THEORIES: THE BASIS FOR LEADERSHIP DECISIONS (PART II)

A NURSE ADMINISTRATOR'S GUIDE TO SUCCESS!

RECAP OF PART I THEORETICAL LEADERSHIP PRINCIPLES & DEFINITIONS:

1. Definition of a Theory: A set of principles providing a basis for nurse administrator behaviors.
2. Leadership Theory: A body of administrative principles/theories related to leadership behaviors.
3. Positive Psychology Theory: A reinforcement of positive behaviors with the intension of encouraging future positive behaviors. (A component of Operant Conditioning)
4. Situational and Contingency Theories: The "IT ALL DEPENDS" theories. These theories support the nurse administrator's job subjective decision(s) related to the nurse leader's ability to perform nursing tasks and people relationships. It, also, encompasses the nurse administrator's decision/choice to perform a "leader" or a "manager" role in selected situations. (Remember: Management is telling/informing nurse leaders what to do or what is expected--e.g. job description. Leadership is involving nurse leaders or selected others in decision-making and/or related nursing activities.
5. Nurse Administrator: Usually known as a Director of Nursing (DON).
6. Nurse Leader: Usually known as a Registered Nurse.
7. Job Description: A formal written and signed accounting of a nurse leader's *minimal* responsibilities and/or behaviors for which he/she is held accountable in order to maintain a specific job assignment.
8. Bloom's Taxonomy: A list of verb choices to be used to write each job expectation as stated in a formal job description. There are three domains—cognitive, psychomotor, and affective (feelings and attitude.) Usually, *minimal expectation* verbs are used for job descriptions; whereas, *moderate to maximum expectation* verbs are used for academic course syllabi. Minimal and maximum verb choices are available on-line.

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!

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!

This theory says that people really 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 positive traits will usually show adaptability to a situation, 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, and often will 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 with high in-born relationship abilities *and* high task abilities is an exceptional finding—but, not impossible!

Think about the times you, as a nursing 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 job related to tasks or relationships is according to a theory that says IT ALL DEPENDS—and it often depends on personal traits! (Remember Situation 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 nursing administrator's *inappropriate* job placement of a nurse leader resulting in a *negative* patient or family situation that they (and not you) were aware of the negative traits that caused a problem.

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

BELIEF: A LEADER IS MADE AND NOT BORN!

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.

Use of the 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-behavioral 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 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 in judgement might result in staff confusion, disorientation, and process repetitive changes that cause more time than desired and 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 to often learn the hard-way! Always adjust job descriptions (*minimum expectations*) that thoroughly and completely represent new changes in their new nurse leader assignment.

Ineffective and inaccurate nurse leader 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 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 make adjustments and new more accurate decisions, accordingly.

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

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. Nursing administrators, 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 nursing 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.

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!!

UNIVERSAL POWER OF THE NUMBER THREE (3) THEORY

The following three (3) nursing administrator leadership expectations are supported by the Universal Power of the Number Three (3) 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 make-up 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!) Therefore, nursing administrators, also, have three expected powers when performing administrative behaviors.

(1) <u>RESPOND</u> TO NEGATIVE & POSITIVE BEHAVIORS (2) <u>PROVIDE</u> IMPROVEMENT INFORMATION

(3) <u>SUPPORT</u> POSITIVE CHANGE

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