The different approaches to leadership

Taking on a leadership role can be challenging. This article will explore some of the issues associated with becoming a leader and is the first in a series concerning leadership and management with an eye to contemporary issues of interest to today's nurse leaders.

KEY WORDS
- Communication
- Goals
- Leader
- Leadership
- Management
- Vision

In the last paper we looked at some of the indicators of leadership and considered what it is like to move from being a practitioner into a leadership role. We identified that the skill sets needed for both roles, practitioner and leader, are similar but not entirely the same.

In this paper we take a look at some of the more mainstream and influential leadership theories and consider what these might mean for the clinical manager. We start by defining leadership and then we will examine some leadership theories and, in conclusion, we make some suggestions and pose some challenges as to what style the modern healthcare leader might like to consider adopting.

One of the key messages for the clinical leader is that it is important to reflect about what type of leader you want to be, so you may remain true to the person you are.

WHAT IS LEADERSHIP?

One frequently used definition of leadership is taken from Stogdill (1950), which states that "Leadership is an influencing process aimed at goal achievement". This points to the idea that leadership is a task-orientated undertaking, which is aimed at setting the direction for the team.

Some of the earliest theories about leadership tend to suggest that the best leaders are not created through experience and education but instead that they are born. These natural born leaders have some personality traits that set them apart, which include: intelligence, initiative and self-assuredness (Goffee and Jones, 2000). Great-man theories dominated the early understandings of leadership and were dominant in the mid-19th century.

Later in the 19th century, the view of leaders as a product of birth was challenged. The result of this challenge, which suggests leadership can be observed and learned — is now the widely accepted view (Kouzes and Posner, 2002). The important message here for the new and developing manager is that leadership skills can be learned and acquired.

Contingency theorists (McGregor, 1960; Likert, 1961) felt it was the role of the leader to allow staff to take control of the main aspects of their work, based on the thinking that people will get more satisfaction and are better motivated when given control over their work. The underlying suggestion here is that the role of the leaders is facilitation rather than dictation. Such an approach to leadership makes sense, especially in an environment like ours where inter-professionality now dominates and where we need to influence others as opposed to manage them because they do not work in our team.

John Adair (1973), a famous commentator on leadership, presents a model of functional leadership, which belongs to the school of contingency theories, suggesting that group performance depends on a number of variables. Adair suggests that, for effective team working, a balance between the needs of the task and the needs of the group and individuals involved has to be struck. The role of the leader, therefore, is to balance these three demands.

Transactional leadership theory suggests that leaders have to trade reward and punishment with their team in order to get the job done. Transactional leaders concern themselves with maintaining the status quo and working towards achieving today's tasks (Hackman et al, 2009). Transactional leadership is not concerned with the future and does not seek to change and evolve.

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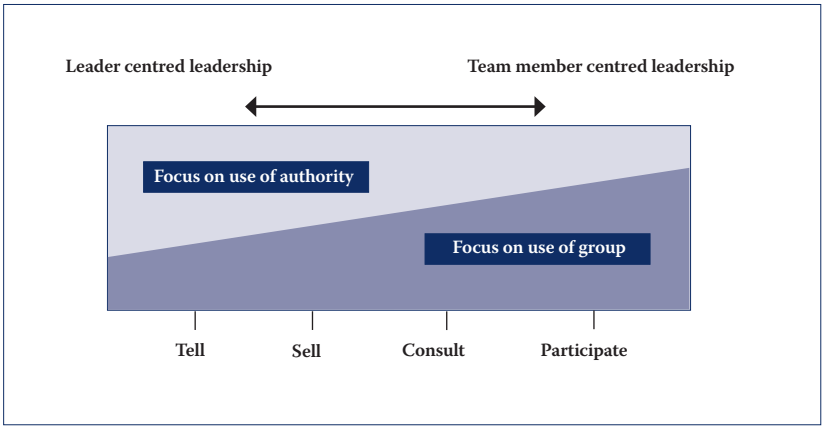

Figure 1. Leadership continuum model (Tannenbaum and Schmidt, 1973)

Therefore, it is not well suited to modern health care — although it can have its place in crisis management and in short-term projects.

The style of leadership that is most favoured currently is described as transformational. Transformational leaders motivate and inspire by appealing to team members' sense of what is ethical and moral. Transformational leaders, as the name suggests, are forward-looking and have a vision for how they want their team to work and, importantly, they can articulate this vision (Reynolds and Rogers, 2003).

LEVELS OF LEADERSHIP

Of course, whatever theory we use to inspire our approach to leadership, the exercise of leadership will vary from one situation to the next. In their leadership continuum model, Tannenbaum and Schmidt (1973) provide a good overview of the different levels of leadership and engagement that need to be exercised in different scenarios (*Figure 1*). This model makes a lot of sense in clinical practice — in an emergency, for example, a leader may need to be autocratic, but in the general run of practice, this leader will need to be democratic and inspirational.

One of the interesting aspects of this model is that it demonstrates clearly that the leader is never 100% in control of what the team does, because even at the 'Tell' (or autocratic) end of the model, a leader cannot always be sure how members of the team will act.

When operating in 'Sell' mode, the leader is appealing to the team members in order to persuade them through reason to achieve the roles they have been tasked with. This mode, unlike 'Tell', is not autocratic but still sees the leader in the role of directing team members.

In 'Consult' mode, leaders act as arbiters. They consult with the team and decide with the team as to how work will be undertaken. This mode of engagement is designed to increase cooperation and the feeling of belonging within the team. It is not a sign of weak leadership; good leaders who know what they want to achieve will be able to steer the consultation so that the decision the team makes reflects theirs.

The leader operating at the 'Participate' level helps set the agenda as to what work needs to be done, but does not interfere with how the team achieves this. Leaders who operate at this level know the value of their team and are sensible enough to 'allow the team head', recognising this is a good way to motivate members of the team and to demonstrate their trust.

What we have seen in this brief look at the theory of leadership is that leadership has multiple identities and operates at many different levels. Sometimes it is the situation that dictates the leadership style and level of engagement required of the clinical leader. On other occasions it is the choice of the individual leaders to choose how they operate. Having stated all this, leadership styles and levels of engagement are to some greater or lesser extent dictated by how well established a team is, how cohesive the team is and how complex the tasks that the team has to undertake are; we will return to some of these themes in later papers in this series.

CHARACTERISTICS OF A GOOD LEADER

What elements make up the character of a good leader depend on so many variables that this is an almost impossible task to quantify. Obviously there are some things that all leaders need, some characteristics that only the best leaders have, and others that are lacking in individuals who are poor leaders. We think that the best leaders share some common characteristics. You might like to consider the author's list and compare it to the characteristics that might be on your own list. If you are struggling to think of characteristics of a good leader, think about someone you have been

led by who you consider to be a great leader. In the author's opinion, a good leader is:

- Focused on the outcome
- Morally active and consistent
- A role model, who cares for the organisation and the team
- Able to communicate ideas
- Looking to the tasks of the day and to the future.

CONCLUSION

This paper has offered a definition of leadership. It has outlined some of the most widely known leadership theories and discussed how the level of engagement of the leader might vary from one situation to the next. We have also sought to identify some of the core characteristics that go towards making the best clinical leaders.

In some of the subsequent papers in this series, we will discuss other elements of leadership and management, as well as considering how management and leadership theory can be utilised to contribute to your development as a leader in whatever healthcare setting you find yourself. WUK

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