp, is only one factor influencing organizational performance, and is viewed in context.
- **Creative leaders** produce or invent new solutions by using imagination, skill, and relevant theory and concepts.
- Theories of leadership began with the **great man theory** that leaders are born, not made.
- **Leader-member exchange theory**, also called LMX or vertical dyad linkage theory, explains how group leaders maintain their position by exchanging informal agreements with their members.
- The **leadership grid** charts leaders' concern for the work to be done compared to their concern for their people.
- Lewin, Lippitt, and White identified three leadership styles: **autocratic**, **democratic**, and **laissez-faire**.
- Likert identified four main styles of leadership for decision making: **exploitative authoritative**, **benevolent authoritative**, **consultative leader**, and **participative leader**.
- A **normative leader** chooses a decision procedure, ranging from autocratic to group-based, depending on decision acceptance and follower knowledge.
- The theory of **participative leadership** holds that involvement in decision making improves team members' understanding and commitment to action.
- **Path-goal theory** helps clarify the path to a goal, removes roadblocks, and increases rewards along the way.
- **Role conflict** occurs when expectations don't match behavior.
- **Role theory** describes how expectations frame behavior.
- A **situational leader** takes into account followers' motivation and capability and other factors within a particular situation.
- The **traditional model of leadership** holds that leadership resides in individuals, is linked to office, involves doing things to followers, is different from management, and changes organizational performance.
- **Trait theory** holds that people are born with traits particularly suited for leadership.
- **Transformational leaders** use vision, passion, personal integrity, ceremonies, rituals, and enthusiasm to maintain motivation.

Leadership Development Exercises

■ Leadership Development Exercise 1-1

Write down your vision of the future of nursing. Explain how you can influence the future by pursuing a specific desired end. Chart the exact steps toward attaining your vision.

■ Leadership Development Exercise 1-2

Discuss your vision of the future of nursing with at least three other nursing colleagues. Listen to their visions. Did your vision change as a result of listening to their visions? Write down how it changed and what new things and ways of visioning you learned about.

■ Leadership Development Exercise 1-3

Write down three ways you maintain a belief in your capabilities and the essential goodness of things. Write about three ways you've learned to view challenges as opportunities.

■ Leadership Development Exercise 1-4

Discuss your ways of maintaining optimism with at least three other nursing colleagues. Write down what you learned from listening to their ideas, and chart a plan for implementing at least two of their ideas in the next month. Monitor your success, and write about it.

■ Leadership Development Exercise 1-5

Write about three times in the past when you were able to adapt to different people, situations, and approaches and how you revised your plan to suit changed circumstances.

■ Leadership Development Exercise 1-6

Discuss with at least three other nursing colleagues the way you adapted to changed circumstances, identifying the tactics you used. Listen to their three adaptations, and write down what you learned from the discussion that you might be able to use in future situations.

■ Leadership Development Exercise 1-7

Pretend you're the nursing director of a medical center or the head nurse of a unit. Answer the following questions based on one or more theories you read about in this chapter (identifying each theory with each answer):

- a. What specific actions would you take to challenge the status quo when it reduces client and/or nurse wellness?
- b. What specific actions would you take to encourage others to do the same?
- c. What specific actions would you take to champion new initiatives that enhance nursing care?
- d. What specific actions would you take to champion new initiatives that enhance the work environment for nurses?

■ Leadership Development Exercise 1-8

Share your ideas for championing new initiatives (and the theory behind them) with at least three other nursing colleagues, and listen to their ideas. Write down what you learned from listening to your colleagues that adds new dimensions or new ideas to yours.

Advanced Leadership Development Exercises

■ Leadership Development Exercise 1-9

Follow these steps to organize an in-class simulation for extra credit:

- a. Fourteen students volunteer to lead a 5-minute group session with 8–12 other students, who simulate the behavior of staff members. Each leader chooses a leadership theory and a discussion point from the following lists to use with their group.

Theories:

- The great man theory
- Trait theory
- Behavioral theory
- Role theory
- The leadership grid
- Lewin's leadership styles
- Likert's leadership styles
- Hersey and Blanchard's situational leadership theory
- Vroom and Yetton's normative leadership
- Path-goal theory of leadership
- Leader-member exchange theory
- Transformational leadership
- Authentic leadership
- Collective leadership

Discussion Points:

- Who is going to represent the unit on a centerwide safety committee?

- What should the policy for unit violence be?
 - What should the unit's uniform policy be?
 - Should seniority or documented behavior factor more in promotions?
- b. The nurse educator writes the numbers from 1 to 14 on slips of paper and puts them in a hat. The volunteer leaders each draw a slip of paper to decide who'll go first.
 - c. Enough chairs to seat the first group are pulled into the center of the room to form a circle.
 - d. A timekeeper is chosen to make sure that the group is warned when 4 minutes are up and when 5 minutes are up.
 - e. The group leader raises the discussion question and then acts according to the chosen leadership theory.
 - f. When time is called, the nurse educator asks the students in the group to identify which leadership theory was being demonstrated and to give examples of how the leader modeled that theory.
 - g. The rest of the class is asked to join in the discussion and give any examples that were missed by the group.
 - h. The nurse educator leads a discussion about the pros and cons of the chosen leadership style.

■ Leadership Development Exercise 1-10

Assess your leadership qualities by answering the items and scoring your responses on pages 27 and 28.

Assessing My Transformation and Authentic Self

Directions: For each item, check whether you never, sometimes, or always practice or believe in the approach.

	Never	Sometimes	Always
1. I demonstrate care for others through sincere, practical deeds.	___	___	___
2. I maintain consistency between words and actions.	___	___	___
3. I'm willing to admit when I'm wrong and move past it.	___	___	___
4. I treat other people as equal partners.	___	___	___
5. I'm willing to spend time building professional relationships with others.	___	___	___
6. I focus on doing what is right, not what other people tell me to do.	___	___	___
7. I'm driven by a sense of a higher calling.	___	___	___
8. I find a sense of meaning in my everyday work.	___	___	___
9. I promote values that transcend self-interest and profit.	___	___	___
10. I focus on finding a sense of purpose and direction.	___	___	___
11. I make sure everyone has a clear understanding of our shared vision.	___	___	___
12. I lead by positive personal example.	___	___	___
13. I allow myself to experiment and be creative.	___	___	___
14. I am trustworthy and trust others.	___	___	___
15. I am reliable; when I say I'll do something, I do it.	___	___	___
16. I work to empower others.	___	___	___
17. I support clear communication and collaboration.	___	___	___
18. I make sure everyone who's involved gets a say in decisions affecting them.	___	___	___
19. I act to encourage a feeling of physical and emotional safety wherever I am.	___	___	___
20. I provide others with meaningful recognition for their achievements.	___	___	___
21. I try to bring a sense of family and cheer to fellow students and workers.	___	___	___
22. I allow others to be true to their core values, preferences, and emotions.	___	___	___
23. I share my life stories with colleagues so we understand each others' perspectives.	___	___	___
24. I reduce my stress by engaging in meditation, prayer, hobbies, and other stress-reducing activities.	___	___	___
25. I show others my principles, values, and ethics through my actions.	___	___	___

Assessing My Transformation and Authentic Self *(continued)*

Scoring: *The more instances of always you checked, the more you are in tune with transformational and authentic leadership values. For each sometimes or never, make a plan to participate in new activities to learn the skills or attitude change you need to become a transformational and authentic leader.*

Write your plan here:

Item #:___ Plan:

Item #:___ Plan:

Item #:___ Plan:

Item #:___ Plan:

Item #:___ Plan:

Item #:___ Plan:

Item #:___ Plan:

Item #:___ Plan:

Item #:___ Plan:

Item #:___ Plan:

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Item #:___ Plan:

Item #:___ Plan:

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Theories and Styles of Management

CHAPTER OBJECTIVES

After reading this chapter, answering the leadership challenges, and participating in the leadership development exercises, you will be able to:

- Critically analyze one management situation
- Describe the relationship between leadership and management
- Describe four management theories that can be applied to nursing
- Assess your own management qualities
- Identify management values and beliefs
- Simulate conveying an unpopular decision to staff
- Develop a personal philosophy of management
- Join an online nursing support group
- Interview two staff members about how their organization could be improved
- Participate in an in-class simulation to help employees achieve a balance between work and family life

Advanced nurses will be able to:

- Teach at least three advanced nursing students about four management theories
- Design a problem statement for a research study focused on one management theory
- Develop a research design to answer your problem statement

Introduction

Although management and leadership can overlap and you must have both sets of skills to be effective, management is more concerned with accomplishing specific tasks; leadership is a broader concept (Hersey, Blanchard, & Johnson, 2008). This chapter focuses on how you can apply management theories, which are often developed in business contexts, to nursing situations.

First, read how a new nursing manager became involved in nurse management issues.

LEADERSHIP IN ACTION

Jenny Overbrook, a new nurse manager, is unsure of how to relate to her staff and encourage them to accomplish their tasks. She's heard a lot of stories about the staff on her unit and isn't sure whether she should trust them. Some of the nurses have been on the unit for years. When she talks to them about accomplishing their work, they tell her that they have tried everything and that nothing is going to change, no matter what she does. There are also some new nurses who are not confident of their clinical skills; others have a lot of good ideas, but Jenny is not sure what to do with their comments.

Taking a position as a nurse manager is challenging. You will use Jenny's situation to examine some of the many management theories that can guide you in this role.

LEADERSHIP CHALLENGE Should Jenny, the head nurse, first concentrate on leadership or on management theory and skills? Give a rationale for your answer.

The Management Process

In 1925, Henri Fayol, an engineer, first identified management functions. As an administrative theorist, he looked at productivity improvements from the top down and focused on the job, not on the worker. Fayol believed that management was an acquired skill, something that could be learned, and included a body of principles that could be administered in a rational way. These principles included:

- *Division of work.* Output increases when workers specialize. In a nursing context, this translates into a medication nurse, a head nurse, technicians,

physicians, and other roles. Each person has a job to do. If everyone tried to do everything, less work would get done.

- *Authority and responsibility.* Managers and leaders delegate power to others so an organization can balance authority and responsibility for tasks.
- *Unity of command.* Each person in an organization reports to only one supervisor.
- *Unity of direction.* A group's objectives are directed by one manager implementing one plan.
- *Discipline.* Each organization has rules and regulations for employees to follow. Discipline is used to improve effectiveness in the organization.
- *Subordination of individual interests to the general interest.* The interests of the organization as a whole are more important than the interests of one employee or group of employees.
- *Centralization.* The authority for making decisions is centralized to management or decentralized to subordinates. The degree of centralization varies depending on the type of situation.
- *Scalar chain.* The span of control indicates the number of subordinates that an immediate supervisor manages and shows communication channels.
- *Remuneration.* Workers are paid fairly for their services. If they're not, they may leave work early or arrive late, exhibiting their grievance.
- *Order.* To run an organization efficiently, staff and resources must be at the right place at the right time.
- *Equity.* Workers are treated in a fair and equitable manner.
- *Stability of personnel.* High staff turnover is inefficient. Planning and policies can reduce staff turnover.
- *Initiative.* Staff develop and carry out positive organizational plans.
- *Esprit de corps.* Leaders promote team spirit to ensure that the organization works in harmony. (Kannan, 2004a)

Although some of these ideas are quite old, many are still in use today.

LEADERSHIP CHALLENGE Which of Fayol's ideas have you observed in clinical units? Provide specific examples.

Fayol's five functions of managers are planning, organizing, commanding, coordinating, and controlling. These were revised somewhat and are now taught as planning, organizing, staffing, directing, and controlling (Kannan, 2004b).

Although these functions appear to be independent, they are really interactive and make up the **management process**.

KEY TERM

The **management process** includes planning, organizing, staffing, directing, and controlling functions.

For example, if planning is awry, that will affect all other management functions. If a unit is understaffed, that will affect the nurse leader's ability to plan, organize, direct, and control. The interactive nature of management functions explains why a nurse leader must provide all five functions in a way that not only betters the organization but also motivates employees.

KEY TERM

Planning includes determining mission, philosophy, goals, objectives, policies, rules, procedures, scheduled changes, and fiscal/budget actions

LEADERSHIP TIP

Study available resources and the type of challenges faced before taking action.

KEY TERM

Organizing provides the structure needed to carry out plans and assign the duties to specific people to provide client care.

Planning includes everything that has to do with determining:

- Mission/philosophy
- Goals/objectives
- Policies/rules
- Procedures
- Scheduled changes
- Fiscal/budget actions

To plan effectively, a nurse manager must study the organization's resources, strengths, and weaknesses and access the opportunities and challenges it faces (Kannan, 2004b).

Organizing provides the structure required to execute the plan. Organizing includes everything needed to:

- Carry out plans
- Assign the duties and activities to specific positions and people to provide client care

LEADERSHIP CHALLENGE Based on what Jenny knows now, which of the organizing subfunctions should she focus on at this time? Give a rationale for your answer.

- Group activities to meet goals
- Delegate authority
- Establish horizontal and vertical authority-responsibility relationships
- Work within the system (Kannan, 2004b)

KEY TERM

Staffing using recruiting, interviewing, hiring, orientation, and staff development to select the right person to execute each planned task.

Staffing involves selecting the right person to execute each planned task. Staffing transforms a plan into action. It includes everything that has to do with:

- Recruiting
- Interviewing
- Hiring
- Orientation
- Staff development

Directing includes everything needed to:

- Motivate
- Manage conflict
- Delegate
- Communicate
- Collaborate

KEY TERM

Directing staff includes motivating, managing conflict, delegating tasks, communicating, monitoring/overseeing, and collaborating.

The nurse manager guides the team by training, coaching, instructing, and indicating what to do, when to do it, and how to do it. Directing also includes monitoring team members to ensure high standards of practice and efficiency. The function of directing includes giving orders and instructions; supervising or overseeing people at work; enhancing motivation by creating a willingness in others to work toward specific objectives; communicating or establishing an understanding with employees about what the plans are and how they ought to be implemented; and influencing others.

LEADERSHIP CHALLENGE Based on what Jenny knows now, which of the directing subfunctions should she focus on at this time? Give a rationale for your answer.

Controlling includes everything related to:

- Performance appraisals
- Fiscal accountability
- Quality control
- Legal and ethical issues
- Professional and collegial control

KEY TERM

Controlling helps keep the team on course by using performance appraisals, fiscal accountability, quality control, legal and ethical approaches, and professional and collegial control.

Control mechanisms help keep the team on course by removing obstacles whenever possible or by finding a new course if the present one is not working. Control systems help identify who isn't performing or who is functioning at a very low level of performance.

The process of controlling involves:

- Establishing standards for measuring work performance
- Measuring performance and comparing it with standards
- Identifying the reasons for the discrepancy between standards and performance
- Taking corrective action to ensure that goals are attained (Kannan, 2004b)

LEADERSHIP CHALLENGE Based on what Jenny knows now, which of the controlling subfunctions should she focus on at this time? Give a rationale for your answer.

Although not everyone's list of essential management functions includes innovation as an important quality of management, Kannan (2004b) insists that a conventional approach leads to routine results. Innovative approaches lead to more successes. The innovative organization endures and the process of **innovating** encourages the flow of innovative proposals and suggestions.

KEY TERM

Innovating means the nurse leader encourages the flow of innovative proposals and suggestions.



Historical Development of Management Theories

It has been claimed that management began evolving at the turn of the 19th century, but surely the Egyptians, Asians, Mayans, Romans, Greeks, and other empire builders could not have constructed roads, palaces, and magnificent buildings without management skills.

Weber's Theory of Bureaucracy and Authority

Max Weber, a German sociologist and philosopher, lived from 1864 to 1920. He studied social change and the effect of rationality on capitalism and religious thought. He defined three types of authority:

1. Traditional authority, which is invested in a hereditary line or determined by a higher power
2. Rational-legal authority or bureaucracy, which is enforced by regulations
3. Charismatic authority, which rests on the appeal of leaders (Kannan, 2004d)

KEY TERM

An **ideal bureaucracy** has a hierarchy and written rules of conduct, provides for promotion based on achievement, has a specialized division of labor, and is efficient.



According to Kannan (2004c), an **ideal bureaucracy** has a hierarchy of authority and written rules of conduct, provides for promotion based on achievement, has a specialized division of labor, and is efficient.

Bureaucracies that go awry do so because they do not respond to their customers' needs, are corrupted by power-wielding officials, fall prey to manipulative specialists, or experience a shift in power from leaders to bureaucrats (Kannan, 2004c).

Scientific Management Theory

Frederick Taylor developed his **scientific management theory** in the late 1800s. A product of his environment—which included large industrialized organizations,

with ongoing routine tasks that produced a variety of products—Taylor analyzed and timed movements with a stopwatch to increase production. He coined the term *time study*. Workers were rewarded and punished, and Taylor refused to compromise in his approach. He believed his theory could be applied to all problems, whether they were related to managers or workers. He justified his approach with hundreds of experiments to demonstrate the rules and laws that govern scientific management (Kannan, 2004a).

This approach worked for organizations with assembly lines and other mechanistic, routinized activities. Taylor studied things such as the optimum shovel size for coal, the best surface for digging coal, and the ideal size and type of coal. Ford Motor Company embraced Taylor's work and adopted the production line as the way to produce its vehicles (McNamara, 2006; Taylor, 1911).

The four objectives of scientific management were to:

1. Develop a science for each element of work
2. Scientifically select, train, and develop workers instead of letting them choose their own work and train themselves
3. Encourage cooperation between workers and management so work was carried out according to scientifically developed procedures
4. Create a division of labor in equal shares between workers and management, which led to a hierarchy, abstract rules, and impersonal relationships between staff (Kannan, 2004d)

Scientific management focused on job productivity and was widely criticized because it ignored the human side of the organization, treated workers like machines, exploited employees, was narrow in scope, and led to monotonous jobs and worker discontent (Kannan, 2004a).

LEADERSHIP CHALLENGE How can Jenny, the new nurse manager, use Taylor's organizational framework with her staff? Give a rationale for your answer.

Taylor also contributed to organizational theory. The framework he used included:

- Clearly defined authority
- Delineated responsibility
- Separating planning from operations
- Incentives for workers
- Task specialization
- Intervening only when employees fail to perform (Kannan, 2004a)

KEY TERM

Scientific management theory heralded the analysis and timing of routine movements to increase production.

LEADERSHIP TIP

If you focus only on getting the job done efficiently and effectively, you may foment employee discontent.

KEY TERM

Motion study/efficiency theory provided a framework for studying faster and more efficient ways to do jobs, including surgery.



Motion Study/Efficiency Theory

Frank and Lillian Gilbreth, a husband-and-wife team of psychologists, developed **efficiency theory**. They studied faster and more efficient ways to do jobs, prepare employees for the next level, and train successors.

LEADERSHIP CHALLENGE Which of the Gilbreths' goals could Jenny use with her staff? Choose one and give a rationale for your choice.

They were more sophisticated in their approach to workers than Taylor and examined more incentive payments. The Gilbreths also studied physicians and the way in which operations and operating room procedures were organized. Although ignored by the medical hierarchy when presented to the AMA in 1915, by the 1930s, the Gilbreths' recommendations about laying out surgical instruments and standardizing surgical techniques were accepted practice (The Science Museum, 2004).

After Frank died, Lillian, who had by then become an industrial psychologist, was known as “the mother of modern management.” She established domestic economy and home economics as scientifically taught subjects in colleges across the United States and Europe (The Science Museum, 2004).

Mayo's Hawthorne Experiments

Elton Mayo's work contradicted the prevailing theory of Frederick Taylor that the worker was motivated solely by self-interest.

Even when Mayo cut rest breaks and returned female employees to longer working hours, productivity rose. When he checked into the process, he found that women, exercising freedom that they didn't have on the factory floor, formed a social group and included the observer who tracked their productivity as a group. The women joked, talked, and met after work (Accel-Team, 2003b).

Mayo discovered what seems obvious now. Workplaces are social environments, and employees are motivated by doing things of social value. The women felt better about themselves when their boss singled them out to have a friendly relationship with their supervisor. When that supervisor discussed changes in advance with the women, they felt like part of the team. This enhanced their cooperation and loyalty, even when their rest breaks were taken away. The fact that they were singled out to be special participants in the study reinforced these feelings. This led to greater productivity and an effort to continue the behavior they believed would help them gain more attention. This phenomenon was called the **Hawthorne effect**, after the workplace, the Hawthorne Works, which was owned by Western Electric. The findings of the Hawthorne studies took their

place in the human relations school of management and have been recycled as quality circles, participatory management, and team building.

Mayo's findings included:

- Work is a group activity, not an individual one.
- The social world of adults is patterned around work.
- The physical conditions of work aren't as important to employees as the need for recognition, security, and a sense of belonging.
- An employee complaint is often a symptom of the worker's low or unrecognized status in the organization.
- Employee attitudes and effectiveness are affected by social demands.
- Informal groups in the workplace control individual employees' work habits and attitudes.
- Group collaboration must be planned and developed. (Accel-Team, 2003b)

KEY TERM

The **Hawthorne effect** refers to feeling part of a special team that is under study.

LEADERSHIP CHALLENGE How can Jenny use the Hawthorne effect with her staff? Why should she or shouldn't she use it? Give a rationale for your answer.

This was the first in a series of theories called the **human relations approach to management**, which included six propositions:

1. People, not machines or economics, are the focus.
2. People exist in an organizational environment rather than an organized social context.
3. Motivating staff is important.
4. Such motivation should be directed toward teamwork and requires the staff's coordination and cooperation.
5. Teamwork can fulfill individual and organizational goals.
6. Individuals and organizations strive for efficiency by achieving maximum results with minimum inputs. (Kannan, 2004e)

KEY TERM

The **human relations approach to management** focuses on motivating staff through teamwork to fulfill individual and organizational goals and encourages the staff's coordination and cooperation.

McGregor's Theory X and Theory Y

Douglas McGregor formulated two models of individuals at work based on social science research findings.

In McGregor's **Theory X**:

- The average human being tries to avoid work.
- Because of humans' dislike for work, they must be controlled and threatened to get them to work hard.
- Humans desire security and direction and hate responsibility.

KEY TERM

Theory X assumes that people are lazy and must be controlled and threatened.

In McGregor's **Theory Y**:**KEY TERM**

Theory Y assumes that people want to work and can learn to meet organizational goals.

- Work is as natural as play or rest.
- People will work hard if they are committed to their organization's aims.
- If a job is satisfying, employees will be committed to their organization.

- People can learn to accept responsibility.
- Employees can use imagination, creativity, and ingenuity to solve work problems.
- The intellectual potential of the average worker is only partially utilized.

LEADERSHIP TIP

To be a successful nurse manager, find ways to make work satisfying and teach employees to accept responsibility, use their imagination and ingenuity to solve work problems, and fulfill their potential.

The way nurse managers use Theory Y in their interactions with employees is by finding ways to:

- Help employees commit to their organization's aims
- Make jobs satisfying so employees will be committed to the organization
- Teach employees how to accept responsibility
- Help employees use their imagination, creativity, and ingenuity to solve work problems
- Teach employees how to use more of their potential (Accel-Team, 2003a)

LEADERSHIP CHALLENGE Should Jenny, the new manager, use Theory X or Theory Y with her staff? Give a rationale for your choice.

KEY TERM

Aggressive realism means that successful entrepreneurs prefer a moderate degree of risk because they believe their efforts and abilities can influence the outcome.

McClelland's Achievement Motivation Theory

David McClelland studied people with a high need for achievement and a high need for affiliation. He learned that it is possible to learn to be achievement oriented. People with a high need for achievement:

- Prefer a moderate degree of risk because they believe their efforts and abilities can influence the outcome; this **aggressive realism** is the mark of a successful entrepreneur
- Get a bigger kick out of winning or solving a problem than they get from money or praise
- View money as a way of assessing their progress and comparing themselves with others
- Desire concrete feedback on how well they're doing

- Are not interested in comments about how cooperative or helpful they are
- Always try to think of better ways of doing things
- Help organizations grow faster and be more profitable

Employees with high-affiliation needs:

- Are more concerned about the environment
- Want to know how people feel about them, not how well they're doing (Accel-Team, 2006b)

LEADERSHIP TIP

To motivate achievement-oriented employees, give concrete feedback about how well they're doing, give them problems to solve, and reward them for finding better ways of doing things.

LEADERSHIP CHALLENGE Jenny learns that two staff members are more concerned with affiliation than with achievement. What should she do to motivate those two staff members? Give a rationale for your answer.

Argyris's Theory of Humanistic and Democratic Values

Chris Argyris, through his **theory of humanistic and democratic values**, postulated that bureaucratic values lead to poor, shallow, and mistrustful relationships. Without interpersonal competence or a psychologically safe environment, the organization breeds mistrust, intergroup conflict, rigidity, disgruntled and discouraged employees, and poor problem solving. To increase interpersonal competence, intergroup cooperation, and flexibility to get the job done:

- Promote humanistic and democratic values
- Treat people as human beings and give them an opportunity to develop to the fullest potential
- Make work exciting and challenging
- Use clear, rational, and logical communication; effectiveness decreases as behavior becomes more emotional and increases when relevant behavior becomes conscious, discussible, and controllable and when rewards and penalties emphasize rational behavior and achieving objectives (Accel-Team, 2006)

KEY TERM

The **theory of humanistic and democratic values** holds that interpersonal competence must be encouraged in work systems to increase organizational success in problem solving.

LEADERSHIP TIP

To increase organizational success in problem solving, make work exciting and challenging, give employees an opportunity to develop to their fullest potential, use clear and logical communication, discuss issues and problems in a clear and open manner, and emphasize rational behavior and achieving objectives when providing rewards or penalties.

The Behavioral Science Approach to Management

A group of psychologists and sociologists improved on the human relations approach by hoping not just to study

KEY TERM

The **behavioral science approach to management** used motivation, leadership, communication, group dynamics, and participative management to achieve organizational goals.

employees but to predict behavior. This approach is called the **behavioral science approach to management**. Motivation, leadership, communication, group dynamics, and participative management are important to the approach. This approach helps secure better employee performance and the willing pursuit of organizational goals. Proponents of this approach include Abraham Maslow and Chris Argyris, whose theories were discussed earlier, as well as Douglas McGregor and Frederick Herzberg, whose theories are discussed here.

Maslow's Hierarchy of Needs

Maslow reinforced the idea that human beings are motivated by complex needs. He constructed a **hierarchy of basic needs**, including:

KEY TERM

Maslow's **hierarchy of basic needs** implies that lower level needs (i.e., physiological needs and safety) must be satisfied before higher level needs (i.e., belonging, esteem, and self-actualization) can be met.

- Physiological needs (hunger, thirst, sleep)
- Safety
- Love and belonging (associating happily with people, belonging to one or more groups, and having friends)
- Esteem (self-respect, reputation, recognition, and appreciation)
- Self-actualization (drive for self-development, creativity, fulfillment, and job satisfaction)

LEADERSHIP CHALLENGE How can Jenny use Maslow's hierarchy of needs with her staff? Give a rationale for your answer.

LEADERSHIP TIP

Effective nurse managers realize that physiological and safety needs must be met before employees can consider belonging to a work group and that esteem needs must be met before self-actualization and job satisfaction can occur.

Maslow arranged basic needs in order of importance, ranging from physiological needs to self-actualization. He believed that people had to fulfill basic needs before they could move to higher needs, such as self-actualization. Maslow's theory helps explain the Hawthorne experiment findings (Accel-Team, 2002).

Herzberg's Motivational Theory

Frederick Herzberg (1923–2000), clinical psychologist and pioneer of “job enrichment,” is regarded as one of the most original thinkers in **motivational theory** and management. He

established the Department of Industrial Mental Health at Case Western Reserve University when he served as professor of management there. The absence of any serious challenge to his work validates its importance (Chapman, 2006).

Herzberg (1971) found that job satisfaction and job dissatisfaction are not opposites; they are on completely different continua, are produced by different

factors, and have their own dynamics. He also found that certain factors called “motivators” truly motivate but that other factors tend to lead to dissatisfaction. Motivators include:

- Achievement
- Recognition
- The work itself
- Responsibility
- Advancement
- Personal growth

He called certain factors in the environment “hygiene factors.” Hygiene factors include basic needs for food, warmth, shelter, and safety.

Herzberg found that money wasn’t a motivator, and other surveys and research studies have backed that up by showing that many other factors are more important motivators than money (e.g., Chapman, 2006). Doing something meaningful or worthwhile outranks pay as the reason to stay in a job (Internet Center for Management and Business Administration, 2006). Real motivators are more concerned with the actual job and include:

- How interesting the job is
- How much opportunity the job provides for earning extra responsibilities, gaining recognition, and being promoted (tutor2u, 2006)

Herzberg believed that jobs should be sufficiently challenging and that employees need to be challenged. If a job doesn’t use an employee’s full ability, Herzberg thought the task should be automated or given to someone who has a lower level of skill (Internet Center for Management and Business Administration, 2006).

Hertzberg believed that managers should adopt a democratic approach to management and improve the content and nature of tasks by:

- Giving workers a greater variety of tasks to perform, thereby making the job more interesting
- Fostering a great sense of achievement in workers by giving them a wider range of more complex, interesting, and challenging tasks
- Delegating more power to employees so they can make their own decisions about their work

KEY TERM

Herzberg's **motivational theory** posits that physiological needs can lead to job dissatisfaction but that sufficiently challenging motivators can lead to job satisfaction.

LEADERSHIP TIP

A good leader provides interesting and challenging tasks and delegates power to employees.

LEADERSHIP CHALLENGE How can Jenny, the new nurse manager, use Herzberg's theory to help build a viable work team? Give a rationale for your answer, and list the steps you would use to implement the theory.

The Systems Theory Approach to Management

KEY TERM

Systems theory provides a way to examine the interdependent and interrelated parts (boundaries, outputs, feedback, equifinality) of an organization and to deal with change by establishing system objectives called "performance criteria," by identifying wider systems in the environment, by creating formal subsystems, and by integrating the subsystems within the system.

The **systems theory** approach to management, developed in the early 1950s, examined management as a set of distinguishable but interdependent and interrelated parts known to operate in a logical manner to achieve goals. Open systems have flexible boundaries allowing for dynamic interchanges (e.g., nurse-doctor relationships, healthcare planning activities). Closed systems have rigid boundaries that permit minimal or no exchange (e.g., wheelchairs, unit-dose medications). Conflict is viewed as an opportunity, with openness on one side of the boundary and closedness on the other. The transfer of energy, people, information, or materials occurs at the interface between one system and another. Massive environmental changes could produce a crisis, disrupting the dynamic equilibrium.

A steady state is regained when the structure or processes of subsystems are reorganized to a higher level of functioning. According to Watzlawick, Beavin, and Jackson (1967), feedback can lead to change and adaptation (positive) or maintain a steady state (negative).

All systems have a hierarchy of components (Bertalanffy, 1976). Socially, people are organized into groups, groups are organized into departments, and so on. The hierarchical structure of a healthcare system, for example, has the shape of a pyramid, with an administrator at the top, a few managers or supervisors at the middle levels, and many healthcare providers and consumers at the bottom. As the hierarchy's complexity increases, order is needed to coordinate activities and processes.

System outputs include such things as enhanced quality of life or productivity. In a systems frame of reference, there is no direct cause-and-effect relationship. Final states can be reached from different starting points along various pathways; this is called "equifinality."

Systems theory concepts provide a view of management that considers the interaction between people and the organization in the context of the larger society. Management in this context is the process of linking together individuals or work groups around specific problems or issues of the work environment (Bennis, 1966).

Systems theory resembles the scientific method: it includes developing hypotheses, designing a controlled experiment, and collecting and analyzing data. Systems theory uses science to obtain results that can be used to affect the control of an organization. For managers, this means:

- Defining the organization as a system
- Establishing system objectives called "performance criteria"

- Identifying wider systems in the environment
- Creating formal subsystems
- Integrating the subsystems within the system

Decades of management theory and practice in the workplace focused on only one aspect of management. Systems theory helps managers examine the effects of the tremendous change facing organizations and how they operate, recognize the various parts of the organization and the interrelations of its parts, and coordinate central administration with programs.

LEADERSHIP CHALLENGE How can Jenny use systems theory with her staff? Give a rationale for your answer.

This constituted a major advancement. In the past, managers focused on only one part of an organization at a time, which could lead to an organization with a wonderful central administration and terrific staff but departments that couldn't relate to each other or synchronize (McNamara, 2006).

Summary

This chapter focused on major theories and styles of management and described the relationship between leadership and management. Once you finish the leadership development exercises that follow, you will have critically analyzed one management situation, assessed your management qualities, simulated conveying an unpopular decision to staff, developed a personal philosophy of management, joined an online nursing support group, interviewed two staff members about how their organization could be improved, and participated in an in-class simulation to help employees achieve a balance between work and family life. All these learning experiences will help you apply management theory to nursing leadership situations.

Key Term Review

- McClelland's **achievement motivation theory** suggests that to motivate achievement-oriented employees, managers should provide concrete feedback about how well they're doing, should give them problems to solve, and should reward them for finding better ways of doing things.
- **Aggressive realism** means that successful entrepreneurs prefer a moderate degree of risk because they believe their efforts and abilities can influence the outcome.
- The **behavioral science approach to management** used motivation, leadership, communication, group dynamics, and participative management to achieve organizational goals.
- **Controlling** helps keep the team on course by using performance appraisals, fiscal accountability, quality control, legal and ethical approaches, and professional and collegial control.
- **Directing** staff includes motivating, managing conflict, delegating tasks, communicating, monitoring/overseeing, and collaborating.
- The **Hawthorne effect** refers to feeling part of a special team that is under study.
- Maslow's **hierarchy of basic needs** implies that lower level needs (i.e., physiological needs and safety) must be satisfied before higher level needs (i.e., belonging, esteem, and self-actualization) can be met.
- The **human relations approach to management** focuses on motivating staff through teamwork to fulfill individual and organizational goals and encourages the staff's coordination and cooperation.
- Weber believed that an **ideal bureaucracy** has a hierarchy of authority and written rules of conduct, provides for promotion based on achievement, has a specialized division of labor, and is efficient.
- **Innovating** means the nurse leader encourages the flow of innovative proposals and suggestions.
- The **management process** includes the interacting functions of planning, organizing, staffing, directing, and controlling.
- **Motion study/efficiency theory** provided a framework for studying faster and more efficient ways to do jobs, including surgery.
- Herzberg's **motivational theory** posits that managers should give workers a greater variety of tasks to make the job more interesting; should foster a sense of achievement by giving workers a wider range of more complex, interesting, and challenging tasks; and should delegate more power to employees so they can make their own decisions about their work.

- **Organizing** provides the structure needed to carry out plans and assign the duties.
- **Planning** includes determining mission, philosophy, goals, objectives, policies, rules, procedures, scheduled changes and fiscal/budget actions.
- Taylor's **scientific management theory** heralded the analysis and timing of routine movements to increase production.
- **Staffing** uses recruiting, interviewing, hiring, orientation and staff development to select the right person to execute each planned task
- **Systems theory** provides a way to examine the interdependent and interrelated parts (boundaries, outputs, feedback, equifinality) of an organization and to deal with change by establishing system objectives called "performance criteria," by identifying wider systems in the environment, by creating formal subsystems, and by integrating the subsystems
- Argyris's **theory of humanistic and democratic values** holds that interpersonal competence must be encouraged in work systems to increase organizational success in problem solving.
- McGregor's **Theory X** says that people are inherently lazy; his **Theory Y** assumes that people want to work and can learn to meet organizational goals.

Leadership Development Exercises

■ Leadership Development Exercise 2-1

Being a nurse manager means you will sometimes have to choose to adhere to certain of your values and beliefs and compromise on others. To prepare for this eventuality, answer the following questions:

- a. What values and beliefs are most important to me?
- b. On which of these will I never compromise?
- c. For which am I willing to fight? How will I do that?

■ Leadership Development Exercise 2-2

Being a nurse manager is not a cut-and-dry affair. You can always learn from others by talking about how they handled difficult work situations and deciding whether what they learned may be helpful to you. Talk with at least three other nurses or nursing students, and ask them:

- a. How they make difficult decisions and what goes into their decision
- b. How they handle the aftereffects of a decision
- c. What about their decision-making method works for them
- d. What doesn't work for them

Write about which of these ideas you plan to incorporate into your approach to nursing management and how you will implement them.

Make a specific plan: By next week, I will implement _____.

By the end of the month, I will implement _____.

■ Leadership Development Exercise 2-3

The situation: You are a nurse manager who has to communicate an unpopular decision to your staff.

- a. What management theories might help you do that?
- b. How will you allow enough time for people to process the message and express their feelings?
- c. How will you take ownership of the decision without becoming defensive or angry? (Be sure to write down specific steps.)
- d. How will you show that you are listening and understanding? (Write down specific things that you will say and do.)
- e. What is the worse-case scenario, and what will you do if that happens?
- f. What else can you do to influence a positive outcome?
- g. Devise a simulation to play out this situation so that you demonstrate a–f.

Simulation directions:

- a. Gather together 4–10 fellow students.
- b. Give each person a role to play throughout the simulation. Suggested roles include a complaining RN, a “nothing’s ever going to change around here” staff member, a teased or teasing LPN, an aggressive RN, a joking LPN, and so forth. Make one person the timekeeper to watch the clock, make sure the simulation moves along, and give everyone a 2-minute and a 1-minute warning: “You have 2 more minutes (or 1 more minute) to finish this step.”
- c. Consult with your group for 5 minutes about possible unpopular decisions. During that time, choose one unpopular decision that you will tell group members about in the simulation.
Alternative step: Choose the unpopular decision in advance, based on consultation with one or more nursing leaders you know or have observed.
- d. To begin the simulation, tell the group the unpopular decision using the suggestions implied or stated in the management theory (or theories) you have chosen. Group members should act out their role; and should act according to the chosen theory (or theories).
- e. At the end of 15 minutes, the timekeeper will call time, and you should ask the group to tell you:
 - Which management theory (or theories) you portrayed

- Which of your comments worked the best
- Which of your comments or behaviors weren't effective
- Anything else they wish to share about the simulation

■ Leadership Development Exercise 2-4

Being an advocate for your staff is part of your job as a nurse manager. Explain—and be very specific—about what you'd say and do to:

- a. Decide how and when to support your staff's decisions despite opposition
- b. Teach staff how to take risks and learn new skills
- c. Protect staff from fear of failure
- d. Avoid getting drawn into personal agendas

■ Leadership Development Exercise 2-5

- a. Develop a personal philosophy of management, and write it down.
- b. Communicate your philosophy to three other nurses or nursing students.
- c. Ask them to tell you their philosophies.
- d. Revise your philosophy as needed once you've completed a–c.
- e. Set up a feedback schedule so you can obtain evaluations from those three people to make sure you live out your philosophy.

■ Leadership Development Exercise 2-6

Discuss with at least three other nursing colleagues the way you managed a situation, and ask them to tell you:

- a. Which management theory you used
- b. What might have been a more effective theory to use

■ Leadership Development Exercise 2-7

Go to Google and search for “nursing support groups” and related phrases.

- a. Visit at least two groups and participate.
- b. Pose a leadership/management question that you're burning to ask.
- c. Read what others write or say.
- d. Come up with at least one concrete management tip to share with the class.

Advanced Leadership Development Exercises

■ Leadership Development Exercise 2-8

Interview two staff members at your school or at a clinical site. Ask questions about how the organization could be improved, including:

- a. What are your high-priority work needs?

- b. Is the organization meeting your work needs?
- c. What family concerns do you need help with from the organization?
- d. What exactly do you wish the organization would do to meet your needs?
- e. How do you suggest administrators do that?

Once you have this information, share it with your classmates, and ask for suggestions on what to do with the information and how to use it.

■ Leadership Development Exercise 2-9

Develop an in-class simulation to hold a university or hospital contest to generate ideas for how employees can achieve a better balance between work life and family life while maintaining a high rate of client satisfaction and worker productivity.

- a. Form a group of employees and managers to build a work and family life plan based on the best suggestions.
- b. Simulate a meeting to launch the plan and publicly recognize the employees who made major contributions by sharing their ideas for building balance.
- c. Have the role-playing group draw roles out of a hat.
- d. Be sure to include basic roles, such as a nurse manager (who chooses one of the management theories and portrays it throughout), a hospital administrator (who pooh-poohs all new ideas), a student nurse, staff participants, and a client ombudsperson (who supports the nurse manager).
- e. Play out the recognition meeting (consider giving prizes or awarding play money to participants).
- f. Be sure to discuss various ways to measure the meeting's effectiveness and how to make necessary improvements in the manager's behavior.

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