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Review of LEADERSHIP IN NURSING

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LAURA MAE DOUGLASS

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Review of
LEADERSHIP IN NURSING

TO

MY FAMILY

whose love and support is cherished,

and to my secretary,

Sheryl Bethurum,

for her devotion to the cause

PREFACE

This review is intended to stimulate all who are concerned with nursing leadership to evaluate their knowledge and awareness of the leadership role carefully and critically. Analysis of nursing requirements for now and the future indicates that it is imperative for the nurse leader to learn how to exercise a far greater degree of independent judgment and action. Nurses will continue to practice in structured settings, but they must also prepare to function effectively in surroundings and situations that are more complex, broad, and varied than in the past.

The reviewer is urged to make a strong commitment to the systematic study of nursing leadership practice in terms of objective criteria and in the formulation of predictive principles for nursing action.

The first chapter contains a review of the leadership-management role as it applies to the various structures utilized in the health care delivery systems. Chapter 2 considers the influence that characteristics and processes have upon leadership behavior. Chapter 3 provides a theoretical basis for the study of nurse-leader activity. Emphasis is placed upon a review of the problem-solving approach. All major activities of a group leader in a hospital setting are outlined in terms of behavioral objectives that may be actualized and tested. Chapters 4, 5, and 6 discuss the processes involved in management of nursing services, group processes, and systems of communication. Chapter 7 provides an overview of the change process as related to the nursing scene. The final chapter considers evaluation as a continuous, cyclic process, necessary for assurance of quality care.

I am grateful to the senior nursing students in the baccalaureate program with which I am affiliated and to Mrs. Patricia Ford, my associate, for the many opportunities afforded me in increasing my understanding of the meaning of leadership.

Laura Mae Douglass

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CHAPTER 1

NURSE LEADERSHIP: STRUCTURE AND ROLES

Conceptually the role of nursing implies leadership that requires the ability to make strong decisions and to find the right answers quickly out of a welter of complex and conflicting considerations. Each nurse functions as a leader in some capacity, working toward acquiring personal and professional characteristics, education, and experience necessary to function in directive activities undertaken.

Today's health organizations are increasingly caught up in the whirl of technologic and social change. This is inevitable. Over a period of years health service roles have changed dramatically. Today, categories of health workers are almost unlimited; this is particularly true of nursing. The registered nurse is expected to work with all nursing personnel and with those who have influence on the provision of nursing care.

As it is necessary to learn basic principles required for the implementation of nursing care, it is equally important for every nurse to master the fundamental concepts and principles inherent in the leader-managerial role.

▪ Define leadership.

Leadership is basically a relationship between the person assigned to lead, or who emerges as a leader, and those with whom he collaborates in achieving prescribed or selected goals.

Leadership is best defined in terms of the leader's role within the group. A leader is one who influences people through processes and guides others to the realization of a definite goal or goals.

Leadership can be found at every level of operation. It implies followers. There must be a person or persons who agree to take direction from the leader in order for the concept of leadership to be actualized. Thus, at the apex of each functioning group is the leader. In the various phases of work production, his is the most influential voice among his followers.

Ideally, the leader is the best prepared for the position, possesses

the keenest insight into requirements for the situation, and is knowledgeable in applying strategies most suitable to attain desired ends. The leadership role is a privilege but carries with it also the components of responsibility and accountability, thus necessitating adequate preparation for the role.

- **Define management.**

In the broadest terms, management is a universal process, regardless of type or level of enterprise, in directing or controlling the affairs of self or others, taking into consideration both internal and external environments, through operational and behavioral perspective. Management coordinates all resources through planning, organizing, directing, and controlling to bring about stated purposes.

Management in nursing gives cohesiveness, coherence, and order to the operation and provides avenues whereby each facet of the enterprise may be viewed in relationship to the other, thereby becoming holistic in approach.

In the strictest terms, management is influencing people to be productive in goal achievement. Management in this light is viewed as an operational process involving people, values, needs, wants, and technology in terms of product or services rendered. Hence, organizational charts, policies, and procedures and procedure manuals are clearly visible and utilized. Management by operation is directing the affairs of the governing institution or person(s) with the authority and power to administer necessary services.

Operationally, tasks are performed through the efforts of others. The manager must (1) know what should be done, (2) determine how the members should do it, (3) understand how to get the work done, and (4) ascertain the effectiveness of efforts.

Management is viewed by many in broader perspective as a special science or craft with its own field of knowledge, equally dependent on human and material sources. Regardless of scope of operation, the object is always to accomplish the goals with maximum efficiency and economy through the application of rules and principles while maintaining effective human relationships.

The contemporary view of nursing subscribes to the merger of the operational and behavioral approach.

- **How, then, is the nurse to be categorized—as a leader or manager?**

The professional nurse accepts the role of manager and leader with responsibility of guiding others, utilizing an approach that considers the tasks to be done and the people involved in the operation. The leader-manager role requires constant reexamination of goals and means, so as to provide a basis for action. The leader promotes innovation, encourages diversity of ideas, and through the heterogeneous mix of individuals fosters the best potential for achieving desired results.

The leadership-managerial role may be described as intangible, since it is evidenced only by the results it brings about—work output, satisfactions or dissatisfactions, and products and services.

It must be understood that a leader may emerge in a situation without the authority to act, and a manager may hold the position and power to lead but may not possess the qualities necessary to facilitate the movement of a person or group toward the establishment and attainment of goals.

By definition, leadership-management is both a science and an art. Science explains leadership and management by reference to established truths. The causal relationships between variables in leadership and management have been researched and expressed in generalizations that serve as guidelines, but they continue to change.

Art is the skill to accomplish the task. It comes with experience, observation, and study, along with the ability to apply the leadership-management principles acquired in a productive and creative manner.

- **Discuss styles and systems of management.**

For any enterprise to get underway, some form of organization must emerge. The extent of its success or failure will depend upon the choice of management as it relates to the people and circumstances involved. Familiar styles of management include *authoritarian, democratic,* and *laissez-faire.*

Authoritarian (autocratic) management is a directive style of supervision characterized by designated persons or groups having the right to rule and command others in whatever way is deemed appropriate by them. Common characteristics found in the autocratically dominated group are a low degree of participation in decision making by the people involved and obedience to the leader, coupled with feelings of tension and lack of trust. A gradual diminishing of

self-worth occurs within a totally authoritarian system to the point where apathy and uncooperativeness emerge.

Democratic management allows governance through group participation in decision making and actualization of purpose. Authority is vested in a leader or leaders by the individuals or group led. All actions taken promote the interests of the people. Democracy does not mean an investment of all power in the leader, nor does it mean that a vote is taken on everything. In the truly democratic system the leader ultimately may lose the power invested in him by the group. In this participative format the individual has equal rights and opportunities to become the leader.

Laissez-faire management is described as open and permissive, prevalent with individualistic feelings and a minimum of group functioning. No leader is invested with responsibility, and no one assumes the role. Guidelines, rules, and regulations are absent, as they are not seen as safeguards for the individual member but as infringement on the rights and dignity of the person.

Climates and characteristics associated with these styles of management are discussed more fully in Chapter 2.

- **How is a style or system of administration selected?**

The style or plan of management chosen depends on the situation and therefore calls upon the application of principles from all systems.

Most approaches to management in nursing occur within a hierarchical, autocratic framework of diffusion of authority among numerous offices, marked by adherence to fixed rules of operation. Any administration in which there is a need to follow complex rules, forms, and routines must have a plan of control. Administrators of health agencies operate on this principle, yet attempt to incorporate as much participatory involvement between management and employees as possible.

Sociologists Tannenbaum and Schmidt propose that leadership be extended on a continuum, ranging from authoritarianism to freedom of practice, based on a given situation, but always within limits defined by the controlling agent. They suggest that participative leadership is the more productive style, for when people are involved in the decision-making process, harmony is invited, thus paving the way for smooth and efficient production.

Historically, health agencies and nursing services within them

have functioned under autocratic control within a bureaucratic system. This still holds true today in most large health care delivery systems, with some inroads being made toward participatory management by nurses.

HEALTH AGENCIES

- **How can a nurse best operate within a health agency structure?**

A nurse must know about the workings of the parent institution before determining what is to be accomplished and how it can be done. This calls for knowledge of the overall purposes of the organization and of the structural design used to achieve its goals.

- **What are the commonalities of most health agencies?**

Any organization within the health scene has *equipment, methods, material,* and *finances.* The big differences lie in their purposes and methods of operation and in the quality and attitudes of the personnel.

- **What are the major purposes and standards of health agencies?**

Most health institutions possess a common basis for existence: to serve the health needs of the public. This goal is reached in accordance with the type of health setting. Inherent in meeting health needs are (1) administering patient care, (2) educating health agency personnel and the public, (3) engaging in research, and (4) protecting the health of the public. The type of agency determines its major emphasis.

- **What are the different kinds of health agencies?**

Basically, there are three kinds—official, voluntary, and proprietary. Each focuses its attention on its own special clientele.

Official health agencies

Official health agencies are nonprofit agencies that provide health services to selected groups of people under the support and direction of the voting public. Federal, state, and local agencies are involved. Examples are hospitals for military personnel and their families, county hospitals, and special provisions for selected groups such as the aged. These are usually very large facilities; bed capacity sometimes reaches into the thousands.

Since World War II the government has provided various health maintenance services to the public. In 1972 a Social Security amendment (Public Law 92-603, Title II, Section 226) allowed the services to expand by initiating health maintenance organizations (HMO's), which provide to members, on the basis of predetermined fixed cost or rate, unlimited comprehensive health services. The services may be provided directly in the HMO offices, or they may be given through arrangements with others, such as hospitals, visiting nurse associations, and public health departments and include the services of primary care nurses and specialty physicians and therapists. In 1974 a law was passed which stipulates that 350 million dollars shall be spent to provide even broader services than are now offered through the current HMO's.

Included in the HMO plan was the charge to set up demonstration projects to investigate how nurse practitioners could be utilized and paid for their services. In 1973 the American Nurses' Association accepted a charge from the Department of Health, Education and Welfare (HEW) to study skilled nursing and provide to the Senate Committee on Long-Term Care, Special Committee on Aging, appropriate information to be used in planning changes in legislation regarding the expansion of this form of official health agency.

There are predictions that if national health insurance is adopted by the people, more health maintenance organizations will appear, eventually becoming the major source of meeting health needs.

Voluntary health agencies

Voluntary agencies are nonprofit organizations designed to meet the health needs of the general public. Payment is determined on an individual basis. Examples are community hospitals governed by a board of directors representing the public and institutions operated by religious orders. The size of these hospitals usually ranges from 150 to 500 beds.

Proprietary health agencies

Proprietary health agencies operate for profit. They serve anyone who can pay for their services, directly or indirectly. These hospitals and nursing homes usually have a 25- to 150-bed capacity.

- **Discuss basic standards and the need for accreditation of health agencies.**

Until the 1930s, traditionally every person in the United States was responsible for his own health and welfare. Today, with approximately 7,000 hospitals, 4,000 extended care facilities, 23,000 nursing homes, an increasing number of health maintenance community health centers, and an estimated 4 million health workers (with 3 million of those employed in hospitals) there is an urgent need for some standardization and control of practice.

Hospitals are licensed by each state and, under law, are not to function unless minimal standards are maintained as prescribed by state regulation. The American Hospital Association (AHA) and the American Nurses' Association (ANA) have established guidelines at national and local levels that usually are referred to by each state in the development of professional practice and legislation.

Beyond this basic precautionary level of assurance of safety to the public, additional criteria, through the means of voluntary accreditation bodies, are required by some groups or agencies before they will fund or utilize the services. Examples are federal grants (major sources of income are provided through Medicare and monies for construction) and education (medical residencies and internships and nursing education and practice).

The primary body at the national level for evaluation of health providers is called the *Joint Commission for Accreditation of Hospital* (JCAH). This powerful organization is subscribed to by the American Hospital Association (AHA), the American Medical Association (AMA), the American College of Physicians (ACP), and the Canadian Medical Association (CMA). Voluntary accreditation services are provided to hospitals, residential and extended care facilities, nursing homes, and facilities for the mentally retarded and psychiatric care.

The American Nurses' Association (ANA) assumes responsibility for the development of standards of nursing practice at national and local levels, which are designed to promote quality assurance of nursing care. These standards are reflected to some degree in all state nurse practice acts and by all agencies who are concerned with the administration of high level care. *The National League for Nursing* (NLN) works collaboratively with the JCAH and the ANA and conducts accreditation services on a voluntary basis to providers of nursing education.

One highly controversial form of surveillance, gradually becoming operative under the guidance of HEW, is the formation of professional standards review organizations (PSRO's). These agencies are

designed to extend from the national to the local levels, with authority to evaluate the care physicians provide to their clients.

In the design, groups of doctors may apply to the PSRO's in their area for approval of their standards. These standards are to include present established norms for care, indicating reasonable lengths of time for hospitalization, how need for hospitalization is determined, and methods to be used in evaluating the management of care.

Strong reactions are being offered by physicians and other providers of health care, claiming governmental interference. However, the law stipulates that if physicians choose not to participate in PSRO's, others can be appointed to review the quality of care provided and to submit a report in their stead.

Many health professionals believe that PSRO's will extend to other providers, including nurses. In 1974 the American Nurses' Association accepted a contract to develop criteria for measuring effective nursing care and to recommend ways in which nursing can participate in PSRO's.

As changes in health legislation affect increasing numbers of persons in the health field, there will no doubt be additional systems devised for management and control. Professional nurses need to keep abreast of these changes and to see that they are duly involved in the process of change.

Thus, receiving accreditation or approval from officially recognized bodies such as the JCAH, the NLN, or the PSRO is prestigious in that accreditation is a mark of quality, but it is crucial to the existence of most agencies in establishing eligibility for funding and use.

- **What is meant by the term "patients' rights" and how does the issue enter into standard settings for health agencies?**

Patients' rights, within the context of the health care setting, means the provision of care, with attention to the worth and dignity of the individual. The 1950s effort of the civil rights movement entered health care delivery through public and private media, pinpointing problems in dealing with physicians and hospitals. Patients demanded more participation in the management of their own care and in the determination of standards.

The National League for Nursing spearheaded action in 1959 by developing a statement on "What People Can Expect of Modern Nursing Service." Their work represented a broad range of persons

interested in health care and served as a basis for Public Affairs Pamphlet no. 307, 1061. It was used as a guide for developing a means for more consideration of the person, his needs and wants.

Intensive review followed among concerned persons, culminating in a variety of statements of consumers' rights. All of these efforts have created an impact on the direction governing bodies have taken. Consequently, most government, state, and health agency boards have lay members who speak in the interest of people.

The American Hospital Association and the American Nurses' Association have taken an active part in the formation of patients' bills of rights. The issues addressed by one or the other include consideration for the care and comfort of the patient; keeping him informed about his diagnosis and treatment; allowing the patient the privilege of deciding for himself what should be done; ensuring privacy and confidentiality of all actions; keeping the patient appraised of what rights are included in the delivery of health services; and being informed of the policies and procedures that govern patients.

The issue of patients' rights continues to gather momentum until the question now among government and state representatives is not, "Will lay persons be included in decision-making bodies?" but rather, "How many lay persons shall we include to adequately represent the voice of the people?"

- **How would you describe the overall organizational structure of health agencies?**

As health agencies move from small, centrally controlled operations to large, complex corporations, the need for decentralization of control increases. Small institutions may be operated by one individual, whereas large agencies may have hundreds or even thousands of people in positions of control.

Establishment of lines of authority as a means of control and communication is necessary. For this reason all well-established agencies have developed organizational charts that show their members the appropriate channels (vertical as well as horizontal) to follow when faced with a need for communication.

Establishment of guidelines is *very important.* It is impossible for leaders in any climate or organization to do effective work without both responsibility *and* the necessary power to back up their directives. If each of these key areas is not clearly defined, the leaders

themselves must begin with definitions and then assume the necessary power to perform their roles.

Leadership

In *organizational structures* leadership can be defined as the special influence exerted by an agency over its workers or by one individual over another. This two-way process is earned. Leadership can be enjoyable if the organizational design is compatible with the characteristics of the leader. Organizations decide through the establishment of philosophy and objectives which style of management best suits their purposes. As mentioned previously, no individual or agency ever operates totally under a democratic, authoritarian, or laissez-faire climate. Each individual and organization decides which path it wishes to take to achieve its goals and then seeks to endow the leaders with the necessary authority for that purpose.

Authority

Authority is having the power to control, adjudicate, and settle issues toward achieving an end. Authority is reciprocal in that sanction is given *to* someone *by* someone. The implication is that the recipient has earned the right to that authority. It is a privilege that can be used or abused. The power figures have the right *and obligation* to define limits within which others must function in order to achieve organizational goals. The authority figures can apply sanctions or use force to achieve an end.

Responsibility

Responsibility implies a legal or moral discharge of duties. The responsible individual or group must be willing to identify with the goals and philosophy of the parent organization. All work within the climate established by the authority structure and are people oriented as well as task oriented.

Accountability

The leader who accepts responsibility also assumes the obligation to account for his own performance as well as the performance of those he leads. The responsible person must know what is expected of him, because accountability for actions and for the extent and quality of production requires predetermined criteria. This means