LEADERSHIP BY AND FOR NURSES:
THE THEORETICAL BASE FOR A RESEARCH PROGRAMME

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“Healthcare that has competent, diffuse, transformational, shared leadership is safe, effective, resource efficient and economical.”

Within health professions a range of leaders will exist are not official leaders in the eyes of the organisation; however they may be influential for other reasons amongst their peers.
The Clinical Leader

• Many of those in formal management positions may not, because of managerial time requirements, be best placed to provide clinical leadership. (National Health Service (Scotland), 2004).

• Defined as: someone who supports and leads innovations, that improve outcomes of care, ensures quality and reduces costs, integrates research into practice, and is recognised as a leader and an advocate for transforming the health system and implementing best practice (The American Association of Colleges of Nursing, Smith and Dabbs, 2007).

• All members of a care team have the potential to act as clinical leaders, and therefore it is important to develop clinical leadership capacity at all levels in the health system (Stanley, 2008).
Clinical leadership

Seen as essential for complex health systems as it enables patients outcomes to be improved through the provision of evidence-based care through the integration of activities and processes within and across disciplines and services (Casey et al., 2011).

In terms of nursing

Every registered staff nurse is a clinical leader, and clinical leadership is a process of leadership embedded in the professional behaviours of staff nurses. (Patrick et al., 2011)
The University of Auckland School of Nursing

Taught Postgraduate
– N775: Leadership, Management and Quality Improvement in Healthcare
– N732: Leading and Managing Changes in Healthcare

Research
– Master theses
– PhD

A Necessary Task:
Finding a theoretical base to support a long term research programme
Empowerment

• Disempowerment, for instance feeling that one does not have a locus of control over one’s work, personal power or a high quality of interdisciplinary working relationships, is a factor that impacts on a nurse’s ability to operate as a clinical leader (Fealy et al., 2011).

• The Institute of Medicine recommended empowering all members of the healthcare team to engage in “constrained improvisation” to immediately address patient safety issues as they arise (Page, 2004, Keeping Patients Safe).

• The Institute of Medicine’s concept of empowerment built on Kanter’s theory of structural empowerment - the granting of power and decision making authority to subordinates (Kanter 1983; Thorlakson and Murray 1996) with power defined as an ability to mobilise resources and achieve goals, rather than being framed as a hierarchical concept (Kanter, 1977).
Staff nurse and nurse manager perceptions of workplace empowerment have been found to be consistently low, although this has been changed in the magnet hospital environment (Armstrong and Laschinger, 2006).

Organisations in which nurses are empowered to practice their profession optimally have been found to be organisations that optimise conditions for providing safe patient care (Armstrong and Laschinger, 2006).
Kanter’s model of empowerment theory has been further developed to show that nurse empowerment has a direct relationship to patient empowerment and increased patient ability to self-care (Laschinger et al., 2010)
Bureaucratic forms of functioning, the administrative function of an organisation, need to have well-functioning informal leadership processes so that health workers can produce innovative responses to complex problems.

Health workers then operate as adaptive leaders, able to produce emergent outcomes that are productive for the health system.

If the workforce feels enabled and is effectively entangled with the administrative system, then the innovation and learning will feed back into the administrative function, so that the system is a learning one.
Health Service Delivery Viewed as Adaptive Leadership (Heifetz, 1994)

Key concepts:

1) Explicitly developing adaptive leadership strategies and tactics that support health professionals facilitating patients doing their own adaptive work

2) Distinguishing the technical work that health professionals do from the adaptive work that only patients can do for themselves.

Application of this approach to clinical practice by health professionals can be argued to have prima facie validity because humans are as much self-organising complex adaptive systems as organisations (Thygeson et al., 2010).
Research into clinical leadership in health services
A NEW THEORETICAL MODEL

Conceptual overlap between:

- Workplace empowerment of nurses, with its structural and psychological empowerment aspects (Laschinger)

- Complexity leadership theory: administrative leadership, enabling leadership and adaptive leadership (Uhl-Bien)

- Adaptive leadership as health professionals facilitating adaptive work by patients (Heifetz)
Empowerment

Complexity Leadership Theory

Nurse – patient contact level
A RECURSIVE MODEL SUPPORTING THE DEVELOPMENT OF CLINICAL LEADERSHIP
Research Questions

Building on this theoretical base, The School of Nursing is establishing a research programme based on the questions:

1) What are the critical success factors that need to be in place for a health organisation to provide enabling leadership that supports nurses to be adaptive, empowered, clinical nurse leaders?

2) What are the outcomes for the workforce and for patients if nurses feel empowered and able to function well as adaptive leaders?
Research Tools To Date

1. Psychological empowerment (Spreitzer 1995)
2. Conditions of Work Effectiveness Questionnaire-II (Laschinger, Finegan, Shamian & Wilk, 2001)
3. Clinical Leadership Inventory (Patrick 2012)