Leadership Theories

LEADERSHIP THEORIES THAT MAKE A DIFFERENCE

GOALS

1. Define leadership and theory.
2. Recognize qualities that make a good leader.
3. Differentiate between selected leadership theories and their application.
4. Integrate into leadership practice a workable theory for the selection and evaluation of a nurse leader.
5. Support leadership decisions by referring to an appropriate and specific leadership theory.
6. Differentiate between the nurse administrator and nurse leader role.
7. Present varied decision-making processes.

KEY WORDS FOR APPLICATION

1. Theory
2. Leadership
3. Situational Theory
4. Contingency Theory
5. Great Man Theory
6. Charismatic Theory
7. Trait Theory
8. Behavioral Theory
9. Positive Intent Theory
10. Universal Power of Number three (3) Theory (rule of three)
11. Operant Conditioning
12. Tasks vs. Relationships
13. Leadership Management
14. Positive Psychology
15. Intellectual Leadership
16. Bloom's Taxonomy—Cognitive, Psychomotor, Affective Domains
17. Job Description
18. Nurse Administrator (DON)
19. Nurse Leader (RN)

ATTENTION: EVEN THOUGH THIS DOCUMENT OFTEN REFERS TO NURSING ADMINISTRATORS(DON) TO BE LEADERS TO INCORPORATE THESE LEADERSHIP/MANAGEMENT THEORIES ON BEHALF OF NURSE LEADERS (RNs), IT IS ACCEPTED THAT ALL LICENSED NURSES (REGARDLESS OF THEIR TITLES—DON OR RN) ARE CONSIDERED LEADERS. USE THE TITLES AS IT RELATES TO LEADERS BETWEEN NURSE ADMINISTRATORS (DON) AND/OR NURSE LEADERS (RN) INTERCHANGEABLY AS IS APPROPRIATE. AND, IF YOU ARE NOT A NURSE—THE THEORIES STILL APPLY TO YOUR ACTIONS AND DECISIONS AS A LEADER IN A FACILITY OR ORGANIZATION! SO THERE! – READ ON!

My Stories of Leadership Attempts: (Non-examples)

1. Walking into a number of facilities and asking for the "leader" has produced many outcomes for this author. The first one had a leader "out to lunch" literally at 10:00 a.m., another had a leader that was "unavailable" and the third made it verbally known she was the "leader-of-the-day." Another young lady with a twinkle in her eye asked ME the question, "I have been here the longest, does that make me a leader?" Nothing seemed to mimic what I know as the perfect leader description! They (supposed "leaders") were in all situations and questionable locations—some sure of their respective role and some "lollygagging" along in hopes they were doing the job!

2. I was a customer in a business a few days ago and found that the person who never seems to work (per my observation), had an unacceptable out-of-control hairdo, was taking breaks for smoking (too frequently per my observation) and was seen by this author to put forth his personal bodily fluids on the business sidewalk (YUK) was placed in a management position. "COME ON! (I SAID TO MYSELF)—WHAT THE @#$%." Example of proper and responsible behavior as an employee?--I THINK NOT! Good example for other employees—NO WAY! Is this employer enforcing requirements of personal appearance and expected on-job behavior---NO!! POOR LEADERSHIP!!

   After four (4) years, I am still seeing this same person do the same things. Yes, he is still taking advantage of the system. Isn't there a leader smart enough to call him on this persistent behavior? As you probably suspected, I said my concern to the store manager (couldn't help myself!) The response was, "Oh, help is so hard to get now-a-days." No—not that hard, I mumbled to myself! The common sense rule is that the leader just has to be a leader and hold employees accountable for the job they were hired to do and for which they are monetarily reimbursed. If it is that hard for the so-called leader to do, the so-called leader should not be the leader! ----Right?

3. Last week I made a call to a health care corporation's CEO office to ask about a legitimate management concern. A sweet young sounding girl answered the phone. She made it clear that she knew who I was and, "What did I want!" When I explained my concern to her she sounded angry and like she was reading a "canned" statement of directions which included a statement that my concern would be noted. She was curt sounding, demeaning in her comments, sounded like she was mocking me, and in closing she sounded condescending. There was no thanking for the call. Wow—what a way to represent a health care facility—and especially as a representative for a CEO! Suggestion: If you have a person answering the phone for you or your office, do a test! Have someone call and ask a special and appropriate request. Perhaps, record the response. Does she/he represent you the way you want to be represented? Is this person answering the phone attentive to the message, responsive to the content, and in closing the conversation make the caller feel he/she has been heard and appreciated for the efforts expended? As a leader (and for your own good) be careful who represents you/your office on the phone. They are an extension of YOU. Maybe a list of your expected responses and a

required written record of the call contents would be helpful. Guess what—I, probably, will never call that office again—for any reason!

So—I said to myself—where shall we begin? It is time for nurses to better understand this masterful role of "a leader," so we will start at the beginning. We have to pry the depths of the *common leadership role* and then apply theoretical knowledge to sort out the specific role a nurse administrator and his/her relationship to the expectations of a nurse leader. The following provides, (with a nod to Paul Harvey), "the rest of the story."

DEFINITION AND PURPOSE/GOAL OF LEADERSHIP

The definition of leadership is the organizing of employees to achieve goals through direction and guidance. It is the careful orchestration of positive and different employee talents and factions under specific circumstances. A nurse administrator (Director of Nursing-DON) is responsible for determining the job assignment(s)/job description of a nurse leader (RN). OK--Some nurse leaders just have a given propensity to be natural leaders of other less directed nurse leaders. However, remember that as a nurse administrator, it is imperative that you think carefully about your assignments! The outcome of your decisions will determine the outcome of lives. Know how and why you do as you do—know when to involve others in decision-making and, conversely, when to manage others (telling others what to do!)—like the management of nurse leaders according to the minimal job expectations stated on a job description. Example: In emergency cases of life and death, you might have to manage the situation by telling others exactly what to do and when to do it. In determining a leadership tactic for a non-urgent situation for which group consensus will produce an outcome of group compliance, a group meeting for problem-solving and group consensus is probably the best leadership choice.

Nurse Leadership as a nurse administrator (DON) or nurse leader (RN) is a process with *consequences* for every behavior. It is dynamic, ongoing, and requires leading by *example* and an investment continually in relationships with others. It requires valuing human relationships and knowing that RELATIONSHIPS MATTER!

Therefore, the nurse administrator and nurse leader's goal and purpose require being authentic, having integrity, building trust, and being supportive of every employee as he/she performs the pre-determined minimum job description requirements. All leaders (nursing administrators or nurse leaders) are to be good listeners, be a positive example, be required to keep his/her word, and be trustworthy. Does it sound like perfection? Well---all most!

Some nurse administrators are required to abide by the facility's/organization's requirement or policy for personal interviews to determine new leaders. It is expected that there is an attempt to show on paper a democratic choice in hiring. That approach can be desirable; however, you and I know that often it is a façade—that often the choice has already been made and the time and human resources for interviews are often just allocated to meet a facility/organizational policy. More often than not, the position is passed on to an in-house employee, and this decision is sometimes supported by a policy of hiring "in-house." This is known as a "hiring entrapment" for a potential employee who arrives for an expected legitimate interview! Furthermore, it removes from the hiring process the expected

intellectual and democratic hiring process. *Often, a more superior potential employee is lost in the pretentious interview.*

Leadership requires that the degree of reasonable administrative policies of a facility/organization be considered for their expected unbiased and democratic purpose, rather than merely providing evidence of unreasonable and hidden policy compliance. Yes, this is what effective nursing administrative leaders do—they challenge the unreasonableness of corporate behaviors that could diminish, in any way, the quality of health care.

Sometimes seems that a nurse administrator (DON), being a supposed leader who is hiring a new and absolutely effective-appearing nurse leader, has a fear that a new and qualified nurse could "take my job." What it <u>really</u> says is that the leader (existing nurse administrator) is *not a leader* and he/she *feels inadequate* with his/her own effective leadership and management skills.

Know this---there will always be other people who can do your job as a nurse administrator (DON) or nurse leader (RN); however, your *expertise* (as a nurse administrator) is finding employees who can do *specific* jobs as stated on a job description and under your leadership and management as a nurse administrator. Also, if you *cannot* identify and attract these outside experts/nurses for specific employment without almost always going to friends, family, or in-house staff, you are not a leader! Furthermore, you might have and might support a nepotism enmeshment—and that exposes leadership weakness!

When a nurse administrator and (as required) a hiring committee hires from outside the facility (i.e. not an employee), it does take more leadership time and effort to teach systems and, as in a management effort, expected job requirements as stated on a job description. Be not afraid to identify minimum job description expectations as a part of an interview or job description. Also, you as the nurse administrator, show your prowess by explaining the theory or theories that govern your leadership behavior. Oh, my—and there are many theories!

It is past time to learn to be a knowledgeable leader if you are known as the nurse administrator (DON). Know theory related to *your* job!! Know that *your* skills, if you are academically and theoretically knowledgeable and in tune with the human needs of other employees, will make you the "King/Queen of the Hill." Listen to others and their input for hiring, if you must. But know this-- Y**<u>ou are accountable for your leadership and hiring decisions</u>.** The nurse leaders you interview are smart enough to recognize strengths and weaknesses in your leadership skills and the efficacy of the employee hiring process. Know who you are, what you represent, your theoretical knowledge, and have a plan for your success as a nurse administrator. It takes time, you will sometimes fail, you will sometimes succeed.

> *The heights of great men/women were not attained in sudden flight but they while their companions slept were toiling upward in the night! Henry Wadsworth Longfellow*

MAKING LEADERSHIP THEORIES WORK

Ever since the great philosophers existed in hundreds of years BC, there is an interest in the reasons that define a great leader. It was, also, recognized that people, in general, need someone to direct them and keep them on the path toward the ultimate goal. That seemed reasonable and was acceptable to be enough until the studies of the 1940 and 1950 era, at which time leadership theories became the basis of *rational substantiated leadership choices*. These theories support successful and positive implementation of the leadership role through understanding and fearless implementation.

As you read these several theories, think as to how you can use a selected theory—or maybe more than one. Some nurse administrators have said, "I don't like to pigeon-hole my employees." So—some leaders will just lead (so we observe) by the "seat-of-their-pants." (Now—we know what that means, don't we?!) It means they are not choosing to know how to be a *professional nurse administrator and accountable for <u>logical</u> decisions.* However, by categorically determining where each employee is performing (or has the potential of performing) you can, as a nurse administrator, be more certain that your behavior toward each employee and their individual job-related behaviors will encourage employee's success. Keep in mind that when each nurse leader (RN) is successful, the nurse administrator (DON) is considered to be TREMENDOUSLY SUCCESSFUL!

The following theories are founded in basic life and intellectual understanding by the most outstanding minds of our times. It is like an "AH HA" light coming on that our subconscious always knew, but our reality did not take the intellectual effort to admit and understand. I do not want to imply that such intellectual effort to understand or use identified theories is easy—I only mean to say that *it is worth it!* Such effort to apply theoretical concepts, as a nurse administrator (DON), can be taxing to the passive and over-empathetic mind and sometimes that empathic effort causes the spirit to tire. If you are such a leader, know this—you are not alone with your challenge. The theorists have known your challenge for many years and have willingly shared their understanding of legitimate intellectual ways to enable your intellectual thinking success. Such knowledge and effective use of theoretical concepts allows you, as a nurse administrator, to support your decisions, help others, teach them to better understand human behaviors, and will give a professional credence to your behaviors. Hallelujah---a nurse administrator now has a systematic and logical road-map to difficult leadership employee decisions!

Again--Knowing these theories will provide the nurse administrator (DON) a basis of understanding for recognizing behaviors of nurse leaders (RNs) that increase or decrease nurse leader success. It provides the nurse administrator a basis for intellectual employment considerations and proven methods for support of effective decisions and actions as well as methods to make necessary changes.

TRANSACTIONAL LEADERSHIP THEORY:

This "leadership" is more of a management style. It means that when a person is hired there is an agreement (job description) to obey the leader for effort, compliance, and reimbursement. It is also the right of the facility/organization to "punish" the employee when their work does not meet the expected standard(s).

As a leader, always be concerned about possible litigation, however. There might be times when it is wise to have an attorney present when verbally reprimanding or terminating employment. It always behooves the leader to inform the employee in a timely manner of inadequacies that do not meet the expected standard(s). Be sure to always keep a written record of *acceptable and unacceptable* behaviors, indicating date, what you did about it, and the outcome. If the job behavior is positive, tell the employee. Positive reinforcement of recognized expected or exceptional behavior will encourage MORE positive behavior.

The good part about Transactional Leadership is that there is a strict clarification of the roles and responsibilities of the job. Telling the employee in writing the means of judging and minimal expectations is very important. If you do not tell an employee this information and have them sign a statement as to what you have told them, you do not have a firm understanding to ward off any legal complaints. The best way to accomplish this clarification is to have a finite and signed job description.

The unfortunate part about Transactional Leadership is that it does not give much room for creativity. Job satisfaction for the inventive and creative individual does not usually exist and can lead to high staff turnover.

Transactional leadership involves controlling, reacting to problems, minimizing risks, concern with today's rules, and getting the job done through stated expectations.

TRANSFORMATIONAL LEADERSHIP THEORY

In the provision of health care, there is occasionally a need for change. This could mean that a nurse leader needs to learn new skills and knowledge in a new nursing situation. There are times when cross-training is necessary and it accommodates the ever-changing situations of entropy--a universal ever-changing happening that moves everything toward randomness, unless controlled. The transformation will require a mentor, preceptor, teacher, advisor, and coaching.

A Nurse Residency Program is often used to support change within the facility/organization. For each change process that occurs during transformational leadership, there is an acceptable basic process. The process choice is determined by many variables related to time, need for accuracy, and any other outstanding variables related to the job.

In the late 1940 and early 1950, there were at least three (3) studies that added an interesting twist to the identification of a leader. The researchers found and agreed that the qualities of a leader are individual, and that an individual might be excellent in one leadership position and not-so-good in another leadership position. For the person who reviews the qualifications of a person to be placed in a specific leadership role, it is not a consideration of across-the-board leadership qualities, it is a consideration of what *exactly what needs to be done* and who has the personal qualities to get that specific job done! So, over time nurse leaders do emerge relative to excellence in specific tasks and health care commitment. Once these new talents are evident, and nursing abilities increase, a new found skill/ability would warrant a transformational change in their nurse leader responsibilities.

Transformational Leadership involves a leadership change and proactivity to solve problems. It requires a transformation to change and improve health care.

YE OLD NATURE VS. NURTURE QUESTION TO DETERMINE A LEADER

The great historical question has always been: "Are leaders born or become leaders because of their personal acquired traits or behavior?" This relates to the old "Nature versus Nurture" question. Initially, considering both these avenues of possibilities, the research to help answer this question involved exploration of the employee's personal qualities of:

1. Intelligence
2. Adjustment
3. Extraversion
4. Conscientiousness
5. Openness to Experience
6. General Self Efficacy

In 2007, S. J. Zaccaro (psychologist) recognized that the above traits were valid; however, they were not enough to effectively determine true leadership qualities. His statement reflects that the following characteristics/traits were valid, as stated above. In addition, he added the following:

1. Cognitive Abilities
2. Motives and Values
3. Social Skills
4. Expertise and Problem Solving Skills
5. Integration of Multiple Attributes
6. Attributes that are Malleable over a Period of Time and are Shaped by Situational Influences
7. Stability of Behavioral Diversity

From the consideration of Nature versus Nurture qualities of mankind, some theorists acquired their own personal theories. Note that some are related to the belief of the NATURE theory and some are related to the belief of the NURTURE theory. Explore the abilities and behavior of nurse leaders under your direction. Can you identify which theory best fits each of your employees? Better still—which theory do you believe is the most accurate—A LEADER IS BORN AND NOT MADE OR A LEADER IS MADE AND NOT BORN? **READ ON-----**

GREAT MAN THEORY/CHARISMATIC THEORY (Thomas Carlyle, historian, writer and Herbert Spencer, sociologist, philosopher, and political theorist—1800s)

BELIEF: A LEADER IS BORN AND NOT MADE! (<u>NATURE</u>, NOT NURTURE)

Theories, in general, have their origin as an outcome of historical observation. This theory originated and has been observed since the 19th century. Some men women over several centuries have found their place in history as "GREAT". Some examples are Abraham Lincoln, Mahatma Gandhi, and Alexander the Great. Clara Barton (founder of the Red Cross) and Florence Nightingale (founder of modern nursing) are examples of nursing in-born greatness. These people produced divine inspiration (probably forever) that has influenced social conditions in a positive manner.

Today, some facilities/organizations have historical pictures of "great" employees on their wall for the purpose of inspiration to other employees. There are people that will forever be known as charismatic that meet the definition of greatness. Your recognition as a nurse administrator of obvious in-born nurse leader potential for greatness or recognition of charismatic leadership behavior(s) is a validation of the Great Man Theory.

TRAIT THEORY (Dr. Gordon Allport, psychologist—1900s)

BELIEF: A LEADER IS BORN AND NOT MADE! (NATURE, NOT NURTURE)

Retrospective in history, Dr. Allport claimed that leader qualities were in-born. This theory says that people are who they consistently represent themselves to be! For example, when a person is kind—they are (for the most part) usually kind. When a person is mean—they are (for the most part) usually mean. There is a pervasive pattern of behavior/trait (good or bad) that is consistent and usually stable in their relationships with others. A nurse leader with personal in-born positive traits will usually show adaptability to situations, cooperativeness, decisiveness, self-confidence, and an ability to tolerate stress.

Task traits versus relationship traits could be applied to the Trait Theory. For example: If you believe in the Trait Theory, then you understand that naturally in-born high performing relationship-oriented nurse leaders often have relationship traits to care for sensitive or grieving patients and families. They, also, often are liked by others and more likely to encourage positive work responses in other nurse leaders and supportive staff. Conversely, in-born high performing task-oriented nurse leaders are often known for systematic organizing, performing intricate processes and finite details. They will often stay on task to get a job done in a given amount of time.

Keep in mind that teaching high task behaviors to nurse leaders with high relationship behaviors is considered, usually, to be easier than trying to teach nurse leaders with high task performance behaviors. To find a nurse leader with high in-born relationship abilities *and* high task abilities is an exceptional finding—but not impossible!

Think about the times you, as a nurse administrator, are (or will be) expected to watch the nurse leaders to determine a specific tendency toward high tasks or high relationships as a personal trait! If you cannot or have not done that—now is past time to learn those skills! Choosing a nurse leader to do a specific job according to obvious traits is a skill! Your choice of a certain nurse leader to do a specific assignment related to tasks *or* relationships (like, maybe, representing the facility/organization at a conference) is according to a theory that says IT ALL DEPENDS—and it often depends on personal traits. (See Situational and Contingency Theories)

Be smart in your employment choices according to obvious traits! You never want another person to say as an outcome of a nurse administrator's inappropriate job placement of a nurse leader resulting in a negative patient, family, or relationship with another nurse associate outcome that they (and not you) were aware of personal negative trait(s) that would naturally cause the observed problem. In other words, the message would be, "I told you so!"

BEHAVIORAL THEORY (J.B. Watson, psychologist and B.F. Skinner, psychologist—1900s)

BELIEF: A LEADER IS MADE AND NOT BORN! (NURTURE, NOT NATURE)

Historically, this theory followed the Trait Theory. It described a nurse leader in terms of behaviors *instead of existing personal traits*. Everyone has an opportunity to be a great leader is the message—*you just have to learn how to do it!* It, also, involves a form of psychotherapy to modify disagreeable job-related behavior. Consequently, the nurse leader ultimately performs leadership by improving his/her personal mental well-being and job-related skills. The therapy is most useful as an adjunct to improving or positively modifying nurse behaviors.

Extensive use the of Behavioral Theory in an extensive manner is probably more expensive, time-taking, and a risky approach than to have a nurse leader that has at least some in-born job-related traits for a nurse leader assignment. Sometimes this associated on-the-job behavior training results in questionable success. Psychology reminds us that people will eventually continue to do what has historically worked for them. Therefore, to learn and change behaviors for a long period of time is a challenge.

This is not to imply a nurse leader (RN) cannot learn to become an effective nurse leader in some cases. This does imply, however, that during the process of learning and practicing how to be a successful and effective nurse leader in his/her new role assignment, errors of judgement might result in staff confusion, disorientation, and process repetitive changes that cause more time than desired to be functionally effective.

If you choose this theory as a nurse administrator and as the primary basis out of choice or need, please be gentle with a nurse leader seeking to learn intricate details of their job assignment related to their job description. This approach takes time and patience for a nurse to often learn the hard-way! Always adjust job descriptions (minimal expectations) that thoroughly and completely represent new changes in the new nurse leader assignment.

Ineffective and inaccurate nurse leader (RN) decisions during the learning process can leave lasting harmful effects and consequences—meaning help and persistent monitoring are necessary by the nurse administrator! Determining a nurse leader to undergo the teaching process related to Behavioral Theory will, also, require a consideration of personal traits to produce job description success.

Know this—in the long-run, every nurse administrator (DON) has the potential of making judgement errors regarding potential and successful nurse leaders. Oh well—just be contrite enough to realize your nurse administrator job assignment errors. Move forward, then, and learn to make adjustments and new more accurate decisions, accordingly.

FYI: Each job description behavior should start with a verb. The three domains are cognitive, psychomotor, and affective (feelings and attitude). The accurate verb (minimum) performance expectation) per each behavior in each domain can be selected by accessing a list of possible verbs available on a "Bloom's Taxonomy" website. The accurate verb (maximum performance expectation)

per each behavior in each domain is usually used in academic course behavioral expectations for successful course completion and are listed in course syllabi.

POSITIVE REINFORCEMENT (B.J. Skinner)

Skinner is the father of behavior modification known as positive reinforcement. His theory requires a positive response from a leader given as a response to positive job-related behavior. Basically, the negative behavior (comparatively speaking) is overlooked, if possible. Responding highly to positive job-related behavior will have a tendency to increase positive behavior.

Due to using this technique, there have been research reports over the last 20 years that state a 17% increase in productivity by employees. It is a simple and economical way to increase productivity and show concern for people/employees. Large corporations such as 3M and Frito-Lay (and many others) have used this method to increase productivity.

POSITIVE INTENT THEORY

The Negative Past Influence--

In our lifetime, it sometimes feels that other people do not have the best intentions. We often tell and teach our children to be careful of others, as they or others might not have their best interest at heart. At work, we hope others have our best interest in mind, as often we must trust their support and decisions. Yes, and there are times when each of us have been betrayed or misled causing pain and hurt. As an outcome, it is often difficult to take anything at face value.

When others cause us to experience negative events, the memories are painful. Some examples might be a divorce, accessing finances, and others taking positive credit when the credit should be ours. With all of these negative happenings of betrayal, bad outcomes occur, it becomes hard to recognize the good memories, and the positive experiences and memories are mixed into the painful memories. *The bad was so strong, it is now difficult to remember the good.* The psychologist, Roy Baumeister said it clearly—"The Bad IS stronger than the good!"

Looking for the Good--

A "bad" part of our thinking comes through when we actually see someone who is innocent and nice, but we see them as less competent than ourselves. Laurel Hamilton, a novelist, said "Never trust people who smile constantly, they're either selling something or not very bright." These down-trodden thoughts are the enemy for our own self-destruction.

The outcome of such negativity is supported by research. In the work place, it has been shown that many employees are fearful to speak up for the purpose of improving work relationships. They are concerned that their contributions will be ill received. Therefore, it is important for leaders to listen to the input of others and assume *the best in others*. Better still, make opportunities for an employee to "speak up." If it is done as a group process, other employees will recognize leader support and the

leader's willingness to listen, and maybe make changes according to the employee's recommendation(s).

Research suggests that when we perceive someone as innocent and nice, we tend to view that person as less competent. We (ourselves) tend to avoid being recognized as a "nice person" at all costs—for we believe we are competent! Be nice anyway and prove them wrong!

Negative conflict is difficult but often inevitable in our work lives. Professor Chris Argyris of Harvard Business School recognizes that discord in the work place refers to the "Ladder of Inference". That is, people intentionally while climbing an organizational employee hierarchy ladder have a tendency to take in neutral information and assume bad intentions from the information. These inferences result in less favorable beliefs and bad behavior.

If you receive an ambiguous email from a coworker for which you have a history of a turbulent relationship, it is likely you (as a leader) would act defensively. Research supports the fact that emails are usually interpreted more negatively than the writer intended them to be. The CEO of PepsiCo says the best piece of leadership advice she has ever received was, "ASSUME POSITIVE INTENT."

With our positive leadership behaviors there is an ability to influence others. Influencing others is a crucial job skill for a leader. Just by thinking that others are capable of positive change, we are more likely to advance our own views and make positive change. When we believe another person's behavior and beliefs are fixed, we have a tendency to not try to change their beliefs. It is true, employees are usually either more task or relationship oriented; however, there is always a possibility for whatever change that needs to occur to improve a work situation. This means, however, it is important to support employees consistently, as there is a tendency to slide into past negative behaviors if not positively reinforced.

If a leader can systematically incorporate into his/her leadership behaviors an indication of a positive intent attitude and an ability to trust others, there is an increase in positive measurable attributes in employees. Those attributes range from job performance to commitment to the team. (University researcher Jason Colquitt and colleagues).

SITUATIONAL AND CONTINGENCY THEORIES

Lewin's Situational Theory was a not-so-agreeable response to the Trait Theory. These social scientists believed no single profile of a leader exists! The theory states, "What and how an individual does when acting as a leader is in large part dependent on characteristics of the situation in which he/she functions." The synthesis of Trait Theory and Situational/Contingency Theory began to merge as Lewin was concerned with determining which leadership style works best in certain situations. It supports the theory ***"It All Depends."*** This theory demands that the leader not be confined to one way of leadership, but take into consideration the many variables that need to be considered before making a leadership-style decision. Lewin believed each of the following three leadership styles should be used in the following circumstances—thus, the leadership style is *contingent on a situation*. (I love and use this theory!)

1. Authoritarian/Autocratic-- This leadership style as identified by Lewin is an extreme form of Transactional Leadership. The leadership style gives the leader complete power. Few suggestions are accepted by employees—regardless of the situation. It is incredibly efficient. Decisions are made quickly and by the leader. It is highly efficient in situations where work is done in a routine skilled or unskilled manner. It works well where there is a crisis and where quick decisions without dissent are necessary to sustain life or circumstance. It allows and requires a focus on a specific task. A negative outcome of this leadership approach is that some employees become resentful causing a high level of absenteeism and job turnover.

2. Democratic-- This is used best in consensus-building with employees through collaboration, participation, and opinion-seeking. There is an equal vote of opinion in the workplace. It is an excellent leadership style because it will provide solutions to a problem through problem-solving and decision-making if the employees have the required expertise. A negative outcome of this leadership approach is that it takes more time to make a decision, as nurses need to contemplate their response, explain their decision, and allow time for other employees to understand their response and rationale.

3. Laissez-faire: The meaning is "allow to pass" or "leave it be." It is a non-authoritarian hands-off theory, which allows employees to be on their own devices to excel. It means that the leader intervenes only when necessary, and even then, with the least amount of control. It works best when there is open communication and clear standards to follow. This works best when you want to provide a degree of employee freedom. A negative outcome of this leadership approach is that it can be perceived by some employees as leadership failure. It requires leaders to take more time to monitor processes, and it requires a considerable degree of employee trust.

MORE NEWLY ACCEPTED SITUATIONAL AND CONTINGENCY THEORIES

Following are other new theories that have been added to the known Situational and Contingency Theories. The theories selected for this additional review are known as the Fiedler Contingency Model, Vroom-Yetton Decision Model, and the Hershey Blanchard Model/Theory. These following three theories are based on *tasks and relationships.*

1. Fiedler Contingency Model: Sometimes this is called "Situational Contingency." The theory says that there are two different types of leaders. One leader gets the job done by developing good relations (relationship oriented) and the other gets the job done by being primarily concerned with tasks (task-oriented). They are both considered "good leaders"—but the important consideration is whether the specific orientation of the leader *fits the job situation*.

2. Vroom-Yetton (and others) Decision Model: They developed a Decision Model where leadership styles were determined by situation variables. It is very specific in its approach and offers a leader a more specific and sophisticated way to make decisions. The uniqueness of this theory took into consideration that a leader can rely on the group

decision-making process, if he/she decides. It provides a very thorough way to solve a problem as it considers many contingencies. The complete Decision Model is too large for this document; however, for a leader who needs specific and thorough guidance on making a decision and perhaps has to *validate his/her decision* to others, it will provide excellent guidance. (A replica of the exact Decision Table which shows the same content in a table format is located at: sofia.whalen3.org/Choice/Social/Vroom Table.pdf)

**Guidance and use regarding the categories of the Decision Table are as follows: (*to be used in conjunction with the situational factors in the next category following this table of five categories)*

A1 The leader takes information and makes the decision.

A2 The leader gets information from followers and decides alone.

C1 The leader shares problem with followers individually, listen to ideas, and then makes a decision.

C2 The leader shares problem with followers as a group, listens, then decides on his/her own.

G2 The leader shares problem with followers as a group and seeks and accepts group consensus.

**To help you, as the nurse administrator (DON), decide which one to use of the above five categories to solve a problem, consider the following combinations:

A1 and A2 are BEST when decision quality is important and followers possess useful information.

G2 is INAPPROPRIATE when a leader sees decision-making as important, but followers do not see the importance of decision-making.

G2 is BEST when decision quality is important, problem is unstructured, leader lacks information or skill to make the decision alone.

A1 and A2 are INAPPROPRIATE when decision acceptance is important and followers are unlikely to accept an autocratic decision.

A1, A2, C1 are INAPPROPRIATE when acceptance is important but followers are likely to disagree with one another—usually because they do not give an opportunity for differences to be resolved.

G2 is BEST when decision quality is not important, but decision acceptance is critical.

G2 is BEST when decision quality is important, all agree with this, and the decision is not likely to result from an autocratic decision.

**Special note if working with groups: Since the above theory has an option to work with groups, it is important to remember that a group usually makes more *extreme decisions than an individual member*. Whether this is good or bad/better or worse should always be a concern before a nurse administrator (DON) actually uses a group as a decision-making body. Also, it is best to have both genders in the group. The perspectives of males and females add a unique and needed dimension to the final decision. It also seems to work best to have each group member write down the personal perspective on the problem/situation to be addressed at the meeting BEFORE the group discussion occurs. That information should be retained by the group leader for reference during the group meeting, as group

dynamics often cloud and change the personal input of each member on a given subject as they listen to each other regarding a topic.

3. Hershey-Blanchard Model/Theory: This model is concerned with "maturity." This could involve a person or group. If there is no "match" using this model, there is a greater change of leadership *failure.*

Hershey is a professor and author of *Situational Leadership*. Blanchard is the author of *The One-Minute Manager.* Both books have been used extensively in higher education courses on leadership and management. They (Hershey and Blanchard) believed there should to be a consideration of both task and relationship maturity abilities of the leader. It is a process of recognizing the existing level of maturity of each employee with their known leadership style. This combination of maturity level and leadership style would help to determine the most appropriate leader for a given situation.

**Following are the two categorizations of maturity and leadership style. Combining the two, as indicated, (task maturity and leadership styles) helps to give the leader the most effective total leadership style (behavior) to get a specific job done.

Task Maturity Levels—

M1 Employee lacks knowledge, skills, and confidence to work on his/her own or needs pushing to accomplish the task.

M2 Employee is willing to work on the task, but does not have the skills to be successful.

M3 Employee is willing to help with a task; however, he/she has more skills than M2.

M4 Employee works on his/her own. There is high confidence and strong skills committed to the task.

Leadership Styles—

Telling (known as S-1)
Selling (known as S-2)
Participating (known as S-3)
Delegating (known as S-4)

**Combining (Mapping) Maturity Levels and Leadership Styles—

M1 – S1 (Telling-Directing because of low task maturity)
M2 -- S2 (Selling-Coaching because of medium task maturity)
M3 -- S3 (Participating-Supporting because of high task maturity)
M4 – S4 (Delegating -Because of high task maturity)

OPERANT CONDITIONING (B.F. Skinner, Psychologist—1900s)

Operant Conditioning (Instrumental Conditioning) is a learning process through which the strength of a behavior is modified and reinforced through reward or punishment. Nurse administrators (DON), also, should know that employees/people, by their very human nature, most often and ultimately do what works for them and that an employee's past behavior will usually predict future behaviors. Being employed should mean an employee is expected to behave in a manner that works to meet the

philosophy, goals, and objectives of the facility/organization. A nursing administrator's role is to constantly monitor performance of job description expectations in order to reinforce positive behavior and correct immediately negative behaviors.

Chastising needs to be in private and immediate post observation or reporting—the sooner the better. Culminate the chastising with an example of positive behavior that would be acceptable. It is often too late for productive positive change if this confrontation waits until the next job description evaluation or sometime in the future when it is considered to be convenient. Just imagine the reinforcement of negative behavior *repetitive opportunities* that would reinforce the negative behavior(s) or add collateral additional misbehavior due to a prolonged time before counseling from a nurse administrator! Such statements of required improved behavior change(s) followed by a positive expectation to counteract the negative behavior should be incorporated into the nurse's job description and signed or initialed by the confronted nurse leader.

If you want to better see what goes on (positive or negative) try the concept of "Beneficial Uncertainty." This means you appear in unexpected situations (times and places) when you, as a nurse administrator, are not expected or required to be present.

As an effective nurse administrator, always have the ability to state to a nurse leader the consequences of not stopping the identified negative behavior(s). On the gentler side be objectivity, try to see things through the nurse leader's eyes and, then, help this nurse leader to move on to more positive behaviors that will support better outcomes. This balancing act of fairness, firmness, and objectivity is the way of a true leader—isn't it?! Yes, you have a tough job—but you, as a nurse administrator, were identified to (hopefully) have the intellect and theoretical knowledge to do this!!

ATTRIBUTION THEORY (Fiske and Taylor, Heider, Jones & Davis—1900s)

As a nurse administrator observing or hearing of a situation, you would arrive at a causal explanation of the event(s). We all try to make sense of our world. So—we try to see the cause and effect of relationships. There is a question related to an internal cause (dispositional) versus an external cause (situational). For instance:

The Dispositional Attribution assigns a behavior to a nurse leader's internal characteristics—not an external force.
The Situational Attribution assigns behavior to a situation or event outside a person's control—not an internal characteristic.

Jones and Davis realized that people pay attention to <u>intentional behavior</u> more than accidental or unthinking behavior. As a nurse administrator, ask yourself WHY the behavior of a nurse leader occurred, if it has happened in the past, and what will occur as it continues to happen—and it will continue to happen unless stopped. Did he/she choose to do what he/she did (Dispositional Attribution) OR was the behavior outside of the nurse leader's control—maybe caused by another person or another nurse leader? (Situational Attribution). This thinking process pushes evaluation of each happening to a more intellectual and different level. Once you identify which attribution is "in

play" you, as a nurse administrator, can better determine the source of the problem and make choices of counseling or, maybe, job description changes that will improve future employment behaviors.

UNIVERSAL POWER OF THE NUMBER THREE (3) THEORY (LAW OF THREE)

The following three (3) nurse administrator (DON) leadership expectations are supported by the Universal Power of the Number Three Theory. Consider the number of three (3) in our lives! Some are related to math, science, religion, biblical stories, poems, stories, philosophy, astronomy, art, and the very makeup of our genes—e.g. The trilogy, triangle, Three Little Pigs, Three Musketeers, waltz, three wisemen with their three gifts, Orion's Belt, past-present-future, the "third eye", and yesterday-today-tomorrow (and that is certainly not all!) Nurse administrators, also, have three expected powers when performing administrative behaviors.

RESPOND TO NEGATIVE & POSITIVE BEHAVIORS
PROVIDE JOB IMPROVEMENT INFORMATION
SUPPORT POSITIVE CHANGE

MANAGERIAL GRID MODEL BEHAVIORS AND STYLE (Blake and Mouton—1964)

The Managerial Grid Model by Blake and Mouton in 1964 provides a means of *graphically* determining an employee's two types of leadership style (results/production and people relationships). These two dimensions on the same Managerial Grid Model (one *horizontal for results* and one *vertical for people* concerns) could provide a leader an ongoing documentation of existing, improvement, or decline of job description compliance/performance. It is possible to use such a model for having employees do peer evaluations, also. (Read the following considerations for using peer review.)

A further explanation of the two Managerial Grid Model behaviors/styles is--

Concern for Results/Production: This involves the degree of a nurse leader's emphasis on concrete objectives and goals, efficiency, and high productivity to accomplish a goal or task.

Concern for People/Relationships: This involves the degree of an employee's (including leaders) emphasis on team members, their interests, and their personal abilities to accomplish a goal or task.

Identify the style title of each employee (including yourself as a nurse administrator) according to the degree of each two Managerial Grid Model behaviors/styles of (1) Low to High Results/Productivity (use graph horizontally) and (2) Low to High People (use graph vertically). Apply the degree of task/productivity and people abilities (low to high on each) on the pictorial graph representing the Blake Mouton Managerial Model. Remember to consider the horizontal and vertical red areas on the graph and that the graph is divided into four sections. An explanation of each style is represented as follows—

Country Club Style (Low Results/High People): The leader is mostly concerned with the needs and feelings of the employees/others. Country Club Management is considered low for results and concern for people is considered high.

Team Style (High Results/High People): This is known to be the "the best managerial style." Team Management is considered high for results and concern for people is considered high. The leader incorporates management/leadership skills into his/her leadership abilities to encourage employees to have a stake in facility/organizational success. The outcome is high employee/leader satisfaction, trust, respect, and high results.

Middle of the Road Style (Medium Results/Medium People): This might appear to be the "the best managerial style" by some employees/leaders. Middle of the Road Management is considered medium for results and medium in concern for people. However, there is a compromise in both results and people concerns. The employee/leader ends up with just an average performance in both results and concern for people. Where an employee/leader thinks this is acceptable, it is not optimal performance.

Impoverished Style (Low Results/Low People): The employee/leader is mostly ineffective. Impoverished Management is considered low for results and low in concern for people.
There is no desire to create systems to get results and no desire to encourage a satisfying and motivating environment for employees/leaders. There is a prevailing dissatisfaction and disharmony between employees/leaders.

Authority Compliance Style: Leaders act in an authoritarian (autocratic) manner known as "Produce or Perish" Management. Authority Compliance Style is considered high in results and low in concern for people. Leaders believe an employee's needs are not important in relationship to efficiency and productivity. Strict and unreasonable enforcement of rules, policies, and procedures are accompanied with punishment as an outcome of noncompliance.

HIGH	**Country Club Style**	**Team Style**
	(Low Results—High People)	**(High Results—High People)**
	Middle of the Road Style	
LOW	**Impoverished Style**	**Authority-Compliance Style**
	(Low Results—Low People)	**(High Results—Low People)**

< CONCERN FOR RESULTS >

< CONCERN FOR PEOPLE >

ADDITIONAL SUGGESTIONS IN ASSESSING THE STYLE OF LEADERS USING THE MANAGERIAL MODEL BY BLAKE AND MOUTON

As previous stated, the two graphs (horizontally and vertical) using the same description as stated above and on the graph are often used to assess each potential *employee or existing employee's job behavior compliance*. This initial assessment is usually accomplished by the interviewing or reviewing process upon employment (as well as a previously scheduled future job description compliance evaluation.)

In preparation of the questions to be asked of each *potential* employee, it is important to prepare direct and specific questions to help determine the probable current placement of the potential employee on the Blake Mouton Model. The job description that has been previously determined before the hiring of a new employee should also establish the desired degree of expected results/production and the expected concern for people henceforth after hiring.

The positive "marriage" of the job description and the Blake Mouton Managerial Model provides a firm and legal accounting of job expectation and compliance that will give the leader direction as to continued, termination, or reassignment of each employee within the facility/organization on an ongoing basis post the job description evaluation.

Never underestimate the power of using such an objective job assessment and compliance tool. Your power comes with intellectual knowledge and documentation of job *compliance* on a pre-established job description *not* from off-the-cuff subjective thoughts and decisions. The follow-through with the requirement of having each employee perform self-evaluation followed by leader evaluation and, then, a verbal conference between both the employee and leader at the end to support the mutual congruence of job compliance is the hallmark of leadership professionalism.

A word of caution when considering the use of peer evaluations: In some facilities/organizations, peer review cannot effectively be used. The reason is that employees (in selected situations) cannot be trusted to provide objective evaluations of other employees who are in competition for job-related levels/hierarchy promotions.

THEORETICAL MODEL MODIFICATIONS

Just because Blake and Mouton used five different style names (see above) to represent a combination of the two graphs (results and people) this does not mean a nurse administrator cannot use a much simpler modified approach. How about just using two linear graphs (results and people) separately to score employees? That means, forget about the fancy style titles, do a simple linear graph of each style for each employee. Then, add a separate numeric scoring to each graph that will accommodate the circling and/or date to determine job compliance or lack of compliance for each employee at that point in time. Be sure and add a space for your nurse administrator comment that provides the rationale for the score. This ongoing information followed by signatures and a date could be a part of an employee's file.

Example

Date

Concern for Results_____ **/ / /**

1 2 3 4 5 6 7 8 9 10

Rationale for Score_____ **/ / /**

Concern for People_____ **/ / /**

1 2 3 4 5 6 7 8 9 10

Rationale for Score_____ **/ / /**

Use the Managerial Model or the modified model as a helpful tool, but know that the contents are not a forever truth for any employee at every job description evaluation—because skills and abilities are always changing according to the concept of universal entropy (nothing ever stays the same). Hopefully, there is improvement in tasks/production and people skills.

SELF-FULFILLING PROPHECY

A quote from the new book by Adam Grant called GIVE AND TAKE tells us that there was an exhaustive analysis of seventeen different studies with nearly three thousand employees in a wide range of work organizations of all kinds. Overall, when leaders were randomly assigned to see employees as "bloomers," employees "bloomed." Therefore, it concluded that these interventions "can have a fairly large effect on performance."

Grant encourages leaders to "recognize this possible power and influence" by:

1. Having a genuine interest and belief in the potential of employees…and
2. Engaging in actions that promote the "blooming" belief. This increases others' motivation, effort, and potential.

ASSESSING YOURSELF AND OTHERS

If you can understand how a true leader operates, you will be able to better assess yourself and improve your leadership skills. Think of some thoughts or behaviors you have experienced within yourself and place yourself on the Blake Mouton Managerial Model according to the style you exhibit. By applying the concepts to yourself you will be able to better apply them to other leaders and employees. Chances are—you can improve on your leadership style. Perhaps you need to improve your willingness and ability to problem-solve, your effectiveness in communication, clarity in scheduling, or overseeing project process and production. All of the time, remember leaders should be aiming for a *high score* in both Concern for Results and Concern for People.

PANDORA'S JAR/BOX EFFECT

In historical classical mythology, Zeus gave a jar/box to Pandora, the first woman. He told Pandora to not open the jar, for if she did she would unleash all sorts of evils that would afflict mankind. She opened the jar and out came many problems that were not expected. However, by unlocking the jar it made the problems known—therefore, the price of opening the jar was "awareness" of all bad things.

Nurse Administrators (DON)have an obligation to open Pandora's jar/box (sort of speak) and take in what you might not want to hear or know. That is, listen, ask questions, get opinions, elicit suggestions, hear complaints, biases, concerns, and even anger from employees, and become more aware of all things within the facility/organization—***bad and good***. This means being active with employees. Through this process, the leader better understands the most effective theory to apply to make effective leadership decisions. Even after collecting all of this information, it will sometimes take more form while the leader is sleeping or meditating. Sleeping or meditating (a time of diminished stimuli) often opens more fully the jar/box of complete awareness as "aha" thoughts arise and the web of understanding employee behaviors begin to unfold. Then, you realize that this is your mission, as a leader, to recognize and understand the "things" that make each employee unique and of value. These are the qualities (good or bad) that make up the many parts of a business/organization. These qualities will inform an astute leader to help employees excel. This epiphany (along with intuitive thought) provides the basis of leadership theory application.

THESE THEORIES, ALSO, PROVIDE INFORMATION AS A BASIS OF DOCUMENTED LEADERSHIP DECISIONS IN CASE OF A LEGAL CHALLENGE.

CRITICAL THINKING QUESTIONS

1. What leadership qualities do you plan to bring to your role as a nurse leader?
2. What is the "nature vs. nurture" concept and how do you plan to use that concept?
3. What leadership theory do you plan to incorporate into a possible role as a nurse administrator (DON)?
4. Why is it important to respond to positive and negative behaviors?
5. Where would you go for a resource on writing a job description?
6. Why is documentation important?
7. Why is having a theoretical model important?
8. What chastisement methods do you plan to incorporate in your leadership style?
9. What considerations will you use when you need to make a decision?
10. What is the theory related to the concept of "it all depends?"
11. Under what circumstances would you manage or lead nurses as a nurse administrator? (DON)
12. What is the concept and use of "Beneficial Uncertainty?"

RECOMMENDED READINGS

New Beginnings: Turning Over a New Leaf -- by this author ("Sister" document)
Job Descriptions -- by this author

Intuition -- by this author
en.wikipedia.org/WIKI/Kurt Lewin
en.wikipedia.org/wiki/Situational Leadership Theory
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Brighide M., and others: Development of a model of situational leadership in residential care for older people, Journal of Nursing Management, Nov 2011, Vol. 19 Issue 8.
Davis, M., and others: Gap Analysis: synergies and opportunities for effective nursing leadership, Nursing Economics, Jan/Feb 2014.