Managerial Leadership in Nursing

in Nursing

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R.N., Ph.D., F.A.A.N.
Chair, Health Care of Women and
the Childbearing Family Section
Director, Graduate Perinatal
Nursing Program
University of Pennsylvania
School of Nursing

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The author and publisher have exerted every effort to ensure that drug
selection and dosage set forth in this text are in accord with current
recommendations and practice at the time of publication. However, in view
of ongoing research, changes in government regulations, and the constant
flow of information relating to drug therapy and drug reactions, the
reader is urged to check the package insert for each drug for any change
in indications and dosage and for added warnings and precautions. This is
particularly important when the recommended agent is a new or
infrequently employed drug.

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Preface

Why another book, even a modest one, about management of nursing services? I begin from a simple premise. To realize their full potential as unique and valuable contributors to effective and humane systems of health care, nurse managers must cultivate and combine the skills of both management and leadership. To that end, *Managerial Leadership in Nursing* challenges managerial leaders in nursing to analyze their organizations and then to examine their own professional goals, leadership styles, and values. They are further challenged to achieve their own and their staffs' professional goals creatively within the context of the organizations' goals.

Following a brief introductory chapter, chapter 2 presents theories of leadership and management and concludes with an exercise on approaches to leadership. Chapter 3 is unique in a book of this type. It challenges and helps the reader to analyze an organization—its mission, philosophy, structure, culture, image, and values—and then to evaluate the reader's own "fit" with that organization. The concluding exercise applies such an analysis systematically, including a comparison between people who are stars in the organization and people who have not been successful within it. Chapters 4 and 5 focus on leadership skills. Chapter 4 covers image, communication, research, and teaching, and includes exercises on developing a leadership image, on persuasion, and on the value of research. Chapter 5 concentrates on the skills and uses of power and on the methods of effecting organizational change, and includes exercises that apply those skills.

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Chapter 6 presents the context and process of planning, empha-
sizing factors important in planning and concluding with an exercise
on project planning. Chapter 7, Managing People, covers recruitment,
staff development, motivation, performance evaluation, and manag-
ing problem employees. It concludes with a discussion of collective
bargaining and an exercise on managing people. Chapter 8 is a com-
prehensive presentation of financial management, covering the basics
of financial management and reporting, budgeting, cash flow man-
agement, financial controls and auditing, and a nurse manager's op-
portunity in the financial area. It concludes with an exercise applying
financial management principles. Chapter 9 focuses on evaluation and
control, covering managerial control, program and institutional evalu-
ation, community health care studies, and management audit. Chap-
ter 10 reviews ethical theory, specific ethical and legal issues, and
malpractice. Chapter 11 introduces the basics of computer software
and hardware, discusses what is involved in the introduction of com-
puter systems, and outlines pluses and pitfalls in using computers.

If nurse managers can find or create ways to build their staffs'
professional achievement and satisfaction at the same time their own
contributions to the organization grow, they can justly aspire to the
mantle of managerial leadership. The purpose of this book is to help
in that endeavor.

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Introduction 1

Nurses can be leaders in whatever professional roles they assume. Some exercise leadership in interdisciplinary health-care teams, whether or not they have leadership titles. Some lead research activities and programs, whether the research is related primarily to nursing or to broader health-care issues. Some nurses lead large or small health-care facilities. Some exercise leadership in programs to educate the public about health care. And some exercise leadership by pressing beyond the traditional horizons of nursing, expanding and redefining the profession itself.

Leadership has had almost as many definitions as scholars of the topic, and, as Chapter 2 will describe, these have changed over time. The most widely accepted concept of leadership today views it as actions that influence followers to choose or accept goals and to pursue a course of action directed to those goals.

Many students of leadership have viewed it as being almost synonymous with managing an organization, or with exercising power based on formal position. At least until recently they have tended to equate "leader" with manager, administrator, supervisor, executive, or president. Any of these can be a leader, or course—but not necessarily. And leadership need not require a formal title.

Nurses can be appointed to boards or committees, promoted to management positions, even presumably elected president. Each of these examples represents formal authority conferred on nurses by others. Such actions do not make them leaders, only people able to

wield power. Leadership must spring from their own actions that inspire others to follow willingly. As Burns (1978) notes, "Power wielders respond to their subjects' needs and motivations only to the extent that they have to in order to fulfill their own power objectives....True leaders on the other hand emerge from and always return to the wants and needs of their followers. Great or creative leaders induce new, more activist tendencies in their followers; they arouse in them hopes, aspirations and expectations." And successful leaders guide their followers in reaching their hopes, aspirations, and expectations.

Management is generally defined as accomplishing work through others. Management offers nurses enhanced opportunities to magnify their leadership and to achieve greater growth for themselves, their associates, their organizations, and the profession itself. Nurses in practice with strong nursing skills and commitment to improving the quality of patient care can bring great clinical benefits to patients in their care. Nurses in management who can improve the skills and motivate greater commitment, achievement, effectiveness, and productivity in their staffs can bring the same benefits to far greater numbers of patients. Nurse managers who thoroughly understand the organizations within which they work, and who possess the skills necessary for leadership and management, are able to maximize nursing's contribution to those organizations and to the patients they serve.

Nurse managers who apply the lessons and skills of leadership to their roles as managerial leaders are opportunists for their patients, for their staff, and for nursing. Good managers will get the job done; managerial leaders will continually push for improved results and, indeed, will expand the horizons of the staff, improve the functioning of the unit, and increase its value to the organization and to the profession. Good managers will plan, organize, direct, and control their groups' work; managerial leaders will plan, organize, and direct the groups' efforts to excel at their work and to achieve greater goals each year. Good managers will know what is expected of them and their groups and will strive to meet those expectations; managerial leaders will probe to know everything they can about their organizations and will seek to create opportunities for enhancing patient care, the development of staff, and their units' contributions beyond the organizations' expectations. Nurses who are managerial leaders will find the same professional challenge and excitement in nursing management that the best clinical nurses find in practice, and for the same reasons—because they recognize that their own creativity and achievement and that of their staffs will ultimately benefit the consumers of health care and the profession.

This book subscribes to the assumption that nurse managers will find greater success and satisfaction in their careers if they approach them with determination to be more than managers—rather, to be managerial leaders. It assumes that nurse managerial leaders will find their greatest sense of accomplishment when they succeed, in fact, in arousing in their staff new hopes, aspirations, and expectations for professional growth and achievement, and when they help them realize those aspirations at the same time they are achieving challenging goals for their units, their larger organizations, and the health-care-consuming public.

Managerial leaders need knowledge about their specific organizations that goes well beyond what they can discover by reading annual reports or accreditation reports. This knowledge and how to acquire it are discussed in Chapter 3. To bring personal leadership to the managerial role requires certain skills, capabilities, and insights into organizations and their dynamics. These are discussed in Chapters 4 and 5. Managerial leaders must also understand and master the principal management roles: planning and organizing (Chapter 6); managing and motivating people (Chapter 7); and evaluating achievement as a means for ensuring that goals are reached (Chapter 9). Managerial leaders also need to have a grasp of the financial basis of health care, which is discussed in Chapter 8; of ethical and legal issues (Chapter 10); and, increasingly, of the uses of computers in health care (Chapter 11).

Nurses who choose managerial roles can create for themselves and for their staffs stimulating, challenging, and rewarding careers. Clearly, tomorrow's nursing leadership will come, in significant measure, from the ranks of nurse managers who grow to become managerial leaders.

REFERENCE

Burns JM: Leadership. New York, Harper & Row, 1978

Theories of Leadership and Management | 2

Nearly everyone has a concept of leadership. Most people find it relatively easy to recognize leadership in action, and respond to other people's leadership in various situations. Pressed to define leadership, however, they may stumble. Is it something in the leader? Is it a role being played? Is it an assignment from a superior authority, or perhaps from the group being led? Is it an accident of the moment in history? Because leadership is so obvious as a phenomenon, and so critically important to societies, thinkers and researchers have struggled throughout history to define it, to analyze it, to predict or teach it. Ancient philosophers idealized leadership, while men of affairs like Machiavelli have analyzed it through heavy filters of cynicism.

In this century the more modern theories of leadership have been advanced as guides for people who would be leaders. Today we have become quite sophisticated about the applicability of theories to the practice of leadership. Even as our theories have grown more complex, we have become more realistic about their limitations in real situations. The best of the theories in the 1980s offer valuable insights into the arts of leading people and managing tasks, but none offers a simple "how-to" for leadership. Tomorrow's leaders must scan the theories to find those insights that can be applied most profitably to their own characters and circumstances.

Definitions of leadership have changed over the years as differing viewpoints have become fashionable. Some of the definitions are:

> ...the ability to influence the behavior of others in order to accomplish the task of a group or to achieve the goals of a group while, at the same time, maintaining the integrity and morale of the group. (Hagen and Wolff, 1961)

> ...fusing the individual and the organization in such a way that both simultaneously obtain *optimum* self-actualization. (Argyris, 1957)

> ...the activity of influencing people to cooperate toward some goal which they come to find desirable. (Tead, 1935)

> ...a set of *actions* that influence members of a group to move toward goal setting and goal attainment. (Claus and Bailey, 1977)

The first of these definitions conceives of leadership as a quality or capability possessed by the leader. The second sees it as a relationship between the leader and the group in which both seek to achieve goals. The other two definitions focus on what the leader *does,* which is to behave in a way that influences others to work voluntarily for a common purpose or goal. By a contrasting definition:

> Leadership can be defined as a personal relationship in which one individual directs, coordinates and supervises others in the performance of a common task. (Keaveney, 1973)

This definition omits a vital element that is present in each of the others: the explicit willingness of the followers to follow. The concept of leadership on which most authorities now agree includes a community of feeling between the leader and the group, such that the group desires to follow the leader's direction (O'Donovan, 1975; Calkin, 1980; Austin, 1981; Lundborg, 1982; Howes, 1983). Leadership in that sense is a great deal more than formal authority or supervision. This larger concept of leadership will be assumed in this book. "Leadership" is being defined as actions of the leader that influence followers to make willing efforts to establish and achieve goals that are common to both the leader and the group.

The definition that focuses more narrowly on directing, coordination, and supervising a group is more accurately a definition of *management.* Management can include leadership, and a review of the published research and the reported experience of people in management strongly suggests that the most effective managers are also leaders. When one considers observed management styles, however, it quickly becomes clear that managers can—and frequently do—direct and supervise people in ways that do not inspire their willing cooperation. For purposes of this book, management will be defined classically: It is the accomplishment of work through others.