

# NURSING LEADERSHIP

## *MANAGEMENT & LEADERSHIP STYLES*

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## Management Style: Five Leadership Types for Nurse Leaders

There are many identified styles of leadership, and **Servant Leadership** is one that has grown in popularity in the last few years. In the 1970's, Robert Greenleaf created this term to describe leaders who influence and motivate others by building relationships and developing the skills of individual team members. A Servant Leader makes sure the needs of the individual team members are addressed. In this style of management, the entire team has input into decision making based on the organization's values and ideals. Servant leaders create devoted followers in response to positive attention they give. Characteristic skills of a servant leader include:

- Listening
- Acceptance
- Awareness
- Persuasion
- Foresight
- Commitment to the growth of others
- Building community within the organization

A very similar style, **Transformational Leadership**, is also based on building relationships and motivating staff members through a shared vision and mission. Transformational leaders typically have charisma to communicate vision, confidence to act in a way that inspires others, staff respect and loyalty from letting the team know they are important, and are masters at helping people do things they weren't sure they could do by giving encouragement and praise. A similar style is the **Democratic Leader** who encourages open communication and staff participation in decisions. Workers are given responsibility, accountability, and feedback regarding their performance. Relationships are important to this leader who places a focus on quality improvement of systems and processes, rather than on mistakes of individual team members.

The **Authoritarian or Autocratic Leadership** style is demonstrated when a leader makes all decisions without considering input from staff. Negative reinforcement and punishment are often used to enforce rules. Because knowledge is seen as power, critical information may be withheld from the team. Mistakes are not tolerated and blame is placed on individuals rather than on faulty processes. The positive side of this style is that it works perfectly in emergencies or chaotic situations where there is little time for discussion. It is useful when enforcing policies and procedures that protect resident health and safety, but it does not promote trust, communication, or teamwork when used for day-to-day operations. Authoritarian leaders are often micromanagers. Conversely, **Laissez-faire Leadership** is a style in which the leader provides little or no direction or supervision, and prefers to take a hands-off approach.

Decisions are not made, changes rarely occur, and quality improvement is typically reactive, not proactive. It is most often used by new, inexperienced leaders or by those at the end of their career who choose not to address issues since things will soon be changed by their replacement leader.

As a nurse leader you are an example to others—either positive or negative. It may be necessary for you to adopt characteristics from a variety of leadership styles based on the situation at hand. Regardless of the leadership activity needed, it is important to act with integrity, to set realistic goals, to communicate clearly and often, to encourage others, to recognize the successes of your team members, and to inspire them to provide the best of care. Ultimately your actions will be reflected by your staff in the care they give to your residents each day regardless of which style you practice.

## Team Building: Learn How to Lead

Every nursing department is composed of individuals serving in the variety of roles required to meet residents' needs. The fact that there are RNs, LPNs, and CNAs whose names appear together on a schedule, and who are assigned to work in a particular area of the nursing home, does not mean that this group functions as a team. Nursing staff can be fragmented and headed in different directions, or they can have a defined focus and work together toward common goals. The level of success achieved is frequently based on the strength or weakness of the nurse leader and this leader's ability to inspire others.

One of the most important realizations that can be grasped by a nurse leader is that no one person can achieve significant outcomes alone. Behind every successful person is a team of individuals who support their leader and pave the way for success through combined efforts. A leader who makes all the decisions may be perceived as a dictator who does not value the team members' experience or ideas. Although this type of leadership displays the leader's strengths, it also exposes weaknesses that would be minimized in a team atmosphere.

Nursing staff achieve more when the department functions as a team. According to inspirational speaker John C. Maxwell, leaders who fail to grasp this fact are often hampered by ego, insecurity, or temperament.

- **Ego**—Most leaders don't enjoy admitting to their staff that there are things they cannot do or don't understand. Often they try to do all things, yet they may not be doing them well. Failing to delegate and taking on more than is reasonable results in a juggling act in which some things are going to be dropped. Kerry Wells of INJOY says, "Spinning more plates doesn't increase your talent—it increases your likelihood of dropping a plate."
- **Insecurity**—When a leader feels threatened by others, he or she is less likely to draw on the strength of the team. Insecurity is often behind the failure to foster a team atmosphere. We have all known people who won't hire individuals they perceive as very capable because they fear being overshadowed. Only leaders who are secure in their skills and knowledge will empower others. Leaders who fail to build teams may want to maintain control of everything, or may fear being replaced by someone they perceive as more capable. President Woodrow Wilson would offer this advice to insecure leaders: "We should not only use all the brains we have, but all that we can borrow."

- **Temperament**—There are people who never think of asking others for help. Their personalities may not be very outgoing, or they simply don't think in terms of team building and participation. If they try to do everything on their own, they limit their own potential.

A team is not just a group of people who are directed by one leader. Every person on the team has a role to play, and these combined roles contribute to the overall big picture. It is the responsibility of the nurse leader to help others grasp the big picture by continually keeping in the forefront a vision of where the team needs to go. How does a nurse leader shift from leading a group of independent people to creating team players? Vision and attitude are key.

- **Vision** – Everything starts with creating a vision and working together toward a goal. We need to point our staff toward a meaningful target if we expect them to achieve a goal. We must first see the vision of what we want the team to achieve in order to help everyone else see it. A nurse leader is charged with painting the big picture for his or her staff, making sure the right people are in the nursing roles, and modeling the behavior that is desired of others.
- **Attitude** – Assess to determine what kind of attitude the members of your team have when it comes to the big picture. Do they see outcomes that benefit them individually, or are they committed to doing whatever it takes for the team to succeed? As a nurse leader, determine to model a willingness to achieve the big picture rather than to serve self. Motivate team members by sharing the vision with enthusiasm, and recognize those who come on board and work with others toward the desired goal.

When we think about the process of completing the MDS 3.0, we see that various team members complete sections that are appropriate to their set of skills and knowledge. It takes the expertise of a team to gather the data that is used to build an individualized care plan and maximize a resident's potential. If only one person were to take responsibility for completing all sections and interviews that are part of the MDS, the outcome would be weak, important perspectives would be missed, and important elements would be missing from the resident's care plan. Just as it takes a team to properly complete the MDS and develop a meaningful care plan, it takes the whole nursing team to achieve positive outcomes for all residents.

Nurse leaders who want to develop a strong and effective department must realize the importance of drawing on the strengths of each member of the nursing staff. A winning team can be built only through a shared vision and acknowledgement of each team member's contribution. Start looking today to discover the specific strengths possessed by each of your team members, and draw on those strengths to harness the power of the nursing team.

## Leading Staff Through Generational Divides

For the first time in American history, four different generations are working together. The key to connecting them is in knowing what divides these distinct groups and what is important to each of them. Greg Hammill in his article, *Mixing and Managing Four Generations of Employees*, shares characteristics for the generations you are attempting to mesh into a team:

- **The Silent Generation** includes birth years 1925-1945. Most are retired; many live in our settings, but those born on the later end of the spectrum are still part of our workforce. Silent Generation members are disciplined, loyal team players who work best within a system, want approval from their employers, and embody a traditional work ethic. They are the most disciplined generational group and often have a lifetime career with one employer, or at least one field of work.
- **Baby Boomers** are those born from 1946-1964. Their characteristics include optimism, competitiveness, and a focus on personal accomplishment. They work hard, are often stressed, like to achieve, seek self-improvement, and complain but accept problems as part of the job. They often are at odds with younger generations who do not share their values. Their primary focus is on work, making them the generation most susceptible to burnout and stress-related illness.
- **Generation X** includes years 1965-1980. Gen Xers were raised when divorce turned many of them into “latch-key” children, thus giving them a sense of independence that causes resentment when others look over their shoulder. They question authority, expect immediate results, and are committed to their team and their boss. Their loyalty is less to the company, and more to their peers and supervisor.
- **Generation Y, or the Millennial Generation**, includes years 1981-2000. These individuals are team-oriented, work well in groups, multitask, are willing to work hard, expect structure in the workplace, respect positions and titles, seek learning and career development, and want a satisfying relationship with their boss. They like being part of the team and prefer to work in groups. They learned to multitask by playing sports, taking music lessons, achieving in school, and engaging in social interests. A desire to connect with their boss may cause conflict with Gen Xers who want hands-off management.

So how can you bring this mixed group of employees together to work toward common goals and a unified vision?

First, you as nurse leaders must understand your own generational characteristics. Next, seek to relate to each group by identifying their traits and strengths. To facilitate understanding, share basics about each group's characteristics with the entire team, and encourage blending of efforts in caring for residents and solving departmental issues. Guide staff to acknowledge the diverse characteristics and to respect the views of others. Assist team members to recognize that what one generation sees as strength may be seen as weakness by another.

As they gain insight about themselves and the other groups, facilitate joint goal setting that is built on individual strengths and designed to reduce conflict. By learning about each generation's natural characteristics, your team can strive to visualize things from each other's perspective. This mutual focus will connect them as they care for their residents who are most likely members of varied generations as well.



## Management by Walking Around: Leadership Style Defined

In a long-term care facility, nurse leaders are constantly on the move. As a result, many nurse leaders naturally adopt a leadership style known as Management by Walking Around (MBWA) or Leading by Walking Around (LBWA.) In addition to checking on clinical issues and keeping the environment looking homelike, MBWA gives you the opportunity to:

- Observe team members interacting with residents and families
- Let your staff know you are interested in them and their work
- Evaluate the quality of care being delivered
- Demonstrate your interest in daily operations

A few benefits of MBWA are finding out what is going on through purposeful listening, teaching values by example, and facilitating others to achieve positive outcomes.

Here are 11 guidelines for the MBWA leadership style:

1. **Do it to everyone** – Since you likely spend a fair amount of time with those who report directly to you, MBWA’s real power comes from the time you spend with front line workers.
2. **Do it as often as you can** – MBWA reveals your interest in all levels of staff, and enables you to stay in touch with what is going on throughout the department, including for evening and night shifts.
3. **Go by yourself** – If you walk alone you will encourage open, honest dialog. If others “tag along” you will not be seen as approachable. Employees appreciate one-on-one attention.
4. **Don’t circumvent subordinate managers** – Some employees may take advantage of your MBWA style by trying to bypass their direct supervisor. Remind them to discuss their issues with their supervisor. If what they tell you is of concern, follow-up privately without indicating to the employee that you are questioning the supervisor’s judgment.
5. **Ask questions** – Inquire about their work and needs in a way that sounds interested, not intrusive.
6. **Watch and listen** – Take in everything: words, tone, and body language. You will discover what motivates people and whether or not staff or residents are satisfied.
7. **Share your dreams with them** – Share your vision for the department and how they fit into the picture. Discussing goals and objectives will give them the chance to come on board and invest in change and improvement. Ask what they have as their vision.

8. **Try out their work** – A technique you can use for this exercise is “shadowing,” in which you select an employee each week and follow that person for 30 minutes of their day. You will learn the barriers they face and the successes they experience, and you will earn their admiration by listening and helping address problems they face, such as times of the day when there may not be enough linen or everyone wants to use the lifts or showers at the same time.
9. **Bring good news** – Be optimistic and increase their confidence and outlook.
10. **Have fun** – Show your softer side without being disrespectful. Demonstrate that work can be fun.
11. **Catch them in the act of doing something right** – When you see a success, applaud it. Thank them on the spot for being unsung heroes.

By practicing MBWA more fully, you will motivate your employees to achieve team goals, increase your ability to create culture change, and build company spirit. And in the end, you will reinforce your own commitment to making a difference in the lives of others.

## **About AANAC**

The American Association of Nurse Assessment Coordination (AANAC) is a non-profit membership organization dedicated to supporting long-term care professionals provide quality care for nursing home residents across the nation. Since our founding in 1999, AANAC has earned the reputation as the premier resource and network for long-term care professionals involved in the RAI/MDS process. Now with more than 14,000 members, AANAC is committed to the success of the entire interdisciplinary team and delivers accurate and timely information, educational opportunities, advocacy in legislation, and a peer-community of support.

Interested in joining us? Explore the benefits of membership at [www.aanac.org/join](http://www.aanac.org/join).

## **About the Author**

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