



THEORIES: THE BASIS FOR LEADERSHIP DECISIONS

(PART I)

GOAL

To state methods of leadership success

KEYWORDS FOR APPLICATION

Leadership Theories
Positive Psychology
Leadership versus Management
Tasks versus Relationships
Situational Theory
Contingency Theory
Intellectual Leadership

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 different employee talents and factions under specific circumstances. The “leader” may or may not be a formal assignment, as some employees have a given propensity to be natural leaders.

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

The leader’s purpose/goal is to be authentic, have integrity, build trust, and support every employee as he/she performs the pre-determined minimum expectations stated on their job description. The leader is to be a good listener, be a positive example, be required to keep his/her word, and be trustworthy. If it sounds like perfection—well, all most!

As you read these theories, think about how you can use each theory. Some leaders will say, “I don’t like to pigeon-hole my employees” when determining employees’ tasks and relationship abilities. So—some leaders will attempt to lead (some people say and observe) by the “seat-of-their-pants.” It means that leaders are not choosing to be professional leaders and accountable for their logical decisions by applying known and proven leadership theories. By determining how each employee is performing (or has the potential of performing), you can, as a leader, be more certain that a leader’s behavior and decisions regarding each unique employee will encourage employee success. Consequently, there is an improvement in nursing care. Keep in mind that when each employee is successful, YOU ARE TREMENDOUSLY SUCCESSFUL AS A LEADER!

The following theories are founded in basic life and intellectual understanding by our times’ most outstanding minds. 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 academic or behavioral attempt to use an identified theory is easy—I only mean to say that it is worth it! Such effort to apply theoretical concepts 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 know your challenge and willingly share their understanding of the basic ways to enable your success!

POSITIVE PSYCHOLOGY

(Related to Martin Seligman and his focus on positive psychology)

Leadership is a process with *consequences* for every leadership behavior. It is dynamic, ongoing, and requires a leader to lead by *example* and invest continually in positive working relationships with others. It means providing positive (rather than negative) verbal and other supportive feedback. Rewarding positive behaviors with positive verbal comments and recognition for excellent nursing care encourages more positive nursing behaviors. It requires that the leader value positive human relationships and know that POSITIVE RELATIONSHIPS MATTER!

There are situations where negative incompetent behaviors of nursing employees have been witnessed. The leader might not have had the personal leadership strength to confront the incompetent or inappropriate behavior which compromised nursing care. Unfortunately, even the voices of other nursing employees continued to remain quiet.

Henceforth, all forthright and dedicated nurses to high-quality nursing care will be allowed and encouraged to appropriately voice their concerns for the betterment of improved nursing care. Be not afraid to recognize negative aspects of nursing care! It is only by knowing negative nursing care that provides the impetus to know, recognize, teach, and support positive nursing care. This recognition of “a problem” will allow the leader to practice the successful theory of POSITIVE PSYCHOLOGY.

Oh, the leader might say, “We have to accept what we can get! Good help is so hard to get nowadays!” The rule is that the leader has to be a leader and hold all nursing employees accountable for the job they are hired to do per their minimal requirements on the job description and for which they are monetarily reimbursed. Good help (and improved help) is an outcome of positive support and perhaps education relative to any expected nursing behavior.

Know this—there are always nurses who can do a leadership job! However, it is the knowledge of using positive reinforcement leadership behaviors that result in positive nursing care outcomes.

LEADERSHIP VS. MANAGEMENT—IT ALL DEPENDS

(Related to Paul Hershey & Ken Blanchard—Situational Theory)

(Related to Fred Fiedler--Contingency Theory)

A true leader knows the difference between *leadership* and *management* and knows when to use one or the other.

Leadership means involving others in decision-making

Management means telling others specifically what to do and holding them accountable

Prepared and pre-determined job descriptions (not involving employees) are a management style/technique because the job description tells a nurse about the leader’s expected *minimal* behavior by the nurse. Giving specific verbal directions to nursing staff during emergencies is a management style/technique for the specified correct manner, sequence, and timeframe. Conversely, having nursing employees share concerns and determine resolutions and a mutual plan is a leadership style. One is not better than the other—they are *different* due to required/expected outcomes. The choice of a leader’s behavior (leadership behaviors or management behaviors) is a part of the theory of “IT ALL DEPENDS.”

TASKS VS. RELATIONSHIPS

(Related to “Just Common Sense” Theory)

(Related to Situational Theory and Contingency Theory)

Nurses are all different in their abilities. Some are high (or lacking) in task/doing abilities. And, others are high (or lacking) in relationship/people abilities. It does not take a leader long to determine to what extent each nurse has task ability and relationship ability—if you pay close attention, that is. Nurses with high on-task abilities do their required manual performance quickly and often as an outcome of doing the task repetitively and frequently. Sometimes, their relationship abilities might be less. Nurses with high relationship abilities do their required interaction performance personally by connecting

emotionally with patients, clients, residents, co-workers, and families with overt kindness, empathy, and an obvious caring attitude. Sometimes, their task abilities might be less. It is a real “treasure” if you find a nurse that can perform a high level of both task and relationship abilities.

The integration of the theory mentioned above of IT ALL DEPENDS will tell a leader the nurse’s ability/suitability/acceptability for the specific nursing job and tasks the nurse performs.

You tell me as you review your staffing situation—Do all high task ability/low relationship ability nursing staff members meet the nursing care needs of the area in which nurses are expected to perform? Conversely, do all high relationship/low task ability nursing staff members meet the nursing care needs of the area in which these nurses are expected to perform? Suppose a leader is aware of what natural tendency each nurse possesses. In that case, the leader can make opportunities and scheduling adjustments that allow each nurse to perform their best in their scheduled employment situation.

What I am saying is this—Every nurse is different—as every human being is different. To add to or change overt human abilities might be possible to some extent; however, the leader deals with a person’s life of behaviors that cannot be fully redirected, just possibly magnified or augmented. There is a psychological understanding that people (even nurses) do what works for them. Whatever they have found to work best for them (task or relationship skills) in their life, they will most likely continue to do in the future—even in their work situation.

As a leader, pay attention to the differences of task and relationship abilities. Do your nursing assignments/scheduling relate to nurses’ task and relationship abilities to maximize the *natural* ability of nurses to meet the specific needs in the health care setting? Often, knowing the different degrees of abilities (tasks vs. relationship) in nurses will allow a leader to schedule nurses in a specific health care setting to *maximize* the quality of overall nursing care. Your scheduling decisions now have more relevance because they will be according to the theory of “IT ALL DEPENDS.”

INTELLECTUAL LEADERSHIP

When a leader or a hiring committee hires from outside the health care facility, it does take more lead time and effort to teach a new nurse the health care system and expected minimal job requirements of a job description. Show your prowess as a leader by explaining the theories that govern your leadership behavior/style. Such ability and willingness to explain the basis of your positive leadership style will provide the personal encouragement to fulfill your commitment.

It is time to learn to be a knowledgeable leader, not just a leader that performs according to what feels good. Know theory related to *your* job!! Know that *your* skills, **if** you are academically knowledgeable and in tune with the human needs of others, make you the “King/Queen of the Hill.” Listen to others and their input for hiring and nursing expectations. But know this--- **You are responsible and accountable for your intellectual leadership and management, hiring decisions, and nursing care outcomes.**

As different theories are presented to you in the future, determine their appropriateness and usefulness to your position as a leader. Never let it be said that your leadership decisions are baseless or without theoretical relevance.

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