



Gay Taylor



NURSE MANAGERS: WHY EMOTIONALLY-INTELLIGENT LEADERSHIP MATTERS

Nurse managers frequently spend more time managing staff than dealing directly with patients, yet their management practices often dictate how care is delivered to those patients, which means that sound, relational leadership is vitally important to quality care.

Transformational leadership practices have been described as contributing positively to job satisfaction and staff retention (Lavoie-Tremblay et al. 2015) but more importantly, research shows that creating a 'culture of regard' (Olender-Russo, 2009, p75) in nursing workplaces improves bedside communication and reduces adverse patient outcomes.

The qualities of a transformational leader have been conceptualised to include four main elements:

1. idealised influence: leaders who earn trust and respect from staff by role-modelling desired behaviours;
2. inspirational motivation: nurse managers who are able to inspire staff to achieve the goals and mission of the organisation;
3. intellectual stimulation: managers who support and encourage staff to keep learning, to propose new ideas and to innovate;
4. individualised consideration: nurse managers who take a genuine interest in each individual staff member, providing specific feedback and personal encouragement.

(Lavoie-Tremblay et al. 2015). Of these elements, the fourth idea is probably the easiest for managers to implement immediately, with no need for special resources other than time and a willingness to start. Spending time 'on the floor' with staff, even for a few minutes a day sends a message that frontline work is recognised as the central purpose of the nursing unit. Episodes of hands-on assistance, which can be

as simple as pushing the control button on a hoist, or replacing a knee rug, show that management see themselves as part of the team, and are not solely concerned with paperwork and accreditation. Using these occasions as opportunities for positive feedback, rather than as fault-finding missions can also help to build trust and respect within the nursing or care team, although valuable information about potential problems or communication issues can also be picked up at these times.

The benefits of supportive and emotionally-intelligent leadership have been well documented, through several studies (Case and Maner 2014; Lavoie-Tremblay et al. 2015). Nursing teams who are managed by such leaders report higher job satisfaction and productivity and are more likely to stay longer in the job, which enhances continuity of care. Additionally, managers who create 'environments of learning and healing in a visible way' (Olender-Russo 2009, p80) are building a workplace culture where bullying has difficulty gaining traction. Bullying in nursing is a significant issue, contributing to absenteeism and high staff turnover, which in turn become organisational problems. Of greater concern is the fact that the effects of workplace bullying have been associated with chronic illness amongst staff, including depression and cardiovascular disease, and an increased risk of medical errors by nurses (Lavoie-Tremblay et al. 2015; Olender-Russo 2009).

By contrast, transformational

nurse leaders subvert the power imbalances that support bullying, and purposefully model behaviours that demonstrate regard for others, placing an emphasis on developing and maintaining relationships with staff (Olender-Russo 2009).

Most people who enter the nursing and care professions are motivated by a desire to make a meaningful and heartfelt difference to the lives of others. For these people, feeling appreciated, consulted and supported are fundamental to their engagement with their work. When staff believe that management has a genuine, relational interest in them and their work, they not only provide a higher quality of patient care, but are more likely to align themselves with their organisation's mission and values. (Lavoie-Tremblay et al. 2015).

It is interesting to note that the kind of people who become transformational leaders are more likely to be 'prestige motivated' rather than 'dominance motivated'. In a study done at Florida State and Northwestern Universities (Case and Maner 2014), researchers tested the hypothesis that leaders who were dominance motivated would try to prevent talented subordinates from communicating and forming bonds. They found that these leaders were willing to sacrifice group success to maintain their own power and authority over others. By contrast, leaders who were motivated by respect, admiration and appreciation were prepared to put the wellbeing of the group above their own social rank, and actively encouraged communication among group members. Given the importance of cohesive and cooperative relationships to healthy team functioning, it is clear that the right kind of leader is essential to building a safe and effective nursing team. Although dynamic and powerful individuals may look like great leaders, it is important that organisations look closely at other personal qualities when hiring managers to lead nursing and care teams.

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 **Gay Taylor** is a Registered Nurse at Baptistcare in Margaret River, WA. She holds a Bachelor of Nursing, Graduate Diploma of Education (Secondary) Science Major, Master of Health Science (Education) Certificate IV Training and Assessment Diploma of Counselling Certificate IV in Leadership and Management and has experience in management and training



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