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Subject Area - Nursing

Leadership Styles and Management

Discuss the impact of transformational and transactional leadership styles on the management of violence and aggression within UK regional maximum security forensic mental health hospital. Incorporating organisation structure, change management, multidisciplinary working, staff motivation and retention, legal and ethical implications for nursing practice.

Executive Summary:

In this essay we discuss the transformational and transactional leadership styles in the management of violence and crisis situations within the clinical setting and in mental health units. We begin our discussion with studies on the need for disaster management teams and structured command system within hospitals to help ensure that patients receive proper care when needed. We then briefly discuss the differences of transformational and transactional leadership styles and suggest that both personality patterns and attitudes towards these styles determine care and change management within the hospitals.

Introduction:

Leadership styles within the nursing practice can be evaluated by understanding the relationship between management and planning, change operations and organisation structure. As Zane and Prestipino (2004) point out, hospital disaster manuals and response plans lack formal command structure in most cases and the hospital authorities rely on the presence of certain individuals who are familiar with hospital operations or hold leadership positions and abilities during the routine operations and management of the hospital. Management of emergency situations, especially in case of mental health patients who are prone to violence requires the expertise of a disaster management team.

However such leadership patterns in which the hospital does not have a formal command structure may be unreliable and during critical conditions, the relying on a few individuals may be inadequate as the concerned persons may not be available at all times and even for prolonged events of crisis, this is not a feasible option or proper management. The Hospital Emergency Incident Command System (HEICS) is a command structure and a method suggested that provides a structured pattern of leadership which does not have to rely on specific individuals for crisis management (such as inpatient violence, or serious injury) and is more flexible and can be applied in all kinds of services such as fire services, emergency medical services, military, police agencies and improves ease of communication among professionals during crisis periods. The study by Zane and Prestipino give a descriptive report of the implementation of the HEICS in a healthcare network and recommends that since this tool provides a complete command structure for hospitals and by being a common tool for management can enable validity, reliability of the system as well as consistency and commonality with other hospitals ad disaster response teams.

Considering the necessities of a disaster response team and the need for effective leadership styles of management of crises situations, in this essay we would discuss the various styles of leadership and how this relates to change management, nursing practice, and the quality of care during emergency and normal conditions . Several issues are

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considered here along with examples from evidential studies and clinical research.

Leadership Styles in Clinical Management -

Our discussion will revolve around two forms of leadership patterns - mainly the transactional and the transformational styles of leadership. The differences between transactional and transformational leadership styles were first given by Weber (1947, in Turner, 1998) who suggested that transactional leadership is based on control on the basis of knowledge and hierarchical power and transactional leaders aim to negotiate and bargain to achieve higher efficiency. In case of transformational leadership, the leader is a charismatic personality who seeks to change or transform ordinary people with his qualities and seeks to change ways of thinking by using novel ideas within the organisation.

Hendel et al (2005) examined the relationship between leadership styles and the choice of strategy in conflict management among nurse managers. The study identified conflict mode choices of head nurses in general hospitals as nurses deal with conflicts on a daily basis and have to implement effective choice of conflict management mode to deal with the complicated situations. The authors point out that the choice of conflict management mode is largely associated with managerial effectiveness of the nurses. It is largely understood that the ability to manage conflict situations creatively to result in constructive and effective outcomes is a standard requirement in nursing practice. For the purposes of the study, the Thomas-Kilmann Conflict Mode Instrument, the Multi-factor Leadership Questionnaire, Form 5X-Short (MLQ 5X) and demographic data were used. 60 head nurses were selected for the study and the results indicated that most head nurses perceived themselves as transformational leaders in the clinical setting rather than transactional leaders. The most common conflict management strategy was an emphasis on compromise and more than half of the nurses studied admitted to using only one mode of conflict management. Transformational leadership was found to be more popular and widely used than transactional style of leadership and the style of leadership also affected the conflict strategy selected. In case of mental health and psychiatric patients, conflict management and management of violent behaviours in patients are the major challenges. Thus the study mainly argued that conflict handling mode in head nurses is largely associated with the style of leadership and the overall conflict management approach that was based on compromise.

Katz and Kirkland (1990) point out that violent behaviour in mental hospital wards is widespread although there may be differences in incidence and distribution. Their study suggested that are varying patterns to show the relation between staff behaviour, management styles, social organisation of the unit and the levels of violence. The study suggests conclusively that, 'violence is a symptom of disorder not only in the biological and psychological field but also in the socio-cultural field' (p.262). Violent behaviours in patients were found to be more frequent in wards where staff functions were unclear, where there were no predictable staff-meeting interaction or which had slackened or unstructured leadership or management approach.

The role of personality in transactional and transformational leadership has been examined by Bono and Judge (2004). Their study was based on meta-analysis of the relationship between personality and ratings on transformational and transactional leadership behaviours. The five factor model was used in the study and personality traits were related to 3 dimensions of transformational leadership namely idealized influence-inspirational motivation or charisma, intellectual stimulation, and individualised consideration and also to the 3 dimensions of transactional leadership namely contingent reward, management by exception-active and passive leadership. Extraversion as a major personality trait has been found to be the most consistent correlate of transformational leadership and even charisma was closely related to this

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style of leadership. There is a growing need to understand the subtle personality traits and how these relate to the unobvious characteristics and determinants of transformational and transactional styles of leadership. In an earlier study, Judge and Bono (2000) have linked the personality traits from five factor model with that of transformational leadership patterns and behaviours. The personality traits of Extraversion, Agreeableness and Openness to Experience have been found to predict transformational leadership and are traits that are closely related to this particular leadership style. Neuroticism and Conscientiousness were found to be unrelated to transformational leadership behaviours. Judge and Bono further stated that 'transformational leadership behavior predicted a number of outcomes reflecting leader effectiveness, controlling for the effect of transactional leadership' (2000,p.751).

Leadership styles also affect performance and not just personality patterns and behaviours. The overall performance of a unit has been critically examined by Bass et al (2003) assessing both transformational and transactional leadership styles. The authors ask how leadership styles and ratings from operating units can predict the subsequent performance of these units that operate under high stress and even considerable uncertainty. In this study, the predictive relationships for transformational and transactional leadership styles for ratings of unit potency, cohesion and performance levels were calculated. The results indicated that both the leadership styles positively predicted unit performance suggesting that transactional and transformational styles of leadership may be both effective for improving performance of an entire nursing or clinical unit. Some studies have suggested that staff retention and job satisfaction are closely associated with transformational leadership styles (Kleinman, 2004).

Prenekert and Ehnfors (1997) measured organisational effectiveness in relation to transactional and transformational leadership in nursing management. The relative influences of transactional (TA) and transformational (TF) styles of leadership on organisational effectiveness (OE) was measured as the degree of goal attainment and reflected on the quality of nursing care (NQ) provided. The study used interviews of head nurses and the Leadership Nursing-Effectiveness Questionnaire (LNEQ) was also used. The result indicated that TA and TF leadership styles had low or significant connection with the organisational effectiveness at a hospital and the study did not support the perceived understanding that organisations and clinical settings exposed to higher levels of transformational or transactional leadership behaviours show better organisational effectiveness.

Conclusion:

In this study we discussed various approaches to transformational and transactional leadership styles and behaviours and in the course of the discussion we showed the different views and perceptions on leadership styles. In general most of the studies discussed here suggest that transformational leadership is preferred and is the more positive form of leadership as it emphasises on individual power and charisma to change the surroundings and the situation. Transactional leadership on the other hand is comparatively easier form of leadership as it is not dependent on any unique personality pattern but is largely dependent on how an individual uses the situations to bring out efficient and positive consequences. However as Bono's studies suggest both the leadership styles may be equally related to personality patterns with openness and agreeableness being important traits of a transformational leader. Most studies discussed here seems to point out that leadership styles are closely related to change management, quality of care, work relations, job satisfaction and overall nursing practice. This is also true in all other areas and services, including mental health wards where violence management of patients is a major challenge for head nurses. There are however few exceptional studies examined here that seem to argue that organisational effectiveness have little, no or uncertain relationship with leadership styles.

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Recommendations:

Following the discussions and evidential studies above, we suggest several moves for better services and improvement of leadership behaviours in the clinical settings keeping in mind the ethical implications. These can be given as follows:

1. Conducting interviews, using surveys and questionnaires to understand nurse attitudes and perceptions towards leadership styles
2. Performing personality tests to identify traits correlating with the different leadership styles to understand the strengths and weaknesses of the workforce
3. Having transformational and transactional leadership style training, education and analysis to make nursing staff suitable for handling crisis situations especially in mental health units
4. Increasing awareness on leadership styles among and showing the importance or use of each leadership behaviour during crisis in hospitals and psychiatric wards
5. Forming a disaster management team or emergency team that will be well informed of leadership styles and relative characteristics or advantages of each

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