Chapter 5  The Story
So Far...

This chapter contains a summary of the main features concerning the development of leadership theory in nursing and how it has mirrored the developments in more general fields, starting with exploring personal qualities and moving through to contingency approaches and choice. It also brings us up to date by taking a closer look at one of the latest and most popular developments in leadership theory so far – the concept of transformational leadership.

From our review of the nursing literature on leadership, we have seen that early work concentrates on qualities and personal traits: what sort of people should our leaders be? (Smith 1985; Salvage 1989; Davidson and Cole 1991). It goes on to take increasing account of the strategies that effective leaders use and to explore the notion of power related to leadership. In a particularly interesting commentary, Mackie (1987) describes leadership itself as a special form of power and claims that, whereas all leaders actually or potentially hold power, not all those who hold power are leaders. Mackie feels that, in nursing, we often confuse authority in the organisation with leadership, and this is a key factor in the apparent disappointment with those whom we see as our leaders. It can be agreed that this is a fundamental mistake in looking for leadership. We find it hard to identify leaders if they are not in traditional power positions, and, similarly, we expect those in traditional power positions to be leaders.

Mackie goes on to describe nurse leaders as working from two power bases: the power of resources and the power of motivation. Resources are defined as expertise, time, self-esteem, money and skill legitimacy, and Mackie explains that access to them or
their deployment is used to influence the choices of others in the organisation. In addition, she feels that the underlying motivation of the nurse leader is crucial to the use of this resource power. This is an interesting thought; unfortunately, in searching through the literature, there appears to be little research specifically into the motivation of nurse leaders.

Mackie appears to have raised a good point here, particularly with her views on the confusion of authority with leadership: we look in the wrong places for leadership, expecting it to co-exist with managerial position and hierarchy, our expectations are misplaced and therefore thwarted, but there should be ways of avoiding this mismatch. This problem of misplaced expectation should inform the preparation and selection of both managers and leaders. In my view, all applicants for positions of authority in organisations should be required to demonstrate leadership skills, ability and achievement, or to commit themselves to a learning programme in order to develop those skills as a condition of appointment. It is small wonder that we continue to be disappointed if we expect leadership to occur naturally in people who are appointed to jobs only on the basis of their organisational management skills. As many of us can bear witness, good managers do not necessarily make good leaders.

Mackie's ideas on the two interrelated power bases are also interesting. I believe very strongly that motivation has a major part to play in effective leadership behaviour, and I have undertaken my own research into this (Girvin, forthcoming). Without digressing into too much detail, this study tried to examine the links between nurse executive directors' ability to carry out effective leadership behaviours and their motivation to stay in a particular job. The hypothesis was that motivation to stay in a leadership position within a particular organisation would correspond positively with the ability to demonstrate effective leadership behaviour. Early results indicate that motivation, job satisfaction and effective leadership in nurse executives are indeed linked. Motivation is discussed again in Chapter 7.