Developing nurses’ transformational leadership skills

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Abstract
Healthcare is a complex area with significant potential for service improvement despite the effects of increasing economic and social pressures on the quality and safety of patient care. As the largest group of healthcare professionals in direct contact with patients, nurses are well positioned to contribute to improvements in healthcare services and to the development of new policies. To influence healthcare improvements and policies effectively, nurses require leadership skills. Historically, it was thought that only nurses in management roles required leadership skills; however, the ability to influence change is a requirement at all levels of clinical practice. Transformational leadership competencies provide nurses with the skills to contribute to improvements in the quality and safety of patient care, while enhancing their career satisfaction. This article examines how nurses can apply transformational leadership to their practice. It also informs nurses how to conduct an initial self-assessment of their leadership skills and to formulate a transformational leadership development plan.

Keywords
empowerment, leadership, patient safety, professional development, quality improvement, resilience, transformational leadership

Aims and intended learning outcomes
This article aims to explain the concept of transformational leadership and outline why it is important for nurses to develop effective leadership skills that they can use in their practice. After reading this article and completing the time out activities you should be able to:
» Identify the essential principles of transformational leadership.
» Apply the principles of transformational leadership to the nursing role.
» Assess your own transformational leadership skills.
» Formulate a personalised plan for developing your transformational leadership skills.

Relevance to The Code
Nurses are encouraged to apply the four themes of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives to their professional practice (Nursing and Midwifery Council (NMC) 2015). The themes are: Prioritise people, Practise effectively, Preserve safety, and Promote professionalism and trust. This article relates to The Code in the following ways:
» It outlines how transformational leadership can assist nurses to improve healthcare outcomes and patient safety. The Code states that nurses should work with colleagues to preserve the safety of those receiving care.
» The Code states that nurses should respect the skills, expertise and contributions of their colleagues, referring matters to them where appropriate. It is necessary for nurses to establish trust with colleagues when providing transformational leadership to improve clinical outcomes.
» It emphasises that nurses should take
every opportunity to admit mistakes, because this demonstrates to colleagues and patients that it is acceptable to be professionally vulnerable. The Code states that nurses should be open and candid with all service users about all aspects of their care and treatment, including when mistakes or harm have occurred.

The Code outlines that nurses must role model professional behaviour for students and newly qualified nurses. The theory of transformational leadership describes how the nurse can positively influence colleagues, patients and the organisational culture to improve patient safety and clinical outcomes.

Introduction

Leadership is important in the workplace. In healthcare services, leadership can influence patient outcomes through improved staff engagement, teamwork, communication and organisational culture (Wong et al 2013, Enwereuzor et al 2016). The behaviours and attributes that contribute to effective leadership, such as emotional intelligence, communication and collaboration, can exert a significant influence over individuals, motivating them to achieve levels of performance previously considered unattainable (Brady Germain and Cummings 2010).

Leadership skills are integral to the nursing profession, and nurses comprise the largest proportion of healthcare staff (Institute of Medicine 2009, Buchan et al 2015). Specifically, the development of nurses’ transformational leadership skills is vital if the potential of the nursing profession to improve patient safety and influence improvements in healthcare services is to be realised.

Historically, it was reasoned that leadership knowledge, skills and attributes were important to individuals in formal management positions only (Barker 1991). According to trait theory, leadership is an innate quality (Zaccaro 2007), and genetic attributes dictate an individual’s ability to succeed in a leadership role. However, evidence has demonstrated that leadership skills can be taught (Kleinman 2004), which in turn can have a positive effect on healthcare services, for instance learning the skills of transformational leadership can enable nurse managers to develop a committed nursing workforce (McGuire and Kennerly 2006). Evidence also emphasises the benefits that nursing leadership skills, such as developing improved teamwork and communication, can have on patient outcomes (Torangeau and McGilton 2004). However, evidence indicates that the development of leadership skills among nurses is inadequate, even for those in formal management positions (Macmillan-Finlayson 2010). Leadership skill development for nurses who are involved in direct patient care is limited. If healthcare services are to capitalise on the potential of nurses to transform the quality and safety of patient care, it is essential to develop the transformational leadership skills of all nurses.

Transformational leadership

The concept of ‘transforming leadership’ was introduced by Burns (1978), who suggested that leaders who demonstrate certain characteristics and behaviours can promote positive change among their colleagues. Bass and Avolio (2002) expanded on the work of Burns (1978), using the term ‘transformational leadership’. Transformational leadership has been defined as: ‘an integrative style of leadership as well as a set of competencies. The transformational leadership style is identified by an enthusiastic, emotionally mature, visionary and courageous life-long learner who inspires and motivates by empowering and developing followers. Competencies essential to the transformational leader include emotional intelligence, communication, collaboration, coaching, and mentoring’ (Fischer 2016).

Transformational leadership aims to improve an organisation by engaging and empowering its staff, and is based on the theory that leaders cannot achieve their goals without the assistance of their colleagues. The transformational leader will aim to support the development of their colleagues by capitalising on their
potential to improve the organisation’s outcomes (Kouzes and Posner 2007).

In contrast, other leadership styles, such as laissez-faire and transactional leadership, employ characteristics and behaviours that are not considered as effective as those used in transformational leadership (Burns 1978). For example, the laissez-faire leader is passive and employs a ‘hands-off’ style. While this can initially be regarded as empowering for staff, particularly when challenges develop, those working under a laissez-faire leader might be left to solve issues without guidance or support.

Transactional leadership involves the use of ‘contingent reward’ (Bass and Avolio 2002), in which the contract between an employee and employer depends on the performance of certain tasks in exchange for a reward, such as wages. Leaders who only intervene periodically in the functioning of an organisation are using the management-by-exception leadership style, a subset of transactional leadership. Staff members whose leaders employ laissez-faire and management-by-exception styles may remain uncertain if their supervisor will be actively engaged in the organisation’s processes or take a more supervisory approach. Often these leaders only engage with their colleagues following an error, thereby fostering a culture of fear rather than one of security among staff.

**TIME OUT 1**
Reflect on whether any of your colleagues display any of the characteristics of transactional, laissez-faire or transformational leadership. Which of their leadership behaviours do you appreciate or are effective, and which are not as effective?

**Full range of leadership model**
Bass and Avolio (2002) developed the full range of leadership model, based on Burns’ (1978) work, to describe how individuals and organisations can implement transformational leadership. The model outlines four elements of transformational leadership (Bass and Avolio 2002):

- Idealised influence.
- Inspirational motivation.
- Intellectual stimulation.
- Individualised consideration.

Figure 1 shows Bass and Avolio’s (2002) full range of leadership model and the effectiveness of the various elements and styles of leadership.

**Idealised influence**
Idealised influence concerns the leader acting as a role model for behaviour in the organisation. Nurses should serve as a role model for others, and have the potential for significant influence in healthcare services. There are opportunities for them to positively affect colleagues, patients and the organisational culture, for example by advocating for patients whose human rights are being compromised perhaps by being coerced into accepting a treatment they do not want. Often, it is this advocacy role that has attracted individuals to the nursing profession. However, contrary to the concept of idealised influence (Rooddehghan et al 2015), nurses’ initial positivity can be suppressed as they attempt to adapt to a traditionally hierarchical healthcare system. For nurses, the ability to remain positive and establish a foundation of trust with colleagues is necessary to achieve transformational outcomes.

**TIME OUT 2**
Reflect on your professional behaviour and the language you use with patients and colleagues. Does your attitude and the way you speak project positivity and optimism or negativity and pessimism? Ask yourself whether your behaviour has a positive or negative effect on your colleagues.

**Inspirational motivation**
Inspirational motivation concerns the leader articulating a vision for the future of the organisation, including improvements that could be made. For instance, the nurse who can visualise an improved healthcare service and can clearly communicate this vision to their colleagues, can be a significant influence for change. Similarly, nurses should support the ideas of colleagues, because innovations that can improve a healthcare organisation often originate from the staff themselves. Accountability is also crucial to transformational leadership; nurses who take responsibility for their
practice and have an emotional investment in patient care can inspire and motivate others to achieve positive outcomes (Shaffer et al 2011).

**Intellectual stimulation**

In intellectual stimulation, the leader challenges those around them to think innovatively and creatively. Nurses have an important role in ensuring healthcare settings develop an organisational culture that encourages staff to question why patient care is delivered in a certain way. Intellectual stimulation may encourage individuals who can have a significant influence on patient safety, including nurses, to voice their opinions and challenge the status quo, which is paramount to achieve improvements in patient care.

**Individualised consideration**

Individualised consideration concerns the leader demonstrating genuine concern for the needs and feelings of others. Many people in formal leadership or management positions may think that they guide the norms and behaviours of a group; however, it is often an informal leader who expresses concern for others, establishes the culture and specifies what is considered acceptable practice. For example, it is often an informal leader that staff look to for explanations of any changes announced by formal leaders or managers. Nurses who demonstrate individualised consideration can empower their colleagues and encourage them to contribute to the organisational culture in positive ways.

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**Figure 1. Full range of leadership model**

(Adapted from Bass and Avolio 2002)

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**KEY POINT**

Many people in formal leadership or management positions may think that they guide the norms and behaviours of a group; however, it is often an informal leader who expresses concern for others, establishes the culture and specifies what is considered acceptable practice.
Five practices of exemplary leadership model
Another model based on Burns’ (1978) work is Kouzes and Posner’s (2007) five practices of exemplary leadership, which detail the skills and abilities that encourage and support transformational leadership. They also developed ten commitments for effective leadership, which correspond to the five practices of exemplary leadership.

Table 1 outlines how these leadership practices and commitments can be applied to nursing.

**TIME OUT 3**
In an attempt to empower themselves, some people may take credit for others’ work or belittle their colleagues rather than support them. Reflect on whether this occurs in your workplace. Consider how you empower yourself and your colleagues. What knowledge or skills do you...

<table>
<thead>
<tr>
<th>Practices of exemplary leadership</th>
<th>Commitments for effective leadership</th>
<th>Application to nursing</th>
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</table>
| Model the way                     | » Find your voice by clarifying your personal values  
                                 » Set the example by aligning actions with shared values | The nurse can gain an understanding of how their patients and colleagues perceive them by developing their emotional intelligence. The nurse is encouraged to represent the changes they would like to action in their work environment, thereby inspiring their colleagues to behave similarly. It is important for nurses to understand how their personal values correspond with those of the healthcare organisation, and to discuss this frequently with their manager and colleagues. In this way, the nurse can become a role model for authenticity, developing a sense of congruence between their values and actions. This corresponds to ‘idealised influence’ in Bass and Avolio’s (2002) full range of leadership model. |
| Inspire a shared vision           | » Envision the future by imagining exciting and ennobling activities  
                                 » Enlist others in a common vision by appealing to shared aspirations | The nurse can cultivate team spirit, encouraging the involvement of their colleagues. The nurse is encouraged to envisage the ideal work environment for nurses and patients. They should discuss their ‘ideal future’ with colleagues and listen when colleagues express their ideal future work environment. This corresponds to ‘inspirational motivation’ in Bass and Avolio’s (2002) full range of leadership model. |
| Challenge the process            | » Search for opportunities by seeking innovative ways to change and improve  
                                 » Experiment and take risks by constantly generating ‘small wins’ and learning from mistakes | The nurse can respectfully question why tasks are performed in a certain way, particularly where the chosen process does not appear to be the optimum method. The nurse can generate ideas for improvement as well as volunteering to organise and implement tests of any new working practices. Nurses are ideally placed to suggest changes to any tasks in which they are involved. This corresponds to ‘intellectual stimulation’ in Bass and Avolio’s (2002) full range of leadership model. |
| Enable others to act             | » Foster collaboration by promoting cooperative goals and developing trust  
                                 » Strengthen others by sharing power and discretion | The nurse can encourage colleagues to participate in team decisions. This includes the nurse inviting colleagues who may be less confident to express their opinion. Also, this encourages the nurse to seek out colleagues who may have alternative ideas, as the nurse can learn from these. This corresponds to ‘individualised consideration’ in Bass and Avolio’s (2002) full range of leadership model. |
| Encourage the heart              | » Recognise contributions by showing appreciation for individual excellence  
                                 » Celebrate the values and victories by fostering a spirit of community | The nurse should regularly express their gratitude and respect for the work of their colleagues. Where possible, this encouragement should be provided in written form, because the nurse’s colleague can revisit it later for inspiration. A brief email describing the situation and the nurse’s perception of it, along with words of encouragement can positively reinforce effective behaviour. |

(Adapted from Kouzes and Posner 2007)
possess that could assist others to develop their abilities or skills?

**Transformational leadership in nursing practice**

Much of the evidence concerning transformational leadership in nursing has been conducted in the past decade. The benefits of transformational leadership in nursing include:

- Improved nurse performance (Brady-Germain and Cummings 2010).
- Improved psychological wellbeing among nurses (Munir et al 2012).
- Improved job satisfaction, recruitment and retention (Casida and Pinto-Zipp 2008).
- Service excellence (Formella and Rovin 2004).
- Improved patient safety (Hartmann et al 2009).
- Improved patient outcomes, such as increased patient satisfaction and reduced patient mortality, medication errors and hospital-associated infections (Wong et al 2013).

While specific research into the effect of transformational leadership on clinical nursing is limited, it is well-established that nurse empowerment is an important factor in achieving reliable performance and outcomes (Spence Laschinger and Leiter 2006). It has also been demonstrated that nurses who score highly in emotional intelligence tests exhibit improved performance and reduced burnout (Spano-Szekely et al 2016).

Emotional intelligence is a skill that can be developed by transformational leaders and can enhance professional relationships. Emotional intelligence can also improve nurses’ clinical assessment skills by enhancing their situational awareness (Renaud et al 2012), which enables them to identify patients’ feelings and respond in a sensitive manner (Goleman 1995).

**Applying transformational leadership to nursing practice**

One straightforward method that nurses can employ as part of implementing transformational leadership is to eliminate the words ‘I’, ‘me’ and ‘my’ from their interactions with patients and colleagues, unless they are admitting accountability for a mistake. For example, when a nurse says ‘my patient needs a medication review’, it gives the impression that any decisions about the patient’s care belong to that nurse alone, rather than also being the responsibility of the patient and the multidisciplinary team.

Nurses should also take every opportunity to admit to and apologise for mistakes. This demonstrates to colleagues that it is acceptable to be professionally vulnerable and establishes a sense of psychological safety in the multidisciplinary team (Edmondson 1999). It is also important for the nurse to regularly credit colleagues for their accomplishments. Integrity is an important tenet of transformational leadership and can be promoted by the nurse adhering to any promises made to colleagues and patients, for example making sure to check on a patient every hour if this was the agreement made with them. Transformational leadership also requires the nurse to abide by their principles even when this involves personal risk; for example, supporting a colleague who is being negatively discussed by other staff. This type of behaviour is important to the individual’s integrity and to that of the healthcare organisation.

Sharing knowledge is also an important factor in transformational leadership. Nurses should disseminate their skills and mentor their colleagues where appropriate, which will benefit the multidisciplinary team and patients by improving the overall competencies of staff.

Nurses can complete a transformational leadership questionnaire, such as that in Table 2, to identify their strengths and areas for development and use this information to formulate a personalised leadership development plan, such as that in Table 3.

**TIME OUT 4**

Complete the questionnaire shown in Table 2. After reflecting on your answers, identify an area of leadership you would like to develop, then answer the following questions to begin formulating a personalised leadership development plan:

- How will you implement any changes in behaviour?
**TABLE 2. Transformational leadership questionnaire**

Reflect on the workplace behaviours listed below. Tick ‘yes’ if you behave this way most of the time; ‘could improve’ if only occasionally; or ‘no’ if never. Answer as honestly as possible because the results are designed to guide your development plan.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Could Improve</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I actively engage with my colleagues at work?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Do I demonstrate commitment to my practice, my career, my role with my patients and colleagues?</td>
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<tr>
<td>Do I frequently think of more efficient ways to do things and follow these through by communicating my ideas with my colleagues and supervisors?</td>
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<tr>
<td>Do I look for people’s positive attributes, assuming the best intentions of others even when they behave in ways I do not understand or like?</td>
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<tr>
<td>Do I volunteer to undertake new tasks at work?</td>
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<tr>
<td>Do I admit when I am wrong or make a mistake, and offer an apology as soon as I can?</td>
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<tr>
<td>Do I encourage my colleagues to share their thoughts and ideas?</td>
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<tr>
<td>Do I share what I know with others when it is appropriate to do so?</td>
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<tr>
<td>Do I support my colleagues and my supervisors, both emotionally and by offering to provide assistance when I can?</td>
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<tr>
<td>Do I find ways to respectfully address others when a task is not going to plan or corrections need to be made?</td>
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<tr>
<td>Do I have a regular method of self-care that I prioritise and consistently adhere to?</td>
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<tr>
<td>Do I recognise and take action to prevent burnout when I witness ‘overcare’ or excessive concern about patients or colleagues?</td>
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</table>

**TABLE 3. Leadership development plan**

<table>
<thead>
<tr>
<th>Area for growth</th>
<th>What area do I want to improve?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>How will I know if I have improved?</td>
</tr>
<tr>
<td>Learning activity</td>
<td>What actions will I take to improve in this area? Who can support me with this?</td>
</tr>
<tr>
<td>Timeline</td>
<td>When will I re-evaluate my progress in this area?</td>
</tr>
</tbody>
</table>

**Sustainability**

Nursing can be an emotionally demanding profession, and can predispose nurses to emotional exhaustion and burnout (Kelly et al 2015). One third of nurses meet the criteria for burnout, which can result from continuous and repeated exposure to stressors such as patient suffering and can result in low concentration, loss of hope, exhaustion, irritability, absence of energy and emotional breakdown (Sacco et al 2015). While transformational leadership skills can reduce the risk of experiencing emotional exhaustion by increasing job satisfaction and promoting individual empowerment (Spano-Szekely et al 2016), it is important for nurses to develop a range of skills, such as self-care and increased resilience, to enable them to manage stressful situations and protect themselves against burnout.

There are several self-help programmes available online that aim to reduce stress and anxiety, and nurses can perform many of the techniques involved individually, such as heart rate variability monitoring. Researching stress-reducing techniques and practising them regularly is an important aspect of nurses’ leadership development. Only by practising self-care and developing their resilience can nurses become transformative leaders and optimise their influence on colleagues, patients and the healthcare environment.

In addition to developing the resilience that will enable them to sustain their own health and to practise effectively, nurses...
should remember that transformational leadership skills can take time to develop. Transformational leadership competencies such as idealised influence, inspirational motivation, intellectual stimulation, and individual consideration develop with practice and experience, and are most effective when the nurse reflects on them frequently over time (Oliverares 2008).

Conclusion
Nurses can have a pivotal role in influencing healthcare organisations and patient outcomes, and they have the potential to contribute to policy developments that can transform healthcare services. To realise this potential, it is essential for all nurses to develop transformational leadership skills. The benefits of using these leadership skills can extend beyond patients and local healthcare systems to positively influence the nursing profession itself. Nurses can also experience improved career satisfaction by developing transformational leadership skills.

TIME OUT 6
Nurses are encouraged to apply the four themes of The Code (NMC 2015) to their professional practice. Consider how the principles of transformational leadership relate to The Code.

TIME OUT 7
Now that you have completed the article you might like to write a reflective account as part of your revalidation.

References


RCNi Revalidation Study Days
Leave with part of your revalidation complete

RCNi is running Revalidation Study Days to explain the process in detail. Experts will take you through what to do, how and when.

**Taunton**
7 September 10am-4.30pm
Somerset County Cricket Club
www.regonline.com/revalidationtaunton

**Southampton**
19 September 10am-4.30pm
Double Tree by Hilton
www.regonline.com/revalidationsouthampton

**London**
26 October 10am-4.30pm
The Rembrandt Hotel, Kensington
www.regonline.com/revalidationlondon3

Places cost £115 +VAT. Refreshments and study day materials included. 10% Group discounts available for three or more bookings.
Transformational leadership
TEST YOUR KNOWLEDGE BY COMPLETING THIS SELF-ASSESSMENT QUESTIONNAIRE 907

1. Which of the following is not an attribute of effective leadership?
   a) Emotional intelligence  
   b) Communication  
   c) Collaboration  
   d) Self-interest  

2. To capitalise on the potential for nurses to improve patient outcomes, it is important to:
   a) Identify leadership qualities in one nurse per ward or unit only  
   b) Encourage nurses to adopt a paternalistic approach to care  
   c) Develop the transformational leadership skills of all nurses  
   d) Encourage nurses to adopt a hierarchical approach to leadership  

3. A transformative leader is:
   a) An enthusiastic and emotionally mature lifelong learner  
   b) An individual who relishes confrontation  
   c) Somebody who can make decisions without considering the consequences  
   d) An individual who likes to direct others  

4. As well as transformational leadership, other leadership styles include:
   a) Transactional leadership  
   b) Laissez-faire leadership  
   c) Management-by-exception  
   d) All of the above  

5. One category of the full range of leadership model is:
   a) Transference  
   b) Transactional analysis  
   c) Idealised influence  
   d) Respectful distance  

6. The leader who displays ‘inspirational motivation’ will seek to:
   a) Articulate a vision for the future of an organisation  
   b) Demand that colleagues follow their plan  
   c) Develop a prescriptive leadership style  
   d) Insist on promoting their vision, despite the concerns of colleagues  

7. Which statement is false?
   a) Leadership skills can be taught  
   b) Leadership is solely a genetic trait  
   c) Improving teamwork and communication can have a positive effect on patient outcomes  
   d) Leadership skills can have a positive effect on healthcare services  

8. One of the main benefits of transformational leadership in nursing is to:
   a) Issue organisation-wide directives  
   b) Allow nurses to make clinical decisions without consulting colleagues  
   c) Empower management staff only  
   d) Improve psychological well-being among nurses  

9. Transactional leadership involves:
   a) Continuous coaching  
   b) Contingent reward  
   c) No reward  
   d) Prioritising mentoring  

10. When applying transformational leadership to practice, nurses should:
    a) Remove the words ‘I’, ‘me’ and ‘my’ from their interactions with patients and colleagues  
    b) Work in isolation  
    c) Insist on being addressed by their professional title, for example ‘staff nurse’ or ‘consultant nurse’  
    d) Adopt a ‘hands off’ approach to decision-making  

How to complete this assessment
This self-assessment questionnaire will help you to test your knowledge. It comprises ten multiple choice questions that are broadly linked to the article starting on page 54. There is one correct answer to each question.

» You can test your subject knowledge by attempting the questions before reading the article, and then go back over them to see if you would answer any differently.

» You might like to read the article before trying the questions. The correct answers will be published in Nursing Standard on 30 August.

Subscribers making use of their RCNi Portfolio can complete this and other questionnaires online and save the result automatically.

Alternatively, you can cut out this page and add it to your professional portfolio. Don’t forget to record the amount of time taken to complete it.

You may want to write a reflective account based on what you have learned. Visit rcni.com/reflective-account

This self-assessment questionnaire was compiled by Jason Beckford-Ball

The answers to this questionnaire will be published on 30 August

Answers to SAQ 905 on patient safety, which appeared in the 2 August issue, are:

1. d 2. a 3. c 4. a 5. a 6. b 7. a 8. d 9. a 10. c