The skills needed to be a good clinical nurse are different from those necessary to manage wards or service areas (Sullivan and Decker 2009), and nurse managers often assume expanded roles and responsibilities without adequate support, resources or education (Mathena 2002, Acree 2006). They also face competing priorities in their work and, when resources and support are limited, opportunities to develop effective leadership skills can be overlooked.

In a changing healthcare environment, nurse managers with effective leadership skills are vital to maintaining high standards of nursing practice, ensuring staff retention, improving standards of care and increasing patient satisfaction levels (Raup 2008). To do this requires leaders with the ability to motivate and empower employees (Medley and Larochelle 1995) and develop their leadership skills. This is particularly important in the current economic climate.

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For the purpose of this article, leadership is defined as ‘the art or process of influencing people so that they will strive willingly and enthusiastically toward the achievement of group goals’ (Weilrich and Koontz 2005). This means that, while leaders are ideally the managers of groups, teams or organisations, leadership skills can be present in any member of the groups.

According to Bass (1985), there are two styles of leadership:

- Transactional, which describes the relationship between leaders and employees as one in which employees exchange some form of compliance for reward.
- Transformational, which is concerned with more than just compliant behaviour from employees. Transformational leaders can achieve greater performance by stimulating innovative ways of thinking and transforming followers’ beliefs and aspirations. They can see the importance of organisational change, have vision, and can marshal commitment to that vision to support the changes required.

Skilled communication is the main tool used by transformational leaders to promote self-confidence within their teams and inspire trust. This style of leadership can result in a relationship of mutual stimulation and provide junior staff with the support to develop effective leadership skills (Burns 1978).

Transformational leadership results in higher levels of employee performance than that produced by transactional leadership (Bass 1985). Positive relationships have consistently been found between transformational leadership styles and employee motivation; research demonstrates higher levels of employee effectiveness, and greater employee and customer satisfaction in comparison with non-transformational leadership styles (Dvir et al 2002, Hetland and Sandal 2003, Ilies et al 2006).
Transformational leadership
The Bass (1998) theory of transformational leadership has four main components, which are:

- Idealised influence, or charismatic leadership, where leaders are admired and respected by those they lead.
- Inspirational motivation, where leaders inspire others with a team spirit and enthusiasm for the work at hand.
- Intellectual stimulation, created by leaders with problem-solving skills, creativity and the capacity to advance knowledge or practice.
- Individualised consideration, where leaders’ skills are supportive of individuals’ needs. These leaders provide mentorship to support and encourage staff to develop and advance their careers.

In contrast, transactional leadership is based on individuals working at an agreed level of performance in return for a reward. It also means that leaders intervene only if something goes wrong or standards are not met.

Theories in practice
Carney (2006) suggests that 21st century health care requires leaders to articulate a vision that can motivate employees to adapt to changing environments. Leaders must recognise the culture of their organisations and be able to develop an environment that is healthy and conducive to change.

Transformational leadership embraces shared accountability, responsibility and power, and empowers employees to help leaders and managers achieve organisational goals. This style of leadership is consistent with the goals of contemporary healthcare environments.

The importance of positive leadership styles has emerged as an issue for nursing because of their influence within healthcare work environments. For example, one systematic review of a range of nursing leadership styles highlighted that a transformational, or relationally focused, style was associated with higher job satisfaction, improved organisational commitment, reduced stress, greater productivity and greater empowerment (Cummings et al 2010).

Transformational leadership is a recognised element in employees’ attachment to an organisation (Chiok Foong Loke 2001, Leach 2005), and it also has an impact on nurse retention (Force 2005), job satisfaction and wellbeing (Nielsen et al 2008). In contrast, transactional, instrumental, task-oriented or ‘laissez faire’ leadership styles are associated with negative outcomes (Cummings et al 2010).

Ohman (2000) reports that critical care nurse managers had high levels of transformational leadership behaviours, and used motivation and vision to empower their staff; Ohman (2000) thus found a positive correlation between transformational leadership and previous leadership experience.

Meanwhile, studies in other disciplines have demonstrated positive relationships between transformational leadership and motivation and the development of junior staff (Kane and Tremble 2000). In Norway, for example, when Hetland and Sandal (2003) looked at transformational leadership in five public and private sector companies, they found a strong relationship between transformational leadership and satisfaction, work motivation and effectiveness, regardless of whether the ratings were from superiors or subordinates.

Staff motivation
A transformational leadership approach can help nurse managers to increase or maintain a motivating work environment. Although motivation is a multifaceted phenomenon, several strategies can be used to increase employee motivation. Those described below are based on work by Argyris (1964), Rainey (1993), Daft (2004), Weihrich and Koontz (2005), and Marquis and Huston (2009).

Work environment This can affect employees’ development and potential. However, many organisations do not encourage employees to behave in a ‘mature’ way, in other words, work activities are reduced to routine tasks and staff are not encouraged to be creative or invited to participate in decision making (Argyris 1964).

By improving communication processes, for example through staff meetings, patient care activities and team briefing meetings, organisations can encourage innovation and creativity which, in turn, will promote job enlargement and enrichment (Argyris 1964).

Participation Technical ability and knowledge are not sufficient for increasing nurses’ motivation levels (Vilma and Egle 2007), but participation in decision making is a strategy that can be used to achieve this (Weihrich and Koontz 2005).

Most employees are knowledgeable about their jobs and can usually find solutions to problems that arise, so asking the right employees to participate in decision making can increase their motivation and assure them that they are valuable to the organisation.

Where employees perceive that their contributions are valued, their sense of affiliation and loyalty towards organisations is increased. Being given opportunities to plan and delegate...
care, solve problems, make decisions and conduct research are also important factors for improving staff motivation. Managers should consider open-door policies, one-to-one discussions or exchanges, and improved communication as strategies for increasing employee participation (Rainey 1993).

**Work enhancement** Working practices change over time, and the jobs and tasks that support this work also change. In general, managers can deal with the effects of sudden changes to work practices, but gradual changes can significantly alter how a ward or unit works. Managers are usually required to carry out periodic assessments of work practices to ensure that the jobs supporting the work are aligned with new practices (Layman 2007). Factors that contribute to work or job redesign include changes in health care or organisations, but they can also be the result of a decline in employees’ motivation or performance, or an increase in stress.

Job redesign refers to altering or adapting roles to improve employees’ satisfaction, control and interest. The approaches used to achieve this are usually referred to as ‘job enrichment’, ‘job enlargement’ or ‘job rotation’ (Ho et al. 2009). Job enrichment and enlargement are different concepts, although this is not always made clear in the literature (Daft 2004, Weirich and Koontz 2005).

**Job enrichment** This refers to the integration of higher level motivators into work, for example, offering variety, freedom to make decisions about the job or task, greater participation in decision making, more responsibility, giving feedback on performance and involvement in change initiatives.

**Job enlargement** This is about decreasing the monotony associated with simple, repetitive jobs by combining a set of related tasks to create a broader job. In other words, the scope of the job is increased by including more of the same kind of tasks, but with no added responsibility.

**Job rotation** This occurs when employees are moved from one job to another, which can increase the number of tasks they might be required to undertake without increasing the complexity of the job. One example is nurse rotation from day to night duty.

**Quality of work life** This describes a set of values that advocates that people are the most valuable asset in an organisation and should be valued and treated with respect and dignity (Raduan et al. 2006); quality of work life (QWL) programmes are used by various types of organisations to improve their working environments (Rainey 1993).

These programmes are considered one of the most appealing approaches to motivating employees and have made significant contributions to the development of job enrichment (Weirich and Koontz 2005). Managers regard QWL as a useful strategy for addressing poor productivity, while employees and unions have endorsed its use to improve working conditions and defend pay negotiations (Weirich and Koontz 2005). In fact, some government agencies have found QWL programmes beneficial for increasing productivity and reducing industrial disputes (Weirich and Koontz 2005); for example, the Midland Health Board in the Republic of Ireland introduced such a programme in 2002.

The QWL strategy stresses the importance of the human aspects of work by exploring the relationship between employees and work environments, and generally addresses areas such as work-life balance, health promotion and staff appreciation activities.

**Empowerment** This is another strategy for improvement adopted by leaders (Hughes et al. 2006). In addition to enhancing motivation, empowerment can reduce resistance to change and is therefore essential to successful implementation of change (Kappelman and Richards 1996). It is, however, another term with a range of interpretations.

Hughes et al (2006) suggest two definitions: the first is when empowerment is concerned with delegation and accountability, in which a top-down approach is used by senior managers to communicate the organisations’ goals that employees are responsible for achieving. The second uses a bottom-up approach and emphasises trust, ownership and change, and encourages employees to ask questions and make decisions.

The two approaches have different implications for leaders and employees. Hughes et al (2006) suggest that it is this conceptual imprecision that has led to the failure of empowerment programmes. It is, therefore, important that healthcare managers adopting this strategy to increase motivation consider the different concepts of empowerment.

One study that explored nurses’ experiences of work motivation and satisfaction found that motivation levels decreased (Vilma and Egle 2007), when they were not empowered or did not engage in autonomous activity.

**Role models** Managers can also affect employees’ motivation, and those with optimistic and enthusiastic outlooks can have positive and
motivating effects on employees and the climate in which they work. Conversely, unhappy managers can have a negative effect on employees’ morale (Marquis and Huston 2009).

Sirota et al (2005) claim that employees’ job satisfaction declines after they have worked for an organisation for about six months; one of the reasons cited for this is that managers do not show concern for their employees. To maintain employees’ enthusiasm, managers must move away from the notion that they require constant supervision and instead acknowledge that they require social contact and friendship, and should be treated with fairness, respect and dignity (Sirota et al 2005).

Research on ‘work locus of control’ and ‘work excitement’ suggests a significant correlation between the two (Erbin-Roesemann and Simms 1997); in other words, those who have control in their work will experience higher levels of ‘work excitement’. This is defined by Erbin-Roesemann and Simms (1997) as ‘personal enthusiasm and interest in work as evidenced by creativity, receptivity to learning, and ability to see opportunity in everyday situations’, they suggest that work should be reorganised so that employees experience greater excitement.

Meanwhile, Glassman and McAfee (1990) claim that the absence of enthusiasm is a major shortcoming in leadership and that organisations should consider providing training in enthusiasm for their managers.

**Conclusion**

Health care operates in a busy and changing environment, so to maintain high standards of patient care and effectively and efficiently manage services requires a special kind of leadership. Transformational leadership is a suitable choice for nursing because it promotes participation and empowerment and increases staff motivation.

There are several strategies in this leadership style that nurse managers can use to maintain or increase motivation, including creating a working environment that encourages employees to behave in a mature and creative way, enabling participation in decision-making processes, enhancing work environments by altering changes in practice to the jobs and tasks that support them, increasing workers’ empowerment, and offering a better quality of work-life balance.

Nurse managers should also consider developing junior staff’s leadership skills, particularly in situations where there are nurse shortages or where nurses are reluctant to undertake leadership roles. Leadership in nursing is critical to ensuring consistent standards across all aspects of care and building an environment for excellence.

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