History of nursing reveals many nurses who have demonstrated leadership and innovation using intuition, experience, and practical knowledge to build the art and science of nursing. Nursing as a profession is people-oriented with emphasis on human values. With rapid changes in healthcare, leadership in nursing has acquired more importance than ever. Leadership ability is fundamental in influencing a group to achieve the stated vision and goals. In order to understand leadership, we need to first know the different ways in which the word leadership is used.

Meaning of Leadership

Researchers have studied leadership for decades, but experts still do not agree exactly on what constitutes leadership precisely. So to start with leadership, one needs to understand what it is. Marquis & Huston note that while “the term leader has been in use since the 1300s, the word leadership was not known in the English language until the first half of the 19th century.” Since then, lots have been written on ‘leadership’ and the ‘leader’. Yoderwise defines leadership as “the use of personal traits and personal power to constructively and ethically influence patients, family and others toward an end point vision or goal.” Gardner has defined leadership as “the process of persuasion and example by which an individual (or leadership team) induces a group to take action that is in accord with the leader’s purposes or shared purposes of all.” The Canadian Nurses Association describes leadership as “an ability to influence others”, which allows every nurse to be a leader regardless of position or title. Leadership has been defined as a multifaceted process of identifying a goal or target, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals.

From the above definition several common features seem to be central to the concept of leadership that can be enumerated as under:

- Leadership involves influence. Leadership is centred on how leaders themselves and through their followers produce change.
- Leadership is a dynamic interaction process involving the leader and the followers.
- A leader influences group of people towards the attainment of the common goal.
- Leadership is goal-directed and inspires others towards achieving the common goal or vision. Leadership has a purpose, the major one being to provide the highest quality of care to patients and families, to prevent disease, and to maintain health, even through periods of illness.
- Leadership exists at all levels. Everyone has the potential to be a leader. Northouse states, “all people have untapped leadership potential. Leadership is there in you.”
- Effective communication is the key to leadership.
- Leadership is related to the environment or context, which shapes it. It includes the vision, mission, objectives, goals, set of task roles and responsibilities, and also values and traditions.
- Leadership brings in accountability. Nurse leaders are accountable to the health care organisation in which they work and to the public at large.

Difference between Leadership & Management

Kotter emphasises that leadership and management are different. Leadership is concerned with setting a direction for change, developing a vision for the future, while management helps achieving these goals through the process of planning; budgeting and staffing etc. Management is concerned mainly with order and consistency, while leadership centres on change and movement. Management focuses on controlling complex processes whereas leadership is about challenging existing ways of doing things and setting new directions for organisations. According to Covey “Management is efficiency in climbing the ladder of success while leadership determines whether the ladder is leaning against the right wall.” Covey agreed that, while the managerial role is essential and performs a vital function, leadership must come first to make managing more effective. This view is supported by many researchers, asserting that yesterday’s methods do not work in the permanent white-water world, where managers traditionally manage within the system and focus on doing things according to the rule. Valiga Grossman pointed out that leaders and managers are two different types
of people. A leader is different from being a manager from the following categories: their point of views, goals, actions, motivation and the extent of their authority. According to Bennis & Manus, “managers are people who do things right, while leaders are people who do the right thing”.

**Types of Leadership**

**Formal and informal leadership**

A clear distinction between formal and informal leadership is based on the authority, which provides the individual different opportunities and constraints on exercising leadership. Heifetz defines authority as power conferred to perform a service. Authority is given and can be taken away. Further, authority is conferred as part of an exchange. Failure to meet the terms of exchange may lead to losing one’s authority. Formal leadership has authority while informal leadership is without authority. Both formal and informal leaderships exist in nursing. The Academy of Canadian Executive Nurses (ACEN) suggests that we need to move away from the traditional style of leadership (formal) towards new structures (informal leadership), where leaders see nurses as knowledgeable workers. Formal leaders must create an environment that allows nurses at all levels to exercise some degree of leadership.

**Direct and indirect leadership**

Proximity and interaction of the leader and follower tend to make a distinction between direct (also called near or local leadership) and indirect (or distant) leadership. Direct leadership is face to face leadership, which takes place at the front line as between the head nurse and the staff nurses in the unit. Direct leaders are likely to know the group better and influence and empower the staff. Indirect leadership is mainly exercised by chief executives, where the leader has an influence on others through the chain of command in organisation and the relationship is too distant to be based on actual interaction. It is not possible for indirect leaders to influence the group through direct interaction. The two types of leadership are not mutually exclusive. A person may act as a direct and indirect leader depending on the degree of face to face interaction.

**Individual and shared leadership**

Leaders have to understand, lead, shape, manage, and react to change with higher levels of uncertainty and risk than in the past. Leadership needs to be shared across team and organisation to achieve quality outcomes. Shared leadership is gaining importance now-a-days. Gronn has noted that shared leadership is particularly relevant to working in partnerships inside and outside the organisation. Shared leadership has been found to be more complicated and time consuming than vertical leadership, and is mainly deployed where the tasks are highly interdependent, highly complex and require creativity. Parry & Bryman have brought in a slightly different approach which is the ‘distributed leadership.’ Distributed leadership is based on the idea that leadership can be practiced at different levels of an organisation by decentralising and sharing knowledge and power. In healthcare organisation where innovation and change is required, distributed leadership by change agents throughout the organisation would be effective. ACEN advocates a shared leadership model, which is “…nurses leading nurses, nurses leading nursing practice and nurses leading client-centred, interdisciplinary teams”. Sharing leadership requires nurse executives and managers to ensure that the right environment and resources are available for direct care nurses to make the most of their own knowledge.

**Leadership Styles**

Leadership skills and abilities of nurse managers have long been recognised as making a critical contribution to the smooth operation of inpatient units and the success of hospitals. Their leadership role are increasingly gaining attention in relation to their contributions to staff attitudes and relationships. Some of the commonly used leadership styles are discussed below.

1. **Autocratic (authoritarian) leadership**

Autocratic leadership is extreme form of transactional leadership, where leaders have absolute power over their workers or team. Leaders dictate all the work methods and processes. Staff and team members have little opportunity to make suggestions. Group members are rarely trusted with decisions or important tasks. Autocratic leadership can be beneficial in some instances, such as when decisions need to be taken quickly without consulting a large group of people e.g. when there is a disaster or emergency situation. Under an autocratic leadership style, nurses in management positions are frequently under increased pressure to provide quality care. This type of leadership is not relished by the subordinates. Autocratic leadership usually leads to high levels of absenteeism.

2. **Bureaucratic leadership**

Bureaucratic leaders work “by the book” and assume that individuals are motivated by external forces, or organisational authority. Such leader does not trust self in decision-making and relies completely on the organisation’s policies and rules. They
follow rules and procedures rigorously and ensure that their staff does the same. This type of management is called “deontological,” and offers little help when rules or procedures do not precisely apply to current circumstances. This is a very appropriate style for work involving safety risks such as working in operation theatres, with toxic substances, or transplant units etc.

3. Charismatic leadership

A charismatic leadership style inspires lots of enthusiasm in the team. The charismatic leader has an inflated self-image that draws followers to them and their ideas, thus encouraging followers to serve the leader. This type of leader, when interacting with others, will lavish attention and make the recipient of this attention feel like they are the most important person at that time (Bass, 1990). Charismatic leaders inspire others and encourage them to be their best. The major pitfall of charismatic leaders is that they tend to believe more in themselves than in their teams, and this creates a risk that a project, or even an entire organisation, might collapse if the leader leaves. In the eyes of the followers, success is directly attributed to the charismatic leader. Charismatic leadership is great for short-term projects. Charisma has a magnetic quality and requires self-confidence. People who appear confident instill confidence in those around them. Another element of charisma is effective communication that starts with a strong and effective vocabulary, soft skills and body language.

4. Democratic (participative) leadership

In democratic leadership, also known as participative leadership, members of the group take a more participative role in the decision-making process. Researchers have found that this leadership style results in higher productivity, better contribution from group members and increased group morale. As group members are encouraged to share their thoughts, this not only increases job satisfaction by involving team members, but it also helps to develop people’s skills. Democratic leadership works best in situations where group members are skilled and eager to share their knowledge. However, in situations where roles are unclear or in emergency situations, democratic leadership can lead to communication failures and uncompleted work. In some cases when group members may not have necessary knowledge or expertise to make quality contributions to the decision-making process, democratic leadership would be dangerous.

5. Laissez-faire (delegative) leadership

This French phrase means “leave it be”; it is used to describe leaders who leave their team members to work on their own. Laissez faire leadership indicates an absence of leadership. Under this leadership style, decisions are not made, actions are not carried out, and responsibilities are ignored (Gardner, 1990). There is no significant purposeful interaction between the leader and employees. This leadership is ineffective in promoting purposeful interaction and contributes to the organisation’s demise. It can be effective if the leader monitors what’s being achieved and communicates this back to the team regularly. Most often, laissez-faire leadership is effective when individual team members are very experienced and skilled self-starters.

6. Servant leadership

The term servant leadership was created by Robert Greenleaf in the 1970s, and describes a leader who is often not formally recognised as such. When someone, at any level within an organisation, leads simply by meeting the needs of the team, he or she is described as a “servant leader.” Servant leader’s motivations are to serve his/her followers instead of being served themselves (Syque, 2007). This type of leader can be seen as soft because they focus on listening and empathising.

In many ways, servant leadership is a form of democratic leadership, because the whole team tends to be involved in decision making. Supporters of the servant leadership model suggest that it is an important way to move ahead in a world where values are increasingly important, and where servant leaders achieve power on the basis of their values and ideals.

7. Situational leadership

Hersey & Blanchard (1988) developed the Situational Leadership Model to help leaders adapt their behaviours to meet the demands of their particular situation. Situation leadership theory assumes that the best action to be taken by a leader depends on the situation. The leader should also be able to adapt the style according to the situation. These leaders define the work and the roles required, put structures in place, plan, organise, and monitor. However, because task-oriented leaders don’t tend to think much about the well-being of their teams, this approach can suffer many of the flaws of autocratic leadership, with difficulties in motivating and retaining staff. On the other hand people-oriented leadership or relations-oriented leadership is a participative style, and it tends to encourage good teamwork and creative collaboration. In practice, most leaders use both task-oriented and people-oriented styles of leadership. Hersey & Blanchard (1988) further classified these styles into four distinct categories of directive and supportive behaviours that he
identified as telling, selling, participating and delegating.

8. Transactional leadership
In transactional leadership the focus is on supervision, organisation and group performance. It is based on a system of reward and punishment. When employees are successful they are rewarded and when employees fail they are reprimanded or punished. The “transaction” is usually the organisation paying the team members in return for their effort and compliance. The leader has a right to “punish” team members if their work doesn’t meet the predetermined standard. It has serious limitations for knowledge-based or creative work. Team members can do little to improve their job satisfaction under transactional leadership. The leader could give team members some control of their income/reward by using incentives that encourage even higher standards or greater productivity. A transactional leader could take corrective action if the required standards are not met.

9. Transformational leadership
Based on the work of James MacGregor Burns involving historical leaders, transformational leadership theory is specifically concerned with the identification of a type of leadership in which leaders inspire and motivate followers to a higher moral level. Transformational leadership inspires commitment to achieve the vision of a preferred future, “The goal of transformational leadership is to ‘transform’ people and organisations in a literal sense, to change them in mind and heart, enlarge vision, insight and understanding; clarify purpose, make behaviours congruent with beliefs, principles or values, bring about changes that are permanent, self-perpetuating and momentum-building” Covey (2009). Nursing’s preferred future in the twenty-first century and beyond would be to look towards a new group of leaders who are facilitators and who can help to humanise the workplace. In today’s health care environment, transformational leaders move beyond the management of transaction to motivate performance beyond expectations by influencing one’s attitudes. Transformational leadership - defined as shaping and enabling change - is critical to nursing because it can help change the views and health behaviours of individuals and families as well as the cultures of organisations.

Conclusion
We often say that we need leadership. But what kind of leadership does the nursing profession need? While the transformational leadership approach is often highly effective, there is no one “right” way to lead or manage that fits all situations. The key to leadership is to establish trust and to balance the needs of the organisation against the needs of your team. Good leaders often switch between styles according to the situation. In order to choose the most effective approach for yourself, you may consider the following:

- The skill levels and experience of your team.
- The work involved (routine, or new and creative, emergency or critical).
- The organisational environment (stable or radically changing, conservative or adventurous, power).
- Your own preferred or natural style.

References