

Nursing leadership styles flashcard



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LEADERSHIP STYLES

Leadership Styles Nursing leadership styles have changed over time as leadership theories have developed (Marquis & Hutson, 2009). The 1900's brought about many theories and theorists on leadership and management styles. The new century has also brought new theories and leadership styles to nursing care (Marquis & Hutson, 2009). Two different leadership styles, which were first identified in 2004 by a noted scholar named Burns, are transactional and transformational leadership (Marquis & Hutson, 2009).

Transactional leadership is a more traditional style of leadership and it is where the leader sets goals, gives directions, and uses a reward system to motivate employee's behaviors related to meeting goals (Marquis & Hutson, 2009). Transformational leadership involves a commitment, a clear vision of the future and involves the leader engaging or motivating others to strive towards a vision. (Marquis & Hutson, 2009). After researching different theories and styles of leadership, it is determined that my style would be identified as transformational with qualities of the democratic leadership style.

Qualities of a transformational leader include identification of common values, commitment, and inspiration, has proactive vision, evaluates effects and empowers others (Marquis & Huston, 2009). Democratic leadership style, which was identified by Lewin, White and Lippitt in 1951-1960 according to Marquis & Huston (2009). The democratic leader displays the following traits: less control, motivational awards are given, decisions are made together, team emphasis and constructive criticism is used (Marquis &

Huston, 2009). A team is defined in the Oxford dictionary as a set of people working together to achieve a common aim” (Clegg, 2000, p. 1).

Clegg continues to state that “ in health care that common aim is defined as high quality, individualized health care” (Clegg, 2000, p. 1). My philosophy of nursing leadership is one that respects and values nurse’s experience and feels that nursing on a unit is a joint effort. A philosophy encourages and cultivates autonomy and individual advancement. “ The democratic leader (www. changingminds. rg) acts to value inputs and commitment via participation, listening to both the bad and the good news. Leadership and management are alike and different in many ways. There are many different debated by scholars regarding the differences of leadership and management (Marquis & Huston, 2009). Part of the confusion stems from the word “ leadership”. Marquis and Huston state that, “ the word leadership was not known in the English language until the first half of the 19th century” (Marquis & Huston, 2009, p. 32). Theorists and leadership researchers disagree on what the word leadership is (Marquis & Huston, 2009).

Therefore, it is wise to state what roles are integral in leadership (Marquis & Huston, 2009). Marquis lists leadership roles as decision maker, communicator, evaluator, facilitator, risk taker, mentor, energizer, coach, counselor, teacher, critical thinker, buffer, advocate, visionary, forecaster, influencer, creative problem solver, change agent, diplomat and role model (Marquis & Huston, 2009). “ Leaders are in the front, moving forward, taking risks, and challenging the status quo” (Marquis & Huston, 2009, p. 33).

According to Marquis & Huston (2009), the functions of management include planning, organizing, staffing, directing and controlling” (GCU, 2009). Grand Canyons lecture notes go on to state that, “ within each of these functions, decisions must be made to optimize the care provided while remaining fiscally responsible” (GCU, 2009). “ Marquis presents the nursing management in 1925-1937 (Marquis & Huston, 2009). The management process presented in Marquis & Huston, which is listed previously as the functions of management are one and the same.

Leadership and management skills are often integrated and nurses are encouraged to pursue and improve skills in both areas to function at their most productive capacity (Marquis & Huston, 2009). “ In examining leadership and management, it becomes clear that these two concepts have a symbiotic or synergistic relationship” (Marquis & Huston, 2009, p. 45). As we progress in the new millennium, with rapid changes in health care, it is essential that we continue to develop and improve our nursing management and leadership roles to maintain healthy organizations (Marquis & Huston, 2009).

By using leadership and management skills to improve care, encourage, and motivate nurses towards a vision, we will improve overall standards in nursing care (Clegg, 2000). “ Leadership requires the unraveling of bureaucracy in the creation of opportunities and achievement of objectives” (Clegg, 2000, p. 7). Clegg goes on to state, “ Finally, effective leadership ensures the team is fit for and delivers its objectives – in this case, clinically effective, high quality patient care” Clegg, 2000, p. 7).

Leadership and management is all about providing the highest quality of patient care we can possibly give, while doing it in a fiscally conscious way.

Resource Clegg, A. (2000, April 12). Leadership: improving the quality of patient care. *Nursing Standard*, 14(30). Retrieved from Ovid on November 12, 2009. Marquis, B. L. & Huston, C. J. (2009) *Leadership roles and management functions in nursing* (6th ed.) Philadelphia: Lippincott, Williams & Wilkins. Straker, D. (2006). Six emotional leadership styles. http://www.changingminds.org/disciplines/leadership/styles/six_emotional_styles. (Accessed 12 November, 2009).