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An Emerging Leadership Paradigm: Transformational Leadership

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Transformational Leadership

Transformational leadership is the "in" label. What does it mean? Why is it becoming popular? Barker tells us that, in an era when hierarchies and their rules are breaking down, the inspiritional leader who empowers workers is needed. **Key words: transformational leadership, leadership, paradigm, vision, human relations, social architecture**

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Because of the need to contain costs, the health care industry has been forced to become conscious of the "bottom line," while at the same time ensuring quality. In response, most health care organizations, which are traditionally highly bureaucratic in structure and culture, have become even more rigidly managed. This need to be "overmanaged" is in conflict with an emerging societal world view, a process of seeing the world in a new way. The scientific method has fallen short in controlling and explaining all world events. A new view of the world and of humanness is emerging. This view, which affects all we do, is characterized by an emphasis on human relationships and recognizing uncertainty in our world.

For all of society, including nursing, this shift means finding new ways to lead. People are bringing to the workplace a new set of beliefs and values that spring from the new paradigm. Nurse leaders will be challenged to respond and appeal to these values in order to achieve organizational success and excellence.

Paradigm shift of world view

A new view of the world in Western society is slowly emerging. It can be labeled a paradigm shift that is transforming periods in history in which the assumptions about how the world works become inappropriate. These assumptions break apart and are replaced by ones that are more appropriate (Kuhn, 1962).

To understand the new paradigm better, it is first important to recognize the elements of the old one. The "conventional paradigm" dates back to the time of Copernicus and Galileo, for whom the "image of nature was an elaborate clockwork mechanism utterly logical and predictable in its operations" (Lucas, 1985, p. 166). In this view of the world, cause and effect constitute a dominating principle. Scientists believed there was a natural order to the events in the world, governed by the laws of physics. This led to a belief that the world and events could be controlled (Kuh, Whitt, & Shedd, 1987).

Organizations in our society were built with these beliefs as their foundation. Thus, hierarchial structures, an emphasis on logical decision making, and rationality characterize today's organizations, including health care and nursing.

With centuries of experience, we have found there are elements in the world that humans cannot control, that are ambiguous and uncertain. We are recognizing there is more to being human than what is observed and easily studied. Thus, numerous people in a variety of fields are now proposing that the old world view is breaking apart (Capra, 1982; Kuh et al., 1987; Schwartz & Ogilvy, 1979; Rogers, J., 1989).

To replace the conventional paradigm, a new paradigm is emerging. This paradigm is characterized by the following: mutuality and affiliation, acknowledging complexity and ambiguity, cooperation versus competition, an emphasis on human relations, process versus task, acceptance of feelings, networking versus hierarchy, and recognition of the value of intuition.

This new paradigm is beginning to surface in organizations. Hierarchial structures are breaking apart, to be replaced by heterarchies (Naisbitt, 1982). This means that empowerment of all employees, networks of people, cooperative human relationships, creativity, and innovation will be the rule in all organizations. Power will no longer be wielded by the elite managerial few. During this past decade in nursing services, this slow shift is exemplified by a move from centralization to decentralization, from directive decision making to participatory management, from power to empowerment, and from managerial governance to self governance.

Leadership theory and the conventional paradigm

Leadership theories of the past century were born from the old belief of the world with emphasis on control, competition, power wielding, and rationality. Further, they were

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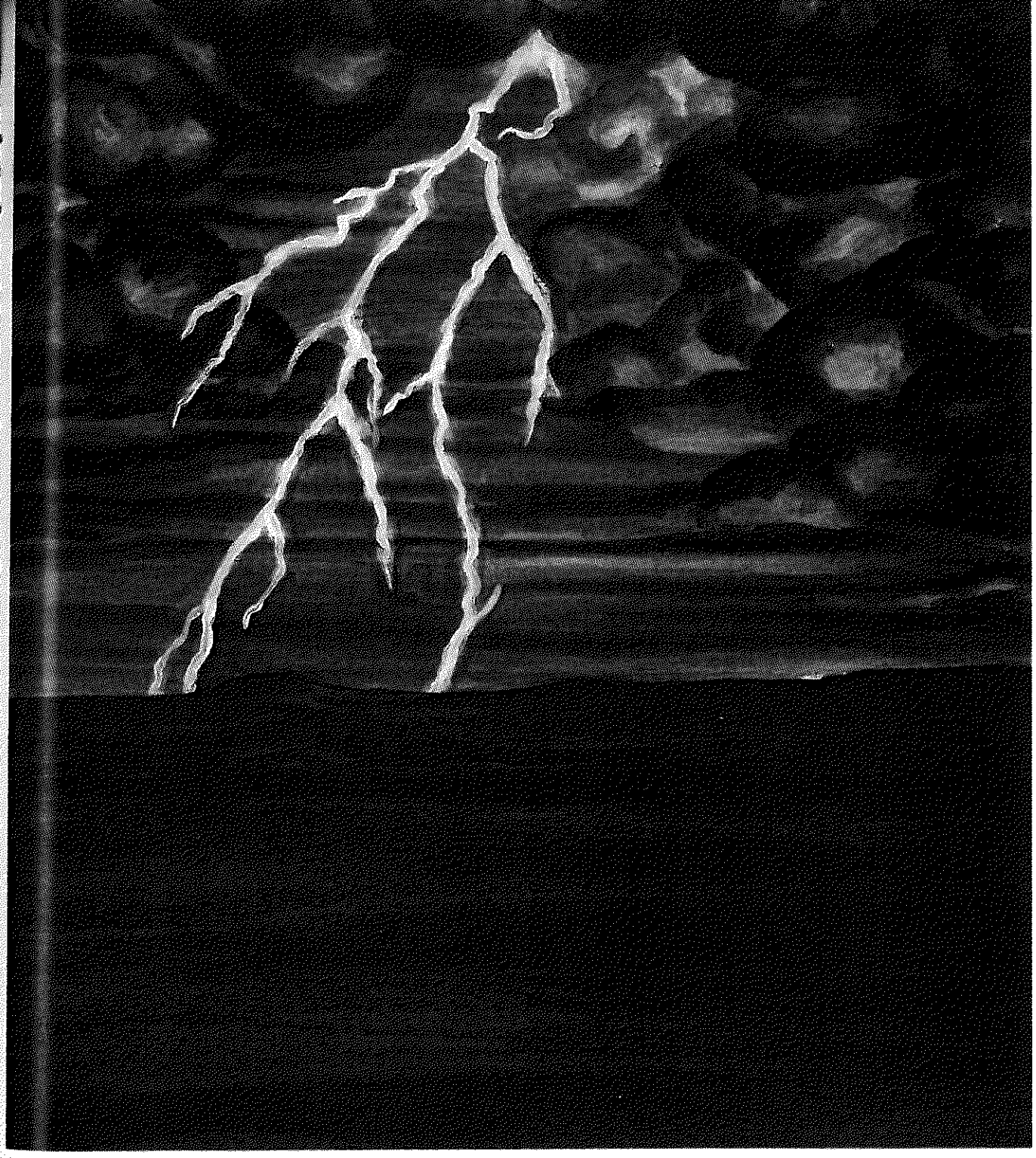

developed using approaches of the scientific method. Although the scientific method is responsible for major breakthroughs for society, it is not the sole approach to identify and solve problems. It had failed to define and explain leadership fully. Despite years of study, leadership remains an elusive concept. Scholars in the field have offered few concrete, universally accepted strategies for recognizing leadership potential in individuals and/or for developing leadership abilities.

The multitude of leadership theories developed over the past century, with their foundation in the old world paradigm, have attempted to describe, explain, and/or predict who, when, where, how, and why to "wield the stick." This has resulted in such theories as the use of an autocratic versus democratic style, directive versus participatory decision making, and task versus relationship leadership behaviors. These theories have not significantly helped nurse leaders solve the ongoing dissatisfactions within the profession or to permanently solve the recurring nursing shortages. Therefore, we need new theories of leadership that acknowledge uncertainty, flexibly respond to a changing environment, and, most important, consider the values and needs of the followers.

Transformational leadership and the new paradigm

In concert with an emerging societal paradigm, there is an emerging leadership paradigm. We are on the brink of a new understanding about leadership. The information offered is a beginning.

Nurse leaders will be challenged to respond and appeal to these values in order to achieve organizational success and excellence.

In 1978, James MacGregor Burns coined the terms *transformational* and *transactional* leadership. Since his seminal work, many authors have written about the characteristics and strategies of the more desirous, less common form, transformational leadership.

Burns' general definition of leadership is: "Leadership over human beings is exercised when persons with certain motives and purposes mobilize in competition or conflict with others, institutional, political, psychological, and other resources so as to arouse, engage, and satisfy the motives of followers" (1978, p. 18).

This definition of leadership incorporates elements of both the old and new paradigms. For instance, Burns recognized that leadership arises in situations of conflict. But the conflict is not *between* the leader and followers, but rather with others in the environment. To apply this example to nursing, the nurse leader's purpose is to mobilize scarce resources to help satisfy the needs and aspirations of nursing staff. This securing of resources occurs in an environment of competition with others, such as physician, administrators, and other health care professionals.

Burns defines two types of leadership: transactional and transformational. Burns (1978, p. 19) states transactional leadership occurs "when one person takes the initiative in making contact with others for the exchange of valued things" that may be economic, psychological, or political. It is a bargain or contract that aids the individual *differences* of both the leader and follower. The exchange of a salary for the services of a nurse to provide care is an example of transactional leadership. Both the nurse and the nurse manager have separate but related purposes, and both receive benefit from the exchange. This type of leadership is present in all organizations. Yet, transactional leadership is more consistent with the characteristics of the old world view in which the *differences* between the leader and follower are the primary focus.

Contrastingly, in transformational leadership situations, the leader and follower have the *same* purpose. Ideally, this purpose appeals to the new values of beliefs of the emerging paradigm. Transformational leadership occurs "when one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality" (Burns, 1978, p.20).

By its name, transformational leadership implies change in which the purposes of the leader and follower become fused, creating unity, wholeness, and a collective purpose. Further, with transformational leadership, both the leader and followers grow and develop. As one set of needs and values are satisfied, new ones surface that contribute to both individual and professional growth. This type of leadership is in concert and consistent with the new societal paradigm.

Like transactional leadership, transformational leadership exists in organizations. It can be used to explain why some nursing organizations are excellent and others are not, why 41 nursing services were identified as magnet hospitals and why over 7,000 others were not, and why some nursing organizations arouse the best in their staff and others do not. Barker (in press) proposed that it is easier to observe the results of transformational leadership than the process. This is because transformational leadership is moral leadership, a philosophical rather than technical approach to leading. Characteristics of a nursing organization with a transformational leader could include the following: an understanding of the goals and purpose of the nursing organization by all nursing personnel..., people expressing love and joy in their work, enthusiasm about patients and the care they receive, a team spirit, people expressing a sense of accomplishment, and satisfied patients and family.

Transformational leadership strategies

Although transformational leadership provides a philosophical view of moral leadership, there are concrete practical strategies for transformational leadership. Bennis and Nanus (1985) propose four: creating a vision, building a social architecture that provides meaning for employees, sustaining organizational trust, and recognizing the importance of building self-esteem. These four strategies are consistent with the new world paradigm. They are, for the most part, strategies to deal with the intangible elements of the organization and with feelings, values, and needs of people in the organization. They embrace and accept ambiguity, the need for organizational and individual versatility, and human relationships.

Vision

Vision seems to be the new "buzz word" of management. One cannot not read the management or nursing literature without it being mentioned. Yet vision is more than a current bandwagon. Where the organization is headed and how the organization serves society should be thought about seriously and considered the foundation upon which any nursing organization rests. Reflecting on Burns' definition of transformational leadership, he purports that the essential ingredient is collective purpose. Writing and widely sharing a realistic, credible, optimistic vision of a nursing organization is the concrete form of this collective purpose, serving to stimulate the nursing organization toward its goals.

Social architecture

Providing a vision for the nursing department is not enough. An even more challenging task is to provide structure and processes so the vision

can be institutionalized and sustained. According to Bennis and Nanus (1985, pp. 110-111) social architecture is "an intangible, but it governs the way people act, the values and norms that are subtly transmitted to groups and individuals, and the construct of binding and bonding within a company."

The purpose of building the social architecture is to generate commitment to the established vision and organizational identity. It provides meaning and a shared experience of organizational events so that people know the expectations of how they are to act. It also provides informal control versus traditional formal control such as fixed job descriptions, rigid systems of reward and punishment, and budgetary implementation.

There are three styles of social architecture. *Formalistic* organizations, which characterize the majority of health care institutions, combine decentralized operations with centralized policy and financial control. *Collegial* organizations, on the other hand, use group discussion, agreement, and commitment to make decisions and to control organizational functions. *Personalistic* organizations, found primarily in "young," high-growth organizations, place emphasis on the individual (Bennis & Nanus, 1985, pp. 118-138).

Transformation of the social architecture of nursing organizations should be to structures that combine the elements of the collegial and personalistic styles. In other words, nurses need to belong to and participate in the team while being allowed to be individually creative and innovative. Specifically, to do this, the nurse transformational leader should attend to the following elements of the social architecture: vision, goals and objectives, selection and placement of personnel, feedback, appraisal, rewards, support, and development. These elements are not new, but they need to be reconceptualized. First the elements need internal consistency. For example, the goals and objectives must be consistent with the vision; and rewards must relate to the goals and the vision, and on and on. Second, thoughtful consideration of each of these elements and how they support the nursing team, how they enhance individual creativity, and how they appeal to the values and aspirations of nurses, is essential for successful transformational leadership.

Organizational trust

With a new world view that places an emphasis on human relations, transformational leadership cannot exist unless there is organizational trust. Without trust, game playing, maskmanship, disharmony, and dysfunctional conflict will exist and prevent excellence and achievement of goals. With trust, information is shared more accurately and in a timely way. People will allow themselves to be positively influenced by others and feel less need to control others.

Although trust is a complex sociological and psychological concept, one fact is clear: Trust begets trust, and distrust begets distrust. Thus, the first step in beginning to build and sustain organizational trust is for the transformational leader to trust others. Only by doing so can individual and group relationships flourish, leading to creativity, innovation, and empowerment.

Self-esteem

The most important, essential trait of successful leaders is having a positive self-regard (Bennis & Nanus, 1985, p. 57). This means that one feels good about oneself, has confidence in one's own abilities, and has a sense of self-worth and self-respect. (However, high self-esteem is not personal self-aggrandizement.) Because one result of having high self-esteem is having a high regard for others, effective transformational leaders must have high self-esteem. Techniques to increase one own's self-esteem include the use of visualization, affirmations, and letting go of the need to be perfect.

Likewise, the transformational leader needs to attend to the self-esteem of others. Although nursing leaders are not wholly responsible for the presence or lack of self-esteem of followers, the leaders can and should be aware of how their behaviors and the management systems (including the elements of the social architecture) enhance or destroy the self-esteem of others. Only behaviors and systems that enhance the self-esteem of others should be adopted.

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Conclusion

To achieve success for individual nurses and for the nursing profession, nursing needs transformational leaders who are moral leaders. These leaders will be able to recognize the values and aspirations of nurses and appeal to them. They will be able to match the needs of nurses for contributing to society with the health care needs of society. They will have a vision for the future that will be based on the tradition of caring and combine this tradition with autonomy.

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