Nurses are potential leaders at every stage of their career, and the COVID-19 pandemic has highlighted the importance of effective leadership more than ever. An important component of many leadership courses is understanding the style of leader you are now and the type you may want to be in the future.

Many types of leadership can be found in nursing and the wider healthcare workforce, such as authentic, compassionate and transformational. So which category do you fall into – and which do you aspire to?

Erin Dean is a health writer

**Transformational leadership**

Transformational leadership is a popular approach in healthcare. According to leadership organisation Investors in People, transformational leaders:

» Are inspirational and charismatic.
» Focus on the needs of others, rather than themselves.
» Strive for culture change to drive improvement and performance.
» Build a compelling vision for the future, setting clear goals that stretch employees and recognise potential, as well as being positive about employee development.

» Encourage creativity, collaboration and the pursuit of excellence.

Studies in the healthcare sector have shown that transformational leadership is linked with improved staff satisfaction, team performance and organisational climate.

A King’s Fund evidence review into nursing leadership cited positive effects of transformational leadership in areas including work-life balance, staff well-being, positive nursing outcomes, patient safety, openness about errors, and patient and staff satisfaction.

King’s Fund senior consultant in leadership and organisational development Mark Patterson says: ‘Transformational leadership is about having a vision that includes your team in it – and that is powerful. ‘There are some caveats: it needs to not just be your vision but our vision, something for the whole team to aspire to.’

Mary Koloroutis is chief executive of Creative Health Care Management, an organisation based in the United States that works with healthcare organisations to improve quality, safety, patient experience and staff satisfaction.

She says transformational leaders have a ‘laser focus on the best possible patient care’. Such leaders use the best evidence to lead their team, working towards the highest standards of best practice.

‘Transformational leaders look for the best possible goals and outcomes, while holding their team in high regard and seeing them as part of the solution, rather than a means to an end. It is a particularly collegiate model and emphasises the importance of the caregiving team for the best possible results.

‘There is a collective ownership of the beliefs that underlie the team’s goals.’

Nurses who have this style of leadership tend to possess a certain level of confidence and can build trust within their team.

‘They can energise and support people, and they cultivate and develop early adopters of change,’ Ms Koloroutis says.

**Things a transformational leader might say**

» ‘Let’s collectively look at our work today. What approaches do you think will have the greatest impact for our patients or community?’

» ‘How should we define our success as a team?’

» ‘What actions could unblock this complex problem and who should take these actions?’
Autocratic leadership
This is traditional ‘top down’ leadership, with a strict hierarchy that does not allow people to speak out.

This type of leadership would have been widely seen in the NHS in the past, Mr Patterson says, but it has largely faded away as the health service has invested heavily in developing leadership skills.

‘This is old-style leadership, where the person who is the smartest one in the room tells everyone else what to do and they better do it or they will be in trouble,’ he adds.

‘Autocratic leaders work on the assumption that direction is the most important information exchange.’

This does not allow new ways of thinking, stifles innovation and fails to draw on other team members’ skills and expertise. However, while not favoured under current leadership approaches, this style can reappear when systems are under extreme pressure.

The autocratic style of control may have re-emerged at points during the COVID-19 pandemic, Mr Patterson says.

‘This isn’t always a bad thing, as there are times when you need someone to take control and make decisions that can save people’s lives, such as when something goes wrong in an operation.

‘You want someone to take control at that point,’ he adds.

Things an autocratic leader might say
» ‘Please do the drug round and do it this way’
» ‘Come and report to me when the dressing is done’
» ‘We don’t need to talk about activity X. Just complete your activity tracker and I’ll know it’s done’

Transactional leadership
Transactional leaders believe that focusing on and completing tasks is the best way to deliver care. It is a style that experts describe as being more about management than leadership.
Transactional leaders are motivated by goals and outcomes, Ms Koloroutis says. ‘They see the team as people who will work with them towards that end. ‘It doesn’t mean that they are not kind or open, or good clinicians, but what drives them is the results.’

This is not an effective way to run healthcare teams and is not inspirational, Mr Patterson says.

Transactional leaders focus more on actions and surface issues, and ask questions only to receive information. ‘There was a time where the beliefs behind this style were true, perhaps,’ he says.

‘When things were simpler, and nurses had fewer competing demands and more time and space to do the work that needed doing. But it is not good enough anymore.

‘The UK health sector is made up of many highly complex organisations working in volatile, changing contexts. ‘If you only focus on the task, the outcomes are often not what you would expect. You have to focus on the people as well as the task if you want to succeed.’

**Things a transactional leader might say**

- ‘We are going to be understaffed today and may need to work more quickly’
- ‘What’s left to do on shift today?’
- ‘How many people have been through the clinic today? Do we need to stay late to finish the list?’

**Relational leadership**

In this type of leadership, the leader is focused on their team and what makes them tick.

Relational leaders often want harmony within the team. While that can be a good thing, as having a healthy, happy group of staff is important, it can also have a negative side, Ms Koloroutis says.

‘There is a dark side, in that the aim to deliver the best possible patient care could be subjugated to the satisfaction of the team,’ she says.

‘If a leader ignores that evidence to keep their team happy, that would be an imbalance in relational leadership, where colleagues are put ahead of patient care.’

**Things a relational leader might say**

- ‘What makes you happy at work?’
- ‘How does it feel to be in this team?’
- ‘What keeps you engaged and focused?’

**Authentic leadership**

Authentic leadership is characterised by honesty, altruism, kindness, fairness, accountability and optimism. It is consistent with the values of providing high quality and compassionate patient care, according to the King’s Fund.

‘Authentic leadership is strong in nursing leadership at the moment,’ Mr Patterson says.

‘Nurses are on the front line and have to engage, collaborate, and create a rapport and understanding, and these are sophisticated skills that feed in well to authentic leadership.’

This approach emphasises the importance of a leader building legitimacy through honest relationships, valuing their team members’ contributions, and behaving ethically and transparently, a King’s Fund review says.

Trust then leads to engagement and improved individual and team performance.

One 2013 study found positive relationships between authentic leadership and managerial trust, working life, and patient outcomes.

Authentic leaders support and encourage nurse empowerment, and this leads to improvements in job performance.

‘Authentic leaders tend to look for the people they need to bring along with them who have the skills they need,’ Mr Patterson says.

‘It is a way of distributing power across an organisation to wherever it needs to be.’

**Loving leadership**

Ms Koloroutis has a similar category of leadership that she calls ‘loving leaders’.

The idea was developed by her organisation after hearing nurses describe how inspirational leaders often say they love their staff, their work and providing best practice.

‘We are not talking about love in a romantic sense, but about love as commitment to the amazing work of care giving.’

Loving leaders are natural mentors who are always thinking about the development of others and are happy for others to receive recognition, Ms Koloroutis says.

She has also found that this type of leader is comfortable with vulnerability, authenticity and humility. This means nurses can say if they are struggling, can be vulnerable, and know that action will be taken.

‘The message they give the team is that we are in this together,’ she says.
‘Nursing as a profession is ripe for this kind of leadership as nurses at their best are loving and compassionate carers to people,’ she says.

There are four practices that Ms Koloroutis has helped develop which support nurses to move towards loving leadership. (similar approaches are also used in authentic leadership):

» Attuning: Making an intentional connection with the other person.
» Wondering: A genuine interest or curiosity in the other person and relaxing preconceived ideas.
» Following: Listening closely and following cues they provide.
» Holding: Creating safety and building trust to encourage staff to take risks or move beyond their comfort zone.

Things an authentic or loving leader might say

» ‘This is a complex situation we are facing today and I’m not certain how best to address it. Let’s work through the options together.’
» ‘That was a tough shift for us all – what do we need to do to debrief from it?’

Heather Randle says: ‘It is about a holistic approach to leadership. It is about caring for our staff, genuinely checking in with them and providing well-being support.

‘It means that colleagues have the freedom to say, if they are finding it tough, that they are not ok, which can be difficult for nurses.’

Things a compassionate leader might say

» ‘How did we do? And how did I do as leader in that moment?’
» ‘When was the last time you had a break? And what do you need now?’
» ‘I’m curious about what you said in the team meeting and how you said it, can you tell me more?’

Compassionate leadership

Collective, inclusive and compassionate leaders listen to staff and arrive at a shared understanding of the challenges they face, empathising with and supporting them, rather than imposing decisions from the top down, according to the King’s Fund.

Compassionate leadership is an area that receives a great deal of focus on its leadership courses. RCN professional lead for education and primary care Heather Randle says: ‘It is about a holistic approach to leadership. It is about caring for our staff, genuinely checking in with them and providing well-being support.

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RCN professional lead for education and primary care Heather Randle says the college’s courses guide participants through different situations to help leaders discover more about themselves.

‘Some self-awareness is useful,’ she says. ‘We provide ideas and examples of what they may want to work towards and how they want to support patients and staff. It is also about figuring out how other people work.’

A combination of leadership styles on a team can be useful. Ms Randle says: ‘I’m quite a transformational leader, I look to the future. But I don’t tend to look at the detail. Someone who brings that to my team means we can complement each other’s skills.’

How do you develop your style of leadership?

Leadership experts say that styles are there to inform and guide nurses, rather than put them in a single box.

Nurses will often have elements of different styles and may use different approaches, depending on the situation and the people they are working with.

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