

Nurses' Perception of Desirable Qualities/Characteristics of a Good Leader

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Introduction

The purpose of this paper is to compare and contrast nurses' perception of what they considered to be desirable characteristics of an effective leader. The perceptions of characteristics for an effective leader to be discussed will include: communication, motivation, delegation, performance skills, knowledge, proactivity, flexibility, setting of objectives, role model and participating partnership. Current and relevant literature will be integrated into the discussion to substantiate the nurses' perceptions. Strengths, weaknesses and recommendations will be made at the conclusion of the paper.

Question

The interview question was developed according to the criteria set out for this project's objective. The criteria met was an open ended and concise question. The question was as follows: What do you consider to be desirable characteristics of a leader?(Appendix A)

Method

Design

In order to interview the nurses, a contract for registered nurse participation was developed (Appendix B) and sent out to medical wards in an acute care urban hospital. Seven registered nurses replied signifying their participation. The contract outlined the intent of the interviewer, time allocation, the outcomes and guaranteed anonymity of the nurses. The nurses participating were referred to in this paper as respondents. The respondents perceptions were collected in a qualitative data format and then they were objectively analyzed.

Definition of Terms

Certain terms were identified as being essential to the process undertaken. These terms are defined as follows: a) Leader - refers to a person who leads, and that can be a managerial position, or a staff nurse. b) Leadership - from the definitions reviewed in the literature, leadership in this paper means an interpersonal process influencing the actions of an individual and/or group toward accomplishing goals in a given situation. Lawrence & Lawrence, (1988) defined leadership as "an interaction between people and the ability to lead. It is the process of influencing the activities of an organized group towards goal setting and goal achievement" (p 173). c) Characteristic was used because by definition it means personality traits or distinguishing features about a person.

Environment

The environment in which the interviews took place was an allocated private office. The environment was non-stressful, free from interruptions and away from any of the clinical areas. The interview took approximately thirty minutes.

Analysis

An objective analysis was used to create a bridge between characteristics respondents' considered to be an effective leader and relevant literature. The analysis

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sis process took the following steps:

1. The author read relevant literature in order to become familiar about the concept of leader and leadership characteristics.

2. The author studied the interview assessment notes, where each respondent's impressions of an effective leader were obtained.

3. The author compared the respondent's comments to the Hersey & Blanchard (1988), Situational Leadership Model of effective leader behaviour or styles. The data collected from the respondents was integrated and compared to the tri-dimensional leader effectiveness model (Appendix C).

4. The respondents data was examined and analyzed as to how it fit within other identified leader styles in the reviewed literature. The majority of the respondents (6 out of 7) described an effective leader as having a democratic style of leadership as opposed to autocratic or permissive style (Appendix D).

Results and Discussion

From the data obtained, the key characteristic of an effective leader as identified by the respondents are now discussed.

Communication

The respondents strongly stressed the importance of a leader being able to maintain two-way communication. Two-way communication was important for the leader and team as it led to improving lines of communication and interaction among staff relationships. Hartlebury (1990) stated that a leader, "must ensure good communication in all directions to encourage feedback, working together and discussion" (p 35).

The respondents felt that the ability of a leader to communicate effectively held the group together. Hersey & Duldt (1989) stated communication congruency is believed to help people function together to achieve unity ..., it enables feedback in a rational, logical manner with minimal emotional overtones and the followers can learn that ... one's own behaviour ... determines how the leader will respond" (p 7).

Motivation

The respondents felt an effective leader must form a team of people who are responsible for the various jobs. Leaders could accomplish this through incentive and rewards for successful work. One of these rewards could be promotion and another is a letter to communicate to the rest of the team letting them know about one's good work.

The respondents realized, although staff nurses could not actually promote a colleague, they could influence the discussion in this area. Most importantly, they could thank a co-worker as a way to reward successful work. The respondents felt an effective leader must understand what motivates the team.

The respondents felt that, if a leader is able to motivate staff personally, the job will be carried out with more effectiveness. This results in staff feeling better about themselves as individuals and as a team member. It was felt that staff would put more energy into their assigned tasks rather than wasting time being frustrated. Marriner & Tomey (1988) identified that, "work motivators include achievement, growth, responsibility, advancement, recognition and the job ... if satisfied with [the] job, ... and employee can be motivated by ... challenging work in which they assume responsibility" (p 233).

Delegation

The respondents felt a leader must be able to analyze activities and make decisions. Then the effective leader must divide the activities into jobs and assign appropriate staff to those activities. The respondents stated that a leader was responsible for the allocation of work and in so doing ensuring that completion of work occurs.

However, the leader should not do it all or make all the decisions. Capable nurses are employed and the leader should encourage staffs' responsibility to develop competence in their work. The leader should also know their staff so as to delegate tasks to the appropriate person. Sullivan & Decker (1992) saw these behaviours as that of a directive leader who lets subordinates know what they are expected to do, give guidance and support.

The respondents felt a leader should be able to delegate work. It was an appropriate behaviour for a leader. A leader could delegate, which would provide educational opportunities as well as professional growth for staff. Hartlebury (1990) identified that, "delegation is a tool for leaders to get the most from their teams. It enables the leader to devote time to a number of issues at any one time and develop individual manager skills of [the] staff" (p 35). Performance Skills re: Technical and People.

All respondents stressed the need for an effective leader to have acquired a set of skills during their practice as a professional nurse. These acquired skills recognized the leader as an expert or a good role model. Those identified performance skills ranged

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from being competent in techniques, procedures and the use of tools. Douglass (1988) labelled this skill as "Technical skills" (p 221) where the leader had the ability to use tools, techniques and procedures in a specialized manner and was recognized as an expert.

The second performance skill respondents identified was the people skill. They felt leaders must have the ability to deal with people effectively. It was essential that a leader must meet the human needs of the staff and the patients.

Blankenship, Wilhoit & Blankenship (1989) stated that, "for a leader to be effective, they must be responsive to the self-perceived needs of all personnel. Some need structured leaders, while others need the freedom to do self-directed work" (p 81). Douglass (1988) stated that, "the leader needs to have the ability to select, motivate, work with and lead employees ... and to be effective ... know how to assess and recognize abilities in self, and others" (p 225).

Knowledge

The respondents felt that a leader must demonstrate knowledge of all aspects of the delivery care. They saw a leader as having knowledge of the latest techniques and an understanding of legal and ethical issues that confront the practice of nursing today. An effective leader must be able to supervise and direct the nursing care of the patients in an acceptable standard in accordance with Manitoba Association of Registered Nurses' Standards of Care.

Knowledge of functions such as planning, organizing, staffing, directing and controlling are essential to the leader role (Dunham & Fisher, 1990, p 1 - 7). Stevens (1985) identified leadership characteristics as being knowledgeable, having integrity, communication skills ... and planning skills.

Proactivity

The respondents felt that a leader must be able to come up with strategies to help future planning. This was necessary in order to implement the changes in the health care system. They felt to be "super nurse" a leader must anticipate problems and be able to handle them effectively.

Some of these problems may be ones never before encountered, or anticipated. With today's health care reform a competent leader must be on top of all the changes and be able to offer knowledgeable solutions. The respondents felt that leaders must be able to take on new roles.

They identified that leaders are encountering the

shift of power and authority from vertical lines of decision making to horizontal. The respondents recognized that leaders are being proactive through greater group participation in determining end results. The democratic method of leadership was seen to be beneficial, in that it permitted consultation and involvement in managing the nursing unit. Sullivan & Decker (1992) discussed the democratic style of leadership as a participative approach to leading. The approach focused on people oriented and effective team work. The interaction between leaders and staff had to be open and there had to be a trusting relationship for this type of leadership.

However, the respondents felt that there were still situations when the authoritarian style of leadership was needed. Sullivan & Decker (1992) confirmed what respondents identified in that the authoritarian style of leadership is effective in crisis situations where highly specialized skills are required and where options for facilities are limited.

Flexibility

The respondents stated that an effective leader must be flexible. With this characteristic the leader would diagnose the situation and adapt a behaviour to fit the demands presented. If impossible to adapt a behaviour then a leader must develop a means to make a change.

They felt the effectiveness of confronting and solving the demands was dependant upon the leader, the staff and the situation. Douglass (1988) stated that, "if [leaders] are relatively inflexible in their leadership style, then they will function well only in certain situations, [and] such limitations hamper an individual" (p 28).

Sets of Objectives

The respondents generally felt that a leader should be able to determine and guide staff in setting objectives. Further, a leader in conjunction with the staff should be able to write clear goals to meet those objectives. Leaders must be able to facilitate achievement of those objectives.

Leaders need to encourage staff to accomplish objectives perhaps by demonstration. They should not ask staff to meet objectives a leader is not prepared to meet. The respondents felt a leader must be visionary, and be able to share their vision with the staff through common, challenging, and achievable goals and objectives.

Unclear goals result in staff not knowing how to accomplish the objectives. Achieving common goals

was felt to improve and attain high levels of performance (Sullivan Decker, 1990). Hein & Nicholson (1990) stated that, "a leader must have the capacity to communicate one's vision of a desirable future state of an organization" (p 72).

Role Model

The respondents felt that it was important for an effective leader to be a role model. The expectation would be that staff would emulate the leader's values in caring for patients. The respondents described the leader with a strong value system as: accountability, fair, honest, caring, a listener, influence and possessed a sense of humor.

Participative Partnership

The respondents felt very strongly about a leader using a participatory approach in sharing of information and decision making. They felt an effective leader needed to use a participating behaviour more than a task oriented leader behaviour. Hersey & Blanchard (1982) confirmed two types of behaviour that the respondents identified as behaviour for an effective leader.

These identified behaviours are as follows:

1. High-task/High relationship behaviour is referred to as "selling" because with that style most of the direction is still provided by the leader. The leader also attempts through two-way communication and socio-emotional support to get staff to "buy into" decisions that have to be made.

2. High relationship/low-task behaviours is the "participating" style where the leader and staff share in decision making through two way communication. Much facilitating behaviour comes from the leader since the staff have the ability and knowledge to do the task.

Summary and Conclusion

In summary, there were definite similarities between the respondent's description of desirable characteristics of an effective leader and the literature reviewed. The respondents themselves stated that there was not one characteristic that should be included in a definition for a leader, nor should all the identified characteristics be required. They felt some characteristics should be present the majority of the time. Leaders must use communication, motivation, delegation, performance skills, knowledge, proactivity, flexibility, set objectives, role model and have a participative partnership with staff to be effective.

The results of contrasting and comparing respondent's descriptions of a leader have led to possible future recommendations for leaders using these characteristics in their performance. The use of the identified characteristics could result in the following:

1. Leaders using them could develop a tool for performance reporting.
2. Use in continuing education programs to help develop leadership skills in potential leaders.
3. Further development of leaders roles.
4. Criteria for selecting future leaders.
5. Define and understand the role of a leader.

In conclusion, it was realized that the acts of a leader are a continuous challenge. For a leader there must be a behaviour between accomplishing the work and meeting the human needs. A leader can be effective if they know their staff well enough to meet the ever changing abilities and demands placed on them.

The respondents felt that being a leader was a taxing, and complicated series of functions that guide both people and physical resources toward positive results for the patient, the facility, and the individual. "Getting things done through others" requires many flexible characteristics. The respondents found it difficult to isolate each characteristic, because each one blends with another in the process of being an effective leader.

With these identified characteristics, moving towards excellence in leadership should be a leadership goal for all professional nurses.

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Appendix A

ASSESSMENT INTERVIEW GUIDE

1. What does being a good leader mean to you?

Appendix B

A contract letter mailed to nurses inviting their participation in this study.

Appendix C

A three dimensional graph illustrating the Leadership Profile. Available from the author. Send a written request enclosing a postage-paid addressed envelope.

Appendix D

Comparative summary of democratic, authoritarian and permissive styles of leaders identified by respondents:

Democratic	Authoritarian	Permissive
Respondents described characteristics of this leader as:	Respondents felt this type of leadership style was only required in crisis situations where highly specialized skills were required, and options were limited.	No Respondents described characteristics of this style of a leader.
- participative		
- two way communication		
- knowledgeable		
- motivating		
- facilitating		
- open		
- sets objectives		
- group goals		
- encouraging		
- trusting		
- reward		
- recognition		
- cooperation		
- moves forward		
- flexible		
- delegator		
- people oriented		
- team worker		